

# Supporting clients who want to stop vaping



***NCSCT***

**Authors:** Louise Ross, Sophia Papadakis and Kirstie Soar

**Reviewers:** Jo Locker, Julia Robson, and Martyn Willmore,  
Office of Health Improvement and Disparities (OHID)

Richard Holley, North & West Area Manager and Tobacco Control Lead,  
Northamptonshire Stop Smoking Service

Dave Cross, Trustee, New Nicotine Alliance

**Editors:** Andy McEwen and Tom Coleman-Haynes

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## About the National Centre for Smoking Cessation and Training

The National Centre for Smoking Cessation and Training (NCSCT) is a social enterprise set up to:

- help stop smoking services to provide high quality behavioural support to people who smoke based on the most up-to-date evidence available
- contribute towards the professional identity and development of stop smoking practitioners and ensure that they receive due recognition for their role
- research and disseminate ways of improving the provision of stop smoking support

[www.ncsct.co.uk](http://www.ncsct.co.uk)

## Introduction

Nicotine vapes are the most popular aid used by people when attempting to stop smoking.<sup>1-3</sup> There is good evidence that nicotine vapes can help people to stop smoking<sup>1,3-6</sup> and many stop smoking services support clients with the use of vapes as a quit aid.<sup>1</sup>

While some people are happy to vape long-term, some want to stop eventually and some may want to stop as soon as possible. **Clients may seek support on how best to stop vaping; how this is attempted can affect the risk of relapse to smoking.** The nature of support to stop vaping can differ depending on how early clients are in their quit attempt and their individual risk of relapse.

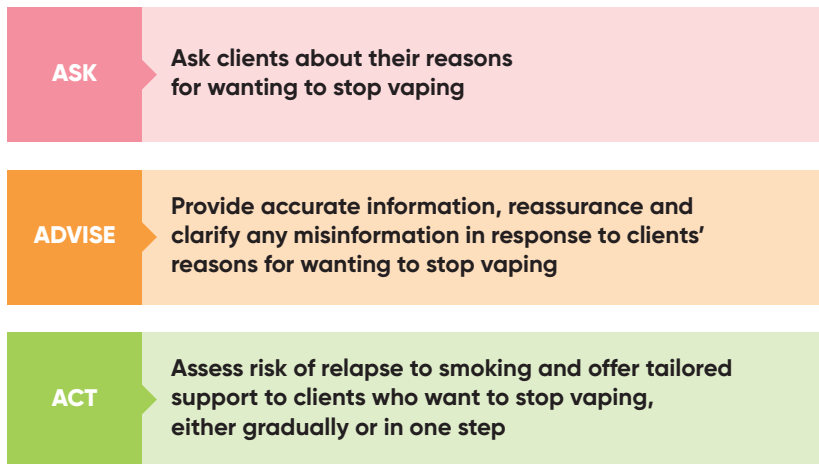
This guidance is directed to stop smoking practitioners and the principles of the guidance can apply to wider team members including administrators and receptionists.

Supporting clients to stop vaping does not mean delivering a multi-session behavioural support programme to help them do so, but instead means providing information and advice.

## Providing guidance to clients who ask about stopping vaping

When supporting clients who want to stop vaping, **our priority should always be to ensure that clients who stop vaping do not return to smoking cigarettes**. NICE recommends that people should use vapes for as long as they help prevent them going back to smoking.<sup>7</sup> As such, it is important to assess why clients want to stop vaping and their risk of relapse, and to plan and prepare appropriately to stop vaping either **gradually or in one step**.

When working with clients who want to stop vaping, it can be useful to organise support using the **Ask, Advise, Act** model.



## ASK: about why they want to stop vaping

### Ask clients about their reasons for wanting to stop vaping.

Learning about clients' reasons for wanting to stop vaping will assist with tailoring advice and support.

Common **reasons for wanting to stop vaping** include **cost, not wanting to be dependent upon vaping and concerns over the health effects of inhaling substances** into their lungs. It can be that some clients want to stop vaping as a result of **concerns arising from inaccurate press reports** or opinions from others.

**Pressure to stop can also come from family members** who worry about the safety of vaping or from concern that they are vaping too much.

#### Reasons for wanting to stop vaping

- Wanting to stop inhaling any substance
- Worry about the cost of vaping
- Confident in being able to stay smokefree without vaping
- Claims about the harms of vaping
- Advice to stop vaping from family/friends/healthcare team
- The ban on single-use vapes
- Concern about vaping more than they used to smoke

Some clients may feel that **vaping is not helpful to them**, that it is not reducing tobacco withdrawal symptoms or helping them to manage without cigarettes.

Other clients may feel that they are simply at a stage where they are **ready to discontinue vaping and are not at risk of relapse**. Often these clients have been using a vape for some time as a quit aid and view stopping vaping as the next goal.

Clients may also feel that the ban on the sale and supply of single-use (disposable) vapes,<sup>8</sup> effective from 1 June 2025, **has made it difficult to choose the right device**.

Some of these are valid reasons to stop vaping, some less so. Practitioners who understand the role vaping has in keeping clients smokefree can help them make informed decisions about how best to stop vaping.

## ADVISE: on evidence and offer reassurance

**Provide accurate information, reassurance and clarify any misinformation in response to clients' reasons for wanting to stop vaping.**

### Making an informed decision

Acknowledge clients' success with quitting smoking and their interest in stopping vaping. Clients should be reassured that, if it helps them not smoke, **there is no rush to stop using their vape**. What we don't want is people to feel that they must stop vaping before they are ready, increasing the risk of a relapse to smoking. If they are ready to stop, **you can advise them on their options for stopping vaping gradually or in one step**.

### Inaccurate press stories, concerns about safety

It is important to clarify any misinformation about the safety of vaping and to let clients know **what the evidence says about long-term use of vapes**. It can also be useful to remind clients of the role that vaping played in helping them to quit smoking.

#### Safety of vaping<sup>1</sup>

- Vapes are considerably less harmful than smoking because they do not involve the burning of tobacco
- Evidence indicates that nicotine vapes are significantly less harmful to health than smoking tobacco
- Short-term use of vapes appears to pose few if any risks. Throat irritation and a slight cough are the most commonly reported symptoms, and these subside over time
- It is not uncommon for individuals who vape to use them for extended periods of time. In fact, more than half (53.8%) of ex-smokers who are vapers report they have been vaping for more than three years.<sup>1</sup>
- There is limited high-quality safety data from long-term use of vapes, but there is no good reason to expect that their use would be anywhere near as risky as smoking.

## Concerns about safety of nicotine

Some people may wish to stop vaping before they are ready because they believe that nicotine is harmful. Practitioners should reassure people that nicotine is a fairly harmless component of both cigarettes and vapes; communicating the importance that they use enough of it and don't stop using it too soon.

### Safety to bystanders<sup>1</sup>

- There is no evidence to date of harm to bystanders from exposure to secondhand vapour from vapes; any risks that might emerge are likely to be extremely low
- The vapour contains a small fraction of the toxicants in tobacco smoke and dissipates very quickly into the ambient air
- Nicotine from exhaled vapour can be deposited on surfaces, but at such low levels that it would not cause physical harm

## Pressure from others and concerns about frequency of use

If clients report concerns, which are often about the frequency at which they are using their vape, it can be helpful to explain that they may need to use their vape more frequently relative to smoking cigarettes. **Frequent 'grazing' is common among vapers to obtain sufficient nicotine**, unlike the 'binging' on nicotine when people smoke cigarettes.

## The ban on single-use (disposable) vapes

Some people have benefitted from the convenience and low cost of single-use vapes, and may not be willing to explore the possibilities offered by refillable, rechargeable devices. It can be helpful to point out that **single-use devices are very harmful to the environment** and that **reusable, pod-style devices can in fact work out better economically**. Additionally, reusable devices can be **just as easy to use**, with the added benefit of the user being **able to adjust the nicotine dose** when they are ready to reduce the strength of their e-liquid. Clients should be strongly advised not to obtain illegal single-use devices, as these will not have been checked for safety or quality, and will continue to cause environmental harm.

## Vaping not working

For individuals who report that vaping is not working for them, or who are in the early stages of quitting, it is important to assess whether clients are: **using the best device for them, using the device correctly and using the appropriate strength of nicotine.** The most common reason for not feeling that vaping is working is use of e-liquid with too low a strength of nicotine.

Data from the Smoking Toolkit Study indicates that the majority of people who vape have opted not to use nicotine containing e-liquid or to use a low dose nicotine e-liquids.<sup>2</sup> It can be helpful to explain to clients the **importance of getting enough nicotine to reduce withdrawal symptoms and urges to smoke,** and how to get sufficient nicotine from their vape.<sup>6</sup> A specialist vape shop should be able to advise on e-liquid nicotine strength and choice and use of vape products.

## Cost

If cost is a factor, there are solutions that practitioners can discuss with clients, such as purchasing cheaper e-liquid, which can be just as effective.



## ACT: support client with stopping vaping

**Assess risk of relapse to smoking and offer tailored support to clients who want to stop vaping, either gradually or in one step.**

### Assessing the client's needs and risk of relapse

Conduct a brief assessment to help tailor guidance and support; **assessing the risk of relapse is important**. Simply ask how confident clients feel, possibly by asking a simple question such as: ***"On a scale of 1–10, how confident are you that you can stay free from smoking without using your vape, where 1 is not at all confident and 10 is extremely confident?"*** Clients who reply lower than a seven or an eight may benefit from a more gradual plan for reducing their vaping over several weeks, or even months.

**Clients who are in the early stages of quitting and who want to stop vaping could be supported with switching to nicotine replacement therapy (NRT).**

### The latest research on stopping vaping

Two systematic reviews have examined the evidence on treatment options for stopping vaping,<sup>9,10</sup> finding that, at present, there is very limited research to guide practice. There is some evidence that plans for gradual reduction can be effective for stopping vaping. There is also evidence that varenicline can support people to stop vaping – however, more research is needed to strengthen this finding. Only one study has examined the use of NRT, and one study has examined cytisine, for stopping vaping.

## Options to offer clients interested in gradual reduction

- **Reducing the nicotine strength of their product at intervals** (20 mg – 18 mg – 12 mg – 6 mg – 3 mg – 0 mg). The speed at which clients reduce will differ and they can usually manage this themselves. As a general rule, clients in the early stages of quitting or at risk of relapse should reduce more slowly, as we do with NRT. Clients who have stopped smoking cigarettes for 12 weeks or longer can set progressive goals to reduce every two to four weeks or longer as needed, without any pressure to rush the process.
- **Extending the time between vaping** (e.g. 20 minutes between vaping becomes 40 minutes).
- **Setting rules for themselves about where they do and do not vape**, to gradually reduce use (e.g. only use when outside of the home or car, only on breaks at work). **Note:** This will not necessarily lead to a reduction in the amount of nicotine vaped, but it will weaken the link between vaping and specific situations and times.

## Options for clients using a single-use (disposable) vape

Although it has been illegal to sell or supply single-use vapes since 1 June 2025, some people may continue to have a supply, so the advice included here still stands.

- It's not easy to gradually reduce the dose with a single-use vape because there isn't the variety of nicotine strengths available. Clients should be encouraged to buy a different (tank or pod system) vape and switch to this, so that a gradual reduction in nicotine can be started. Another approach is to **use reduction strategies that don't rely on reducing nicotine dose**, such as restricting where they vape and the length of time that they vape for; taking short puffs could help too.

## Options to offer clients wanting to stop vaping in one step

- For clients who feel ready to simply stop vaping, and do not want to gradually reduce, encourage them to see how they feel as they go through the day without vaping. They can use techniques for managing urges to smoke/vape, such as distraction and commitment to the 'not-a-puff' rule. Remind clients that they **can return to vaping if they would otherwise have a cigarette**, and that this is far less harmful.

## Provide advice to minimise risk of relapse to smoking

It is important to emphasise that if there is any risk of relapse to smoking, vaping should be maintained, or the reduction should be paused. The **greatest priority is to make sure the client does not start smoking again.**

Advice to clients can be phrased in this way:

*"You should probably stay on the reduced dose/frequency for a week or two, but longer if you don't feel that you're ready to drop to the next nicotine strength."*

*"See how it goes and if you start to experience urges to smoke or withdrawal symptoms, or you feel like you might go back to smoking, then increase your dose/frequency of use until these feelings go away and 'pause' your reduction of nicotine strength."*

## Deciding whether to use NRT

For individuals who want to stop vaping immediately and are at risk of relapse there is the option to **switch to an NRT product**; this is particularly important if the individual is early on in their quit attempt.

Standard guidance related to the use of NRT can be used with clients who are switching from vaping. Clients in the early stages of quitting and/or with moderate to high levels of tobacco dependence, can be advised to use **combination NRT** (patch plus faster-acting product). Clients who are using lower doses of nicotine in their vape and/or who have lower levels of tobacco dependence may manage with a single NRT product.

**All Nicorette products, some Boots products, the Nicotinell Rapid Relief Spray and NiQuitin patches and minis mint lozenges** have been granted approval from the Medicines and Healthcare products Regulatory Agency (MHRA) for an indication to relieve and/or prevent craving and nicotine withdrawal symptoms in nicotine dependence, including those arising from nicotine vaping.

It will be a local decision whether clients self-fund or are provided with the product as part of your service. Except in cases of extreme dependence, it is probably not necessary to fund this from your service budget; most people who vape are able to reduce their use of a vape and discontinue when they are ready. Local stop smoking services should be cautious about diverting resources from helping people stop smoking (where the greatest health gains can be achieved) towards helping people to stop vaping.

## Relapse prevention: planning ahead to stay quit

Emphasise to the client that if, at any point, they **think that they are at risk of returning to smoking they should resume vaping or use NRT**.

It is worth recommending that they keep a vape and/or faster-acting NRT at hand for **'emergency' situations** when a **sudden trigger causes an urge to smoke**. It can also be useful to reassure clients that a relapse to vaping is not a failure and is significantly less harmful than smoking.

## Resources on vaping

**NCSCT online training module.**

**Vaping: A guide for healthcare professionals**

Available at: <https://elearning.ncsct.co.uk/vaping-launch>

**Vaping: a guide for health and social care professionals**

[www.ncsct.co.uk/publications/vaping\\_briefing](http://www.ncsct.co.uk/publications/vaping_briefing)

**Action on Smoking and Health (ASH). Addressing common myths about vaping: Putting the evidence in context**

[ash.org.uk/resources/view/addressing-common-myths-about-vaping-putting-the-evidence-in-context](http://ash.org.uk/resources/view/addressing-common-myths-about-vaping-putting-the-evidence-in-context)

**Action on Smoking and Health (ASH). Use of vapes (e-cigarettes) among adults in Great Britain.**

[ash.org.uk/resources/view/use-of-e-cigarettes-among-adults-in-great-britain](http://ash.org.uk/resources/view/use-of-e-cigarettes-among-adults-in-great-britain)

**The Office for Health Improvement and Disparities (OHID; formerly Public Health England) publishes an annual report on Vaping in England**

The latest version of the report can be accessed here:

[www.gov.uk/government/collections/e-cigarettes-and-vaping-policy-regulation-and-guidance](http://www.gov.uk/government/collections/e-cigarettes-and-vaping-policy-regulation-and-guidance)

**Royal College of Physicians. E-cigarettes and harm reduction: An evidence review. 2024.**

[www.rcp.ac.uk/media/n5skyz1t/e-cigarettes-and-harm-reduction\\_full-report\\_updated\\_0.pdf](http://www.rcp.ac.uk/media/n5skyz1t/e-cigarettes-and-harm-reduction_full-report_updated_0.pdf)

**NHS. Using e-cigarettes to stop smoking**

[www.nhs.uk/live-well/quit-smoking/using-e-cigarettes-to-stop-smoking](http://www.nhs.uk/live-well/quit-smoking/using-e-cigarettes-to-stop-smoking)

**The SWITCH**

A comprehensive series of films produced by NCSCT with the New Nicotine Alliance that provides an overview of vaping and vapes, safety of vaping, and experiences of smokers who have made the switch.

<https://tinyurl.com/the-switch>

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