

E-cigarette and Vaping Cessation Guide

Queensland Respiratory and Sleep Clinical Network
November 2024



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E-cigarette and vaping cessation guide

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Introduction

This resource, developed by the **Queensland Health Statewide Smoking and Vaping Cessation Working Group** (subgroup of the Queensland Statewide Respiratory and Sleep Clinical Network) is intended to guide clinicians to understand how to treat nicotine dependence and provide nicotine cessation advice to people using nicotine e-cigarettes/vapes.

E-cigarettes are known by many names – including “vapes,” nicotine vaping product (NVP), e-cigs, vape pens, mods, and tanks. The marketed use of the term “vapes” was initially introduced by tobacco companies, in a deliberate shift away from the label of e-cigarettes. However, over time, the terminology of ‘vapes’ or ‘vaping’ has become more widely accepted by the general public, the Therapeutic Goods Administration (TGA) and prescribers when referring to e-cigarettes. In this resource, we use the terms e-cigarette, vapes and vaping. Clinical resources which are recommended or provided to young people may include a preference for common terminology. The [TGA Vaping Hub](#) and the [Queensland Health fact sheet: Therapeutic vapes](#) provides further information on therapeutic vapes for patients, health professionals, prescribers, and pharmacists. This resource does not apply to vapes containing medicinal cannabis. More information on cannabis vaporisers and devices is accessible on the [Medicinal Cannabis Hub](#).

This document includes tips on individualising treatment and assessment for young people between 10-19 years. Look for the blue text.

People may use vapes for multiple reasons, often out of curiosity. Vapes are promoted as healthier, cheaper, more acceptable, and easier to use when indoor smoking restrictions apply. However, as per the [Queensland Tobacco and Smoking Products Act 1998](#), vapes are subject to the same rules and regulations as tobacco, and cannot be used in places where smoking is banned, including hospitals and health facilities (see [Vaping and hospitalised patients fact sheet – Queensland Health](#)). While advertised as a helpful quitting aid, vapes are not approved as an aid for smoking cessation in Australia (at time of writing) and are not listed under the Australian Register of Therapeutic Goods, although, there is some evidence supporting their effectiveness for this purpose. The Royal Australian College of General Practitioners (RACGP) Smoking Cessation Guidelines (2023) position vapes as a second line therapy for consideration when all first-line interventions have been unsuccessful.

Vapes are widely marketed by tobacco companies, mislabelled as being nicotine-free, and contain over 200 added chemicals with enticing flavours, smells and appearances, all of which are attractive to young people. Internationally, the rapid and extensive uptake of vapes has increased the rates of nicotine dependence across younger generations and the general population. The short-term adverse effects of vaping on the body are well-documented, and long-term effects from sustained use of vapes are highly likely (Glanz et al, 2024). Nicotine is addictive, so vaping can be just as addictive as smoking, and many people who vape report wanting to quit.

The risks identified from vaping include nicotine addiction in people who have never smoked, increased risk of taking up combustible cigarettes (gateway effect) and multiple health effects. Some examples of health effects are poor oral health and cardiovascular and respiratory side effects from dual use. Some public health concerns include the discouragement from smoking cessation, renormalising of smoking, and allowing the tobacco industry to influence decision-making in public health ([Tobacco in Australia, 2024](#)). As a result, Queensland Health clinicians may come across people who have inadvertently become nicotine dependent from use of vapes. These individuals may seek active support or may benefit from cessation advice from clinicians during health care interactions within any health care setting.

Dual use: Vaping and smoking tobacco

Dual-Use refers to people who use both tobacco and vaping. Dual use and the uptake of cigarettes when vaping is not recommended, as health risks associated with smoking are unlikely to be reduced by vaping if users continue to smoke. Dual use is particularly harmful because it exposes the individual to dual harms from both products. The uptake of vaping by people who never smoke can lead to nicotine dependence and the use of conventional cigarettes when people are unable to access vapes. Unfortunately, dual use is actively promoted by some vape manufacturers, especially those that also manufacture tobacco products, as a way for smokers to by-pass smokefree regulations ([Chapter 18.7, Tobacco in Australia, 2024](#)). Some people who smoke conventional cigarettes use both products as a means of cutting down to stop tobacco smoking completely, but the advice from health professionals should be to aim for complete cessation of combustible cigarettes and vaping.

Nicotine dependence and vaping concerns in young people

Addiction to nicotine can occur quickly. It is important to be aware that people who don't vape daily can still experience harmful effects from exposure to nicotine.

The brain of young people is still developing, which makes them particularly at risk from the use of nicotine. It is well established that early nicotine exposure in this cohort leads to rapid dependence causing harm to developing brains affecting mental health, concentration and memory. The teenage brain is especially susceptible to the stimulatory and reinforcing properties of nicotine. There is evidence that using nicotine in adolescence harms parts of the brain that control attention, learning, mood, and impulse control.

Harm to respiratory functions can be exacerbated by the added chemical flavourings, heating systems and deeper inhalations for popular tricks and stealth vaping behaviours. The minute particles can be absorbed into the lungs and include a range of flavourings such as diacetyl, volatile compounds, cancer causing chemicals plus heavy metals such as nickel, tin and lead ([Queensland Health: Reducing the negative effects of smoking, 2022](#)). Another concern is the impact on dentition and tooth decay caused by dry mouth from vaping.

[Queensland Health Dovetail Vape Check](#) recommends that resources with “well balanced information” is preferential to information with “fear tactics or exaggerated harms.”

Concept of vaping cessation

While there is currently limited clinical evidence on effective approaches to vaping cessation, the recommendations made are consistent with current knowledge and expert advice. Although the experience of vaping is quite different to tobacco smoking, commonalities are evident in treatment for nicotine dependence. This resource will be updated as new evidence becomes available. For clinical management of nicotine dependence associated with tobacco smoking, please see the [Smoking Cessation Clinical Pathway](#).

The Good Practice Statements for the treatment of nicotine dependence from vaping (Solimini, Otto, Cselko, et al, 2023) are:

- It is “reasonable” to provide brief advice for the management of vaping.
- It is “reasonable” to provide and treat nicotine withdrawal symptoms with the individualised NRT options.
- It is “reasonable” to consider NRT for “at risk” populations such as adolescents and pregnant

women.

- It is “reasonable” to use digital apps via mobile phones and text messages to assist with vaping cessation.
- It is “reasonable” to consider other approved pharmacotherapies (varenicline) for treatment of nicotine dependence in eligible populations, if NRT is inadequate, unsuitable, or not preferred.

Intensive interventions (5As- Ask, Assess, Advise, Assist, Arrange) for vaping cessation should be incorporated in settings where individuals are seeking support or treatment for a vaping related illness. Similarly, clinicians within other settings can support the journey of continuity of care for people at community health services, such as:

- **Primary care settings:** When regular brief interventions have been ineffective in vaping cessation.
- **Specialist clinics:** Some examples include Aboriginal and Torres Strait Islander Services, antenatal services, child health and school-based-youth-services, endocrinologists, respiratory specialists, oncology, paediatricians, and psychiatrists where an individual may be seeking support for vaping cessation.
- **Addiction services:** Where specialised programs can be designed to also address other substance use disorders, including vaping or dual use of vapes and combustible cigarettes.
- **Mental health services:** For adults and young people with existing mental health disorders and co-morbidity factors that lead to barriers to vaping cessation.
- **Inpatient facilities:** When nicotine withdrawal can impact on management of other acute health conditions, a mix of brief and intensive interventions may be helpful.
- **Youth programs:** For young people who need tailored support due to social, developmental, and other multi-faceted concerns, see the [NSW Health Guide to Support Young People to Quit E-Cigarettes - Tobacco and smoking](#) for templates examples and clinical tools.

The next sections describe a framework that clinicians can use to manage nicotine dependence associated with vaping in a consistent way. As with all chronic medical conditions, correct management begins with establishing rapport, taking a history, including assessing the level of dependence and psychosocial factors, then working with the person receiving care to formulate a treatment plan. On-going follow-up must be arranged to ensure that progress is reviewed, and the management plan adjusted as necessary to achieve the desired outcome (complete and sustained abstinence from all tobacco/vaping products).

If clinician providing care has limited time, a brief intervention model such as: **Ask Advise Help** may be utilised (see appendix 1).

ASK – current use of vapes

Prior to initiating an assessment, establishing a positive therapeutic relationship with the person receiving care is critical. Start discussion by asking questions in a non-judgemental and positive manner. The essential first step is to ask about vaping use (this may also be in the form of dual use of tobacco and/or other products e.g. cannabis)

Asking about smoking status or vape use should be a routine part of history-taking.

Ask: “Do you smoke or vape?” or “Do you ever use both - smoke cigarettes and vape?”

If the answer is **no**, this is an opportunity to positively reinforce this behaviour and briefly discuss the harms of vaping and smoking.

If the answer is **yes**, then depending on the clinical care setting, the person may benefit from either a brief or intensive intervention from the clinician.

If time permits, curious questioning and a non-judgemental approach may help engage the person receiving care while information on types of vapes, patterns of use and past experiences.

Examples:

- What happens when you use a vape?
- How did you start vaping?
- Describe your pattern of vaping?
- Describe your choice of products, juice, or flavours.
- How many puffs in the pod and how long it lasts?

When screening young people for nicotine dependence:

- Pay attention to how their social life, finances, and access to nicotine might affect vaping patterns. Listen for change talk that may indicate contemplation or negative consequences about current vape use.
- Be aware that personal worries, like concerns about friends or what guardians think, can influence how openly they talk about their nicotine use.
- Encourage honest discussions by creating a supportive environment where they feel safe to share.

See Appendix 2 for [Dovetail Vape Check](#), a guided brief intervention tool designed to facilitate conversation on vaping cessation.

ASSESS – Nicotine dependence

If a person reports current vaping, the next step is to assess risk of nicotine withdrawal to develop an appropriate withdrawal management plan.

If a hospitalised patient advises they have been legally prescribed nicotine vapes, these products are still classified as tobacco or related products and should not be used in hospital. See [Queensland Health Vaping and hospitalised patients' fact sheet](#) and recommend use of pharmacotherapy to help prevent nicotine withdrawal while in hospital (see section - Assist).

As noted in [chapter 6.1 Tobacco in Australia \(2024\)](#), both the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5) and International Classification of Disease (ICD) V10 summarise the criteria of Tobacco Use Disorder. The current DSM-5 indications of **nicotine dependence** include:

- A strong desire to use
- Using in larger amounts or for longer time than intended
- spending a great deal of time in obtaining, using, or recovering
- Giving higher priority than other activities or obligations
- Using despite harmful consequences
- Tolerance
- Withdrawal symptoms

Symptoms of nicotine withdrawal

The DSM-5 criteria for nicotine addiction includes the following withdrawal symptoms after sustained daily use, abrupt cessation, or reduction of nicotine use:

- Irritability
- Anxiety
- Difficulty concentrating
- Increased appetite
- Restlessness
- Depressed mood
- Insomnia causing clinically significant distress or impairment

If having trouble with initiating a conversation, try an open-ended question:

“Some people use vapes to manage their stress, what has your experience been?”

“Some people find they can't concentrate if they don't use their vape. Does this happen with you?”

“By asking some of these questions we can determine if you are dependent on nicotine and how I can help.”

Table-1: Nicotine dependence can be assessed by asking the four key questions:

QUESTIONS	RATIONALE
<p>1. Have you vaped in last 30 days?</p>	<p>Frequent vaping or recent use of a vape is a marker of nicotine dependence</p>
<p>2. Time to First Vape (TTFV)- How long after waking do you have your first puff of a vape? Or Do you have the urge to vape within 30 mins of waking?</p> <p><i>*For young people the 'urge' to vape soon after waking can be assessed instead of 'actual' use, as the opportunity for actual use may be delayed due to environmental factors (e.g. the need to conceal use from parents)</i></p>	<p>Like smoking a 'strong urge to vape' or vaping within 30 minutes* of waking suggests a high level of dependence.</p> <p><i>*Be mindful that this does not always offer an accurate assessment in case of young people because, for example, their living situation may mean they have to wait until the best opportunity to vape arises (e.g. after leaving the house)</i></p>
<p>3. Do you have difficulty in stopping vaping for any period (hours or days)?</p> <p>Withdrawal symptoms can be prompted here to validate the answer.</p>	<p>Withdrawal symptoms can include irritability, anxiety, strong cravings/urges to vape, seeking vapes when feeling stressed, poor concentration and difficulty sleeping etc.</p>
<p>4. Do you use any other products containing tobacco, like cigarettes, shisha, or cannabis?</p> <p><i>*Asking about dual use of vaping and other substances can be helpful to identify and manage all sources of nicotine dependence*</i></p>	<p>This will help identify 'dual use' at an early stage.</p> <p>Other tobacco product exposure may indicate higher levels of nicotine exposure. In addition, each product needs to be factored in the cessation plan.</p>

Table-2: Additional (optional) questions to assess the level of nicotine dependence:

Question	Rationale
What brand or type of device do you use?	Disposable vapes tend to have high nicotine concentrations
How many puffs are in the device, or what volume is in the device?	Higher puff/larger volume devices suggest greater nicotine exposure
What strength of nicotine is your vape?	This is often not included on the packaging and many patients will not know. 20mg/ml (2%) is roughly equivalent to 20 cigarettes
What flavour is it?	Some flavours e.g. menthol increase the addictive effect of nicotine
How often are you purchasing or refilling?	Frequent purchases are a marker of consumption/exposure

Many people buy vapes online. Asking “*Where do you get your vapes from?*”, this provides opportunity to talk about illegal vapes and discuss the uncertainty about the ingredients they contain.

A person is considered nicotine dependent if any of the following are met:

- Vaped in last 30-days, or
- Vapes or urge to vape within 30 minutes** of waking, or
- A history of withdrawal symptoms or cravings when going without using vape.

***Not always accurate for young people (see Table-1 above)*

If a clinician would like to take a more detailed history, other clinical screening tools are listed in Appendix 4 and Appendix 5.

ADVISE

Use a positive, warm, and non-judgmental approach to provide information on harmful effects of vaping.

Seek permission from person before providing advice on vaping cessation. Provide health information and education about the different choices of interventions such as relapse support and harm reduction or information in preparation for future quitting.

- Provide consistent health information about vapes and smoke free health care.
- Advise that no smoking/vaping areas reduces cues for others trying to quit.

Tailoring health advice and feedback about the specific patterns and preference of a young person's individual vaping styles can be helpful during interventions.

Some examples for conversation starters to provide tailored advice are below:

- Consider previous attempts at quitting, what was helpful, what was not helpful?
Examples:
 - distraction
 - exercise
 - delay
 - sensory modulation techniques
 - past use of NRT
- Consider relapse prevention and the triggers and cues that can lead to lapse.
Examples:
 - Seeing vapes
 - Smelling vapes
 - Locations
 - After meals
 - Social circles
- Consider reasons for use.
Examples:
 - Using alone or socially
 - Before stressful events
 - To lose weight or to go to sleep
 - To use as a prop at events and outings
 - To fit in with others in social cohort
 - To build confidence
 - When using other substances
 - Withdrawal symptoms
- Consider individual attributes of the person.
Examples:
 - Physical health needs including dentition, nil by mouth, medications, medical and surgical treatments, and pregnancy.
 - Mental health including depression, agitation, anxiety, ability, passivity, fixed ideas about flavours and treatment.
 - Supportive friends and carers
 - Confidence and readiness to continue the quit journey.

If able and consenting to continue intervention, develop a treatment plan together with options of NRT or relapse prevention support. Remember to check in with the person and review their NRT and withdrawal symptoms. See Appendix 3 or [NSW Health Guide to Support Young People to Quit E-Cigarettes - Tobacco and smoking](#).

Advise dual users (tobacco and vapes) to reduce caffeine drinks and alcohol by half when stopping tobacco smoking to reduce caffeine toxicity.

ASSIST – Pharmacological support

Once the clinician has assessed the level of nicotine addiction, discussion about a nicotine withdrawal management plan can be commenced with the person receiving care.

Some people may already have experience with stopping vaping abruptly or with assistance from pharmacotherapy. It is important to discuss previous quit attempts to find out what went well and what did not.

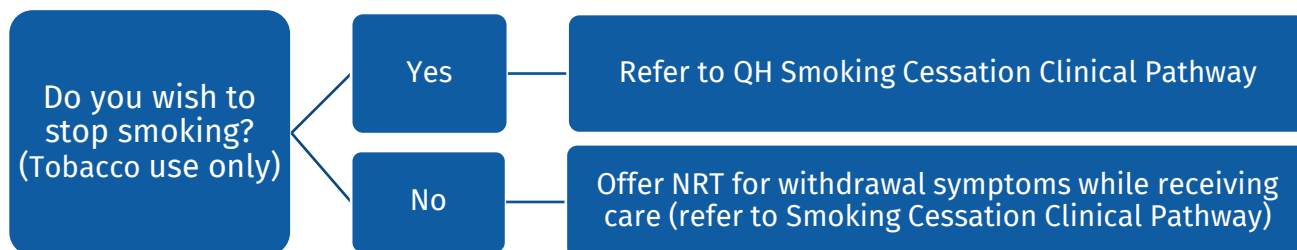
Ask: Do you want to stop vaping?

If the person says 'no' to the question when asked if they wish to stop vaping, still offer pharmacotherapies to prevent nicotine withdrawal especially in situations where withdrawal is anticipated during prolonged periods when an individual is unable to access vaping such as hospitalised inpatients, young people attending school and college etc. If a person is demonstrating signs and symptoms indicative of nicotine withdrawal, continue to reoffer the range of available pharmacotherapies listed below during subsequent interventions.

If the person says 'yes' to the question when asked if they wish to stop vaping, offer pharmacotherapy for treatment of nicotine dependence, and prevent nicotine withdrawal. Clinicians can create a treatment plan which incorporates arranging access to pharmacological and behavioural support, along with a referral to the Quitline Service.

Three scenario examples are given below where an individual has been asked if they wish to stop smoking/vaping:

Example 1 – Person has advised they smoke tobacco only



Example 2 – Person has advised they smoke tobacco and use vapes



Example 3 – Person has advised of current vape use



Common methods of trying to quit vaping include cutting down frequency of use or reductions of nicotine concentrations, going ‘cold turkey’, getting advice from health professionals, and using Nicotine Replacement Therapy (NRT).

Currently, the evidence for helping people with vaping cessation is still emerging. These guidelines are extrapolated from the [Royal Australian College of General Practitioners \(RACGP\) supporting smoking cessation: A guide for health professionals- vaping cessation section](#) which extrapolates from the most recent evidence, a range of methods to assist with quitting combustible cigarettes. At present, the most effective treatment for vaping cessation is the combination of behavioural support and pharmacotherapy.

Pharmacological support:

The nicotine content of vapes can vary from zero to up to over 50 mg/mL (RACGP 2022). All people trying to stop vaping should be recommended to use approved pharmacotherapy if they are assessed as nicotine dependent, this is to prevent unpleasant symptoms of nicotine withdrawal. If the clinician is unable to initiate or prescribe pharmacotherapy, reasonable steps may be taken to organise referral to a prescriber and arrange follow up.

As per RACGP Guidelines, combination Nicotine Replacement Therapy (NRT) and varenicline are considered first line options for treatment of vaping cessation in people aged 18years and over. The majority of evidence of efficacy is based on treatment of nicotine dependence from smoking combustible tobacco cigarettes. Pharmacotherapy helps with cravings and withdrawal symptoms, allowing the person to focus on their behavioural strategies. See [RACGP guidelines](#) for comparison of efficacy between different pharmacotherapies for nicotine dependence.

It is reasonable to recommend medications approved for treatment of nicotine dependence for vaping cessation once nicotine dependence is confirmed. Prescribers should review the current Pharmaceutical benefits Scheme (PBS) regulations at the time of prescribing pharmacotherapy for nicotine dependence. The QLD Health Quitline service currently (at the time of writing these guidelines) offers NRT for vaping cessation. QLD Health [Smoking Cessation Clinical Pathway](#) recommends use of NRT as first line option for treatment of nicotine dependence hence this option is mentioned in more detail below.

NRT is usually recommended for treatment of nicotine dependence and prevention of nicotine withdrawal as a combination of transdermal patch and a rapid acting oral formulation such as lozenges, gum, inhaler and mist spray as per the QLD Health [Smoking Cessation Clinical Pathway](#). Until more robust evidence becomes available, we recommend adhering to the [Smoking Cessation Clinical Pathway Combination Nicotine Replacement Therapy Algorithm](#) (page 2) when nicotine dependence is diagnosed. This approach treats nicotine dependence consistently, whether it is due to smoking tobacco, vaping, or dual use.

The NRT transdermal patch, provides a slow and steady release of nicotine over time to ensure a background level of nicotine. The oral formulations give a bolus dose useful to treat or pre-empt

cravings and withdrawals. 2mg nicotine gum and 2mg nicotine lozenges are now available on the Queensland Health List of Approved Medications (LAM) for young people unable to tolerate other NRT dosages. See section 'Use of NRT in young persons' in [Queensland Health Pharmacotherapy for the Treatment of Nicotine Dependency](#) guide for further information. For any concerns or queries about NRT that you cannot resolve contact Quitline (137848) for more advice.

For adults assessed as nicotine dependent:

- Prescribe/recommend 21mg/24hour nicotine patch and their choice of quick acting oral NRT

For young people aged between 12yrs to 18yrs assessed as nicotine dependent:

- Prescribe/recommend preferred choice of quick acting oral NRT

Assess withdrawal symptoms, and review and adjust dose of NRT in each follow up until complete cessation is achieved. If vaping continues or if intentions/cravings to vape remain after the initial dosage: Use the [Smoking Cessation Clinical Pathway](#) to guide adjustment to NRT dose.

Tips:

- If a person is nicotine dependent, they do not need to commit to quitting smoking/vaping before commencing NRT.
- NRT can be used as a harm reduction strategy, and for withdrawal management during hospital admission when the person cannot vape/smoke.
- NRT is licensed for people aged 12 and over and is safe in pregnancy.
- NRT is available on the [Qld Health List of Approved Medications \(LAM\)](#). For people with high nicotine dependence, combination therapy is recommended, i.e. 21mg/24hr transdermal patch plus rapid acting oral formulation such as gum, lozenge, inhalator or spray.
- Offer advice by demonstrating the available NRT products and how they should be used. Refer to pharmacist for counselling if available., otherwise share the Quit HQ 2-minute videos available online e.g.
 - [Nicotine lozenges and gums | Quit HQ \(initiatives.qld.gov.au\)](#)
 - [Nicotine patches | Quit HQ \(initiatives.qld.gov.au\)](#)
 - [Nicotine sprays | Quit HQ \(initiatives.qld.gov.au\)](#)

The most common documented reasons for 'failure' of NRT are premature stopping the treatment and incorrect use, including underdosing of NRT. Dispel any myths and consider the barriers or strengths for use of different NRT products.

Table-3 Myth busters for NRT (RACGP 2024 and NSW Health Common Myths Fact sheet)

The myth	The current evidence
Nicotine in NRT is harmful	<p>The toxins and chemicals found in cigarettes and vapes are more harmful components.</p> <p>Nicotine does not cause cardio-vascular disease or cancer</p>

Using more than one type of NRT is unsafe	Combination Therapy is more effective in quitting than one form alone (fast acting NRT plus transdermal nicotine patches)
Smoking/vaping while using NRT is dangerous	If lapse occurs, don't stop using NRT. Continue with NRT and use behavioural supports
NRT can only be used short term	NRT can be continued for at least 12 weeks from last cigarette/vape or when needed to reduce the risk of lapse to cigarettes or vapes
Smoking/vaping relieves stress	Smoking and vaping actually increases stress. Stopping vapes can reduce depression, stress, and anxiety. Try other methods of relaxation such as taking a break from stressful events.
Young people are unable to access NRT	Young people deemed nicotine dependent from vaping can be referred to Quitline for NRT and telephone support

For young people meeting the [Gillick's competency](#) and are able to make independent and informed medical decisions on their own, this discussion should be made without the parent/guardian being present.

Young people (12-15 years) wishing to use NRT require their parent or guardian's consent to receive NRT from Quitline. If the young person does not want their parent or guardian involved, the Quitline counsellor can request approval to use NRT from the young person's GP. Quitline counsellors will assist clients with either process during their first call.

At the time of writing these guidelines, RACGP (2024) recommends varenicline as another option for vaping cessation in people 19 years and over. Cytisine has since been approved by TGA as an aid for smoking cessation and briefly discussed below.

Varenicline is a partial agonist for nicotine receptor that helps to relieve background cravings, reduce the stimulatory effects of smoking and can more than double the chance of long-term quitting. There is limited evidence for use of varenicline for vaping cessation. RACGP Guidelines (2024) recommends varenicline as a first line option for treatment of nicotine dependence in adults (19 years and above) who smoke. The varenicline safety profile in young people aged between 12-19 years in the studies was consistent with that shown in adult studies (eMIMS varenicline PI). Emerging evidence, supported by some studies, suggests that varenicline may be a viable alternative for vaping cessation, especially when NRT is unsuccessful or unsuitable (Caponnetto, Campagna, Ahluwalia, et al, 2023). Varenicline is available on the Queensland Health LAM for Community Mental Health and Alcohol and Other Drugs Services (AODS).

For adults where NRT is unable to be used or unsuccessful in achieving vaping cessation, prescribe varenicline starting at 0.5mg for 3 days then 0.5mg twice a day for 4 days then 1mg twice daily.

Cytisine is a plant-derived oral smoking cessation aid that is used to reduce nicotine withdrawal symptoms with similar mechanism of action as varenicline. This is emerging as a new option for

nicotine dependence treatment. Limited guidance is available at the time of writing. Cytisine treatment may require multiple dosing (up to 6 times per day) (WHO, 2024). Compliance to oral treatment may be a concern especially in young people. Seek guidance from a nicotine treatment specialist if this option is to be considered for vaping cessation (RACGP, 2024).

Bupropion is a non-nicotine oral therapy. Bupropion reduces nicotine withdrawal symptoms and reduces the urge to smoke. RACGP guidelines (2024) do not recommend this as an option for vaping cessation currently.

TIP: When discussing vaping cessation with young people keep in mind that vapes contain high quantities of sweet flavours which forms part of the attraction of vaping and an added dependency element which is important in understanding function and pleasure effect.

Consider medications metabolised by CYP1A2 and 2D6 that are affected by smoke for dual users of tobacco and vapes.

ARRANGE – Behavioural support

Behavioural support covers a range of treatments, most often delivered through Queensland Quitline as multi-session counselling, but also through face-to-face counselling by psychologists and other health care professionals such as Nicotine Treatment Specialists.

Clinicians should offer referral to Quitline to all people willing to stop vaping. Quitline support is an option for both brief and intensive intervention. See Queensland Government [Our support program | Quit HQ \(initiatives.qld.gov.au\)](https://www.quitline.qld.gov.au/).

TIP: For young people, getting advice and resources from a trusted adult (e.g. youth workers or alcohol and other drug clinicians) about brain science and reward pathways can be beneficial (see Dovetail resources)

Consider craving management strategies for young people such as, refusal skills training (practicing to say 'no' to free offers), assertion techniques to assist with relapse prevention. Being able to recognise withdrawal symptoms and ways to manage stress can help develop confidence and autonomy.

The Queensland Quitline program offers free telephone counselling support. Free NRT is also supplied to a range of priority populations including adults and young people who vape, pregnant women, parents of young children and young people who smoke or use vapes, rural dwellers, people with mental health diagnosis.

Quitline (Queensland)

Queensland's Quitline service provides evidenced-based support for Queenslanders who would like information and support to quit vaping and tobacco smoking. Call 13 7848 – Quitline is available 7 days a week.

The Yarn to Quit Program is available for Aboriginal and/or Torres Strait Islander peoples in Queensland. Quitline has a dedicated team of Aboriginal and Torres Strait Islander counsellors available to assist with support phone calls. A translation service can also be arranged for those using languages other than English.

To understand the services Quitline provides – click on this link to view the 'What to expect from Quitline' video @ <https://vimeo.com/856269599/4194c87818> or visit <https://www.quithq.initiatives.qld.gov.au/how-to-quit/get-help-from-quitline>.



What to expect from Quitline

To make a referral to the Quitline pick one of the methods below:

- Use the [Smoking Cessation Clinical Pathway](#) with cover sheet and fax directly to Quitline or if completing in ieMR, tick referral to Quitline box.
- Use CIMHA to complete the Smoking Cessation Clinical Pathway with direct link to Quitline
- Use the QLD Health Mental Health and Alcohol and Other Drugs Services (MHAODS) specialised referral form and email ([Internal link](#))
- Use the [health professional referral](#) form available online at Quitline
- [Self-referral](#) to Quitline

QuitHQ (Queensland)

Queensland Government website that provides a broad range of information for individuals and health professionals on quitting vaping and tobacco. Users can complete a 'request a call' from Quitline, or sign-up for an online 12-week support program, as well as download resources and publications. Visit <https://www.quitqhq.initiatives.qld.gov.au/>.

My Quit Buddy App (Australia)

A free cessation support app available to download from Apple Store and Google Play. The app has been designed to provide the user to get, and stay, smoke-free. It provides helpful tips and distractions to overcome cravings, tracking systems to chart quit progress and the facts to help understand the impact smoking has on health. Visit [MyQuitBuddy app | Australian Government Department of Health and Aged Care](#).

QuitCoach (Australia)

QuitCoach provides individuals with a personalized quitting plan based on responses to questions about motivation, confidence, and past attempts. It is designed to provide useful advice wherever the person is on their quitting journey. Visit <http://www.quitcoach.org.au/>

Note: There are currently limited long term outcome measures for other unspecified digital Apps for vaping cessation. Digital apps with tailored interactive content may demonstrate usefulness as a supplementary support for those who appreciate digital interventions. (WHO 2024) While there is an increasing availability of digital health apps, it is important to be aware that some online vape apps may include conflicts of interest which can result in targeted E-cigarette marketing. Before recommending apps to consumers who vape and smoke, review the current and emerging evidence base.

Apps, web-based programs, and SMS quit message supports such as MyQuitBuddy and QuitCoach for smoking cessation, can be updated when needed and are supported by the RACGP, Queensland Health, and Commonwealth Government.

Referral to other Community Supports:

General Practitioner

People receiving care can be referred to General Practitioners by specialised pathways and discharge summary information. The Quitline service may also liaise with general practitioners to arrange treatment interventions for those under the age 18 years.

Nicotine Treatment Specialists

Some Hospital Health Services may have access to Nicotine Treatment Specialists that can provide specialised treatment plans to assist with vaping management and treatment advice. The Australian Professional Society for Alcohol and other Drugs (APSAD) smoking cessation special interest group maintains a database of credentialed trained Nicotine Treatment Specialists group that can offer in-person quitting support. Clinicians can contact APSAD to find a NTS who can help (www.apsad.org.au).

Other resources and links – for people, carers, families, and support persons

Relapse prevention

A relapse happens when a person stops maintaining abstinence or increasing use. This is different to a

lapse, which is a temporary departure from a person's goals followed by a return to their original goals. For example, a person may have stopped vaping for a period, but decides to have a couple of puffs of a vape, and then starts vaping regularly again is classified as a lapse, whereas continuous use will become a relapse.

There are many reasons or triggers that can result in a lapse or relapse e.g.:

- The addictive nature of nicotine
- Cues from seeing and smelling other people smoking and vaping
- Change in life circumstances, such as:
 - stressful time at work
 - problems within the family
- Feeling guilty about a lapse
- A reduction in confidence or motivation in relation to goals of abstinence
- Other seemingly irrelevant decisions

It may take a person several attempts to stop vaping and remain vape free. It is important not to make the individual feel guilt or shame. Providing encouragement and support is vital. You could suggest they contact Quitline, revisit their quit plan, connect to the MyQuitBuddy app, or talk with supportive family, friends, colleagues, GP, or other health professionals. The Quit website has a range of tips to help 'stay on track' [I need help to stay on track | Quit](#).

Further information on supporting vaping cessation is available from:

- [RACGP Supporting Smoking Cessation](#)
- Pharmacotherapy for the Treatment of Nicotine Dependency (health.qld.gov.au)
- [Managing Vaping Cessation: A Monograph for Counselling Adult and Adolescent Vapers](#), Bittoun R. (2021)
- [NSW Health Guide to Support Young People to Quit vapes](#)
- [Home Page - Tobacco in Australia](#)
- [Professional practice guidelines for pharmacists: nicotine dependence support \(\[psa.org.au\]\(http://psa.org.au\)\)](#)
- [Navigating Vaping Reforms - Pharmaceutical Society of Australia \(\[psa.org.au\]\(http://psa.org.au\)\)](#)

For any feedback on this resource: please contact smokingcessation@health.qld.gov.au

In case of emergency with nicotine poisoning contact the Queensland Poisons Information Centre helpline on 13 11 26. Available 24/7

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Appendix 1 – Brief intervention (3-Step model)

A simple brief intervention is the 3-Step Model: Ask, Advise, Help

Ask

Ask all persons receiving health care if they use any nicotine containing products. This includes vapes or smoking tobacco (e.g. using butts and dumpers, tobacco pipes, rollies, chop-chop, mixing tobacco with cannabis, hookah etc) and any other new and emerging nicotine products or vaporizers (e.g. nicotine pouches)

Advise

Ask for permission to provide advice. Advise all people who smoke or use vapes to quit using clear but non-confrontational language:

“As a health professional my advice is that quitting smoking/vaping is the best thing you can do for your physical and mental health.”

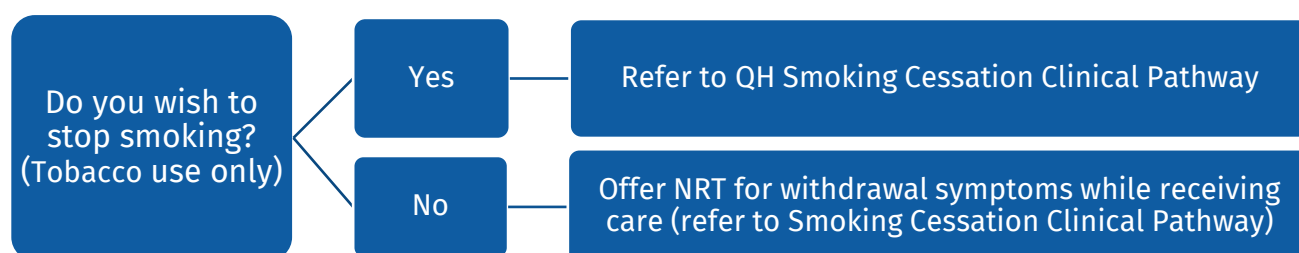
“Not smoking/vaping results in better outcomes relating to surgery, healing, medication, finances, health and fitness.”

Advice For Young people:

- *Not vaping anymore stops the worry about not being able to vape, finding you vape or running out*
 - *Not vaping anymore can help save money for other priorities like a car or new phone*
 - *Not vaping can help regain control of your life instead of being addicted to nicotine*
 - *Not vaping anymore can be healthier and also environmentally friendly*
-

“Do you want to quit smoking or vaping?”

Example 1 – Person has advised they smoke tobacco only



Example 2 – Person has advised they smoke tobacco and use vapes



Example 3 – Person has advised of current vape use



Help

Help people willing to stop vaping by explaining the options available to them for ongoing support. Offer to arrange referral to Quitline and other intensive support such as Nicotine Treatment Specialists. See section on – Arrange referral.


Appendix 2 – Vape check

A suite of QLD Health [Dovetail Vaping Resources](#) are available to download or order. For example:

VAPE CHECK


Worker's notes

This tool is designed to help a worker have a conversation with someone who is frequently using unregulated vapes. That is, vapes purchased without a prescription. It is not designed to be used with people who have never vaped, only vaped once or twice, or adults who are vaping to reduce harm from tobacco smoking.

This icon  indicates a conversation point.

A guide to using this tool can be found at www.dovetail.org.au

This tool will provide you with some useful information and practical tips about vaping. It only takes about 10-15 minutes to complete.

 There are no health benefits from vaping for people who don't smoke tobacco. For people who regularly smoke, evidence suggests switching to vaping may be less harmful, but not harmless. Long-term harms of vaping are unknown.

1 START HERE

In the past 3 months, how often have you smoked tobacco?

- Never
- Once or twice only
- A few times a month
- A few times a week
- Daily/almost daily


In the past 3 months, how often have you vaped?

- Never
- Once or twice only
- A few times a month
- A few times a week
- Daily/almost daily

What age did you first start vaping?

Since you started, has your vape use:

Increased? Decreased? Stayed the same?


 Most unregulated vapes in Australia contain nicotine even if the label says otherwise. Nicotine is the same chemical in cigarettes that makes you addicted.

2

The following questions will help us work out if you are becoming addicted to nicotine (tick all that apply)

- Have you ever tried to stop vaping, but couldn't?
- Do you need to vape if you're feeling stressed?
- Do you ever have strong cravings/urges to vape?
- Is it hard to keep from vaping in places where you are not supposed to, like school, work or home?
- Do you find it hard to concentrate, or do you get anxious, restless, or irritable if you haven't vaped in a while?
- Do you feel stressed if you can't find your vape or it runs out?

Answering yes to any of these may indicate possible nicotine addiction.

 **What do you think about this?**

Dovetail
Supporting the youth alcohol and other drug sector in Queensland

Appendix 3 – Example of individual change plan

Vaping change plan

My goal:
I'm making a change because...
People who could support me...
Things that might make it hard to reach my goal (triggers to vape e.g., people places, times, days, activities, thoughts, feelings):
Some steps to help me reach my goal (tip: don't forget to include steps that utilise your support people and come up with plans to deal with triggers).

Appendix 4 – Modified HONC assessment for nicotine dependence (from vaping)

Additional assessment tools

Modified Honc: Hooked On Nicotine Checklist (HONC)

(Adapted to be an adolescent vaping questionnaire by Renee Bittoun) (avondale.edu.au)

Nicotine dependence if “YES” to any of the questions below:

	YES	NO
Have you ever tried to quit 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?		

Appendix 5 – Penn State Assessment for Nicotine Dependence from Vaping

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

Total scoring: 0–3 = not dependent, 4–8 = low dependence, 9–12 = medium dependence, 13+ = high dependence

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Appendix 6 – Acknowledgments and contributions

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