



Evidence: Young People and Vaping

What is effective in helping young people to stop vaping?

As with smoking interventions, most of the evidence and research on vaping interventions with young people are focused largely on prevention, rather than interventions to support the young person to stop vaping. Prevention is important and will have the greater overall influence on young people and vaping than cessation interventions. However, as with smoking, the reasons why young people start vaping (and continue to vape) are multiple and complex, and therefore it is still necessary to have evidence-based interventions for supporting stopping vaping in young people for whom prevention interventions have not worked.

Health promotion and creating a non-vaping culture

The most recent Royal College of Physicians (2023) report recommends that information on the health risks of vaping should be provided to young people and never smokers, but information should be carefully designed so it does not misinform people about the relative harms of smoking and vaping and deter people who smoke from switching to vaping.¹

Young people (16–18-year-olds) have reported that vaping information including the evidence on health effects, should be communicated by trustworthy and credible sources, such as university institutions and non-government organisations. In the same group of young people, who vaped and had expressed an interest in stopping vaping, they reported there was a lack of trusted information, given the recent ubiquity of vaping in the media, particularly around the health effects which led them to seek information through internet or anecdotes from others².

Young persons vape use is very much set within a social context³, with most vaping with peers, therefore creating and promoting a non-vaping environments and culture will be crucial. Young people have reported vape use reduction, if access is limited and they are aware of the risks of vape use. When there are issues with accessing products, which includes cost, as well as restrictions or the inability to purchase products, these issues motivate changes in vaping views and behaviours^{4,5}. These environmental-type factors (advertising and vape product availability) are aspects which will be addressed with the introduction of the Tobacco and Vapes Bill⁶, and the ban on single-use (disposable) vapes which came into force in the UK on 1 June 2025⁷.

Very Brief Advice on Vaping (VBAV)

Currently there is no evidence that exists on the use of VBAV or VBAV with young people and whether this facilitates an attempt to stop vaping. There are currently that adaptations of VBA+ used in areas of current practice within England and through consultation with those that have

used it, using similar behaviour change principles, and similarities that young people see between smoking and vaping cessation².

Interventions to support vaping cessation

There exists no widely accepted standard of care for vaping cessation. NICE guidelines recommend that the NHS provide support to help people who vape to stop when they are ready to do so but does not set out how best to achieve this⁸.

The first Cochrane review which summarised all the available evidence to date on randomised controlled trials (any age group, including young people and regardless of smoking status) of interventions designed to support people to quit vaping was published in 2025⁹. Of the 9 studies included in the review, 3 addressed young adults (18–24-year-olds) and only there was only one intervention study in 13–17-year-olds). At this stage the evidence suggests that only text message-based interventions may help young people to successfully stop vaping compared to no or minimal support, but evidence demonstrates considerable uncertainty, partly due to the limited number of studies conducted to date. In addition, the effect of vaping cessation on the number of people smoking, is unknown, as the majority of studies did not measure assess this.

There is a suggestion that interventions based in schools or targeting all smokers and/or vapers in a household or similar social group may be more likely to be successful in the long term². There are concerns of integrating vaping cessation interventions within tobacco cessation frameworks because of the strong stigma against smoking and desire to dissociate vaping from smoking, which will discourage young people from seeking vaping cessation support².

Knowledge on the reasons why young people vape, current vaping behaviours and quit intentions and attempts, as well as attitudes and views around stopping vaping, can inform our understanding of what would be suitable interventions, and also what wouldn't work.

Motivations to quit: Research suggests that some young people are motivated to stop vaping because of health concerns⁴, financial loss, industry influence and dependence² and lack of trusted information and perceived social acceptability are cited as reasons for quitting².

Intentions to quit: research has demonstrated that young people generally have a high intention to quit vapes^{10,11}. Disposable vape use, use because of peers and family use, high-perceptions of harm and exposure to anti-vaping contents are possible predictors of *intention to quitting* in a sub-sample of 10-19 year olds¹².

Quit attempts: a proportion of young people have reported making a quit attempt^{4,10,13}. Quit attempts are probably predicted by vaping out of curiosity, high harm perceptions, current tobacco use, but being of white ethnicity, high level of nicotine dependence, high frequency of vaping and dual use lowered the probability of quitting¹².

Barriers to quitting include the social benefits from vaping, stress reduction, sensory and behavioural gratification from vaping, enjoyment of flavours, convenience and discreetness of use (i.e. in classrooms), lack of self-awareness of vaping behaviours², and age¹².

Most young people report quitting unassisted and without pharmacotherapy¹³ followed by 'advice from a friend'. However, young people have expressed an interest in using variety of methods in future quitting attempts including mobile apps, medications¹³ and NRT¹¹. Peer

groups will be an important determinant in use and reducing use³, such that social support from non-vaping peers might be important for promoting cessation and maintaining abstinence⁴.

Specialist Support services

Referral to a specialist service may not always be necessary or appropriate. The availability of specialist services to support vaping cessation will depend on what is available in the local area, some offer specialised support for young people, and vaping, others don't have the support or Stop Smoking Advisors may not have the confidence or experience in working with young people¹⁴.

Gradual reduction

Gradual reduction is a preferred method reported by young people themselves⁴. Cutting down on nicotine vaping gradually can make stopping much easier. It allows the body time to adjust to lower nicotine levels. Gradual reduction can be done in a number of ways i.e. increasing the time between vaping, taking breaks, restricting use and/or lowering the strength of nicotine over time. However, this last option may not be an easy option for the majority of young people who currently vape a disposable device which tend to come in one strength (20mg/ml).

Behavioural strategies

There are number of behavioural strategies which have been shown to be effective and also endorsed by young people¹⁵ and could be used alongside either gradual reduction or stopping vaping all together. These include, avoiding others who vape, seeking social support from friends and family to stop, stopping with another peer/family member, addressing peer pressure to continue vaping, earning successful distraction strategies from peers and using distraction strategies or alternatives to vaping¹⁵.

Stop vaping aids

Pharmacological aids such as NRT are licenced for use in those over 12 years and could be used to replace the nicotine from vapes in those that show signs of nicotine dependency, regardless of whether they are a never/non-smoker or not. Nicotine mouth spray is the only current licensed vaping cessation aid and could be considered from 12 years and above. It could be used to provide a quick relief of cravings, as demonstrated in a randomised controlled trial in exclusive adult vapers¹⁶. However, as yet there is no independent evaluation of its effectiveness as a vaping cessation aid in adults, let alone in young people.

The recent evidence review looked at the effectiveness of NRT, varenicline, bupropion and cytisine and only found evidence for cytisine in supporting quitting vaping, however this is only in, and for use, by adults. Whilst the evidence base is not established for the effectiveness of NRT products, they have been used in clinical practice, with anecdotal evidence of effectiveness. The amount and format of NRT used, have been dependent on the young person's vape use, needs and circumstances, but there is no agreed standard formulary for vaping cessation.

In a Canadian cross-sectional survey of 16–25-year-olds, young people expressed an interest in using NRT to help them stop vaping, if it was offered for free¹¹. Amongst those who had ever used a vape 16% reported using NRT as a vaping cessation aid at least once. Fourteen percent reported that NRT helped them make a quit attempt, 12% reported that it helped them quit vaping, but 28% reported that they did not find NRT helpful to quitting. NRT therefore may be a potential aid for some individuals seeing to stop vaping, but not all.

Digital interventions

As noted earlier, in the first Cochrane review to date (2025)⁹ assessing the evidence on interventions to support adults and young people to stop vaping, text-message based interventions were shown to possibly help young people (13-24 year olds)¹⁷ to stop vaping (compared to no support or minimal support), however this is based only on one study in the age group of interest (13-17 year olds)¹⁷, and the same text message intervention used in the limited studies, so evidence is low in certainty at this stage. Digital interventions however is one area which shows promise in supporting vaping cessation in young people, and text messaging support specifically, is a preferred cessation method mentioned by young people themselves⁴.

Supporting abstinence

As with all aspects of vaping cessation, there is limited evidence on what support is effective in maintaining abstinence and what influences relapse to vaping. Studies do suggest that young people make a number of attempts to stop vaping, implying relapse is common, and there is a need to address factors which could be worked on to support maintaining abstinence and preventing relapse. Social support from non-vaping peers might be protective and important for maintaining abstinence⁴ and creating a non-vaping culture and environment will help.

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