

# **Clinical update: Launch of Tasmanian guide to support young people to quit e-cigarettes**

**This webinar will start shortly.**

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**Zoom webinar – 27 August 2024, 6.30pm - 8.00pm**

# Acknowledgement of traditional owners

We acknowledge the Tasmanian Aboriginal people as the traditional owners and ongoing custodians of the land on which we are meeting today. We pay our respects to Elders past and present.

We would also like to acknowledge Aboriginal people who are joining us today.

# Learning outcomes

After this session, I will be able to:

1. Assess nicotine dependence in young people who use e-cigarettes
2. Apply the ABC brief intervention framework to support young people to quit e-cigarettes
3. Identify where to find resources to assist with supporting young people to quit e-cigarettes, including The Guide to Supporting Young People to Quit e-cigarettes
4. Increase awareness of services in Tasmania where young people can access advice and support to quit e-cigarettes

# Some housekeeping



2023-2025

- Tonight's webinar is being recorded
- Please use the Zoom Q&A feature to ask questions
- At the end of the webinar your browser will automatically open an evaluation survey. We appreciate you taking the time to complete this to help us improve our events programme
- Please don't forget to register for your next webinar at:

<https://www.primaryhealthtas.com.au/for-health-professionals/events/>

# Presenter(s)

**Dr Margot Tidey** – Public Health Registrar, Public Health Services,  
Tasmanian Department of Health

**Dr Juliana Ahmad** – GP Clinical Editor, Primary Health Tasmania

**Steph Pitney** – Clinical Nurse Consultant, Smoking Cessation  
Program, Alcohol and Drug Service, Tasmanian Health Service

**Abby Smith** – Director Prevention & Quit Tasmania, Cancer Council  
Tasmania



# Supporting Young People to Quit E-cigarettes

Dr Margot Tidey

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August 2024

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## Acknowledgement of Country





## What we will cover

- What is an e-cigarette?
- How many young people are using e-cigarettes?
- What are the harms?
- Nicotine dependence in young people
- Changes to E-cigarette laws
- How to support a young person to quit e-cigarettes

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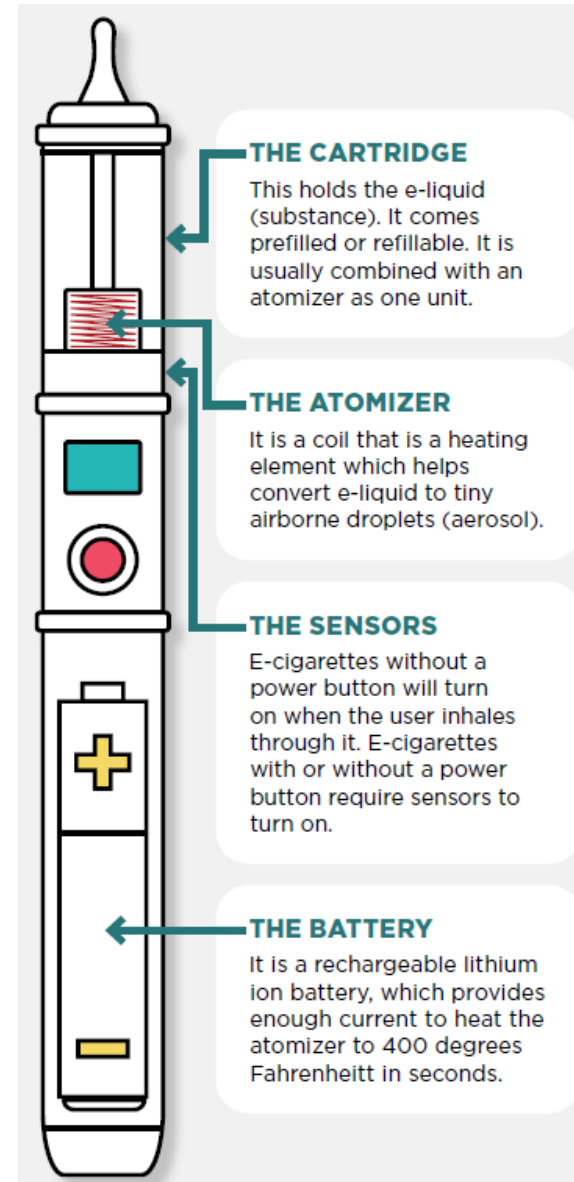
## Case study: Maddy

- Maddy is 16 years old
- Attends high school (grade 10)
- Lives with her mum Pam and younger brother Josh (14years old)
- Removing lunchbox from her schoolbag when an e-cigarette falls to the floor
- Pam had not suspected Maddy to be vaping prior to this and asks Maddy “what’s that?”

# What are E-cigarettes?

## Types

- Disposable
- Refillable
- Pre-filled cartridge or pod



Supporting young people to quit e-cigarettes

# The Evolution of E-cigarettes



**1<sup>st</sup>**  
GENERATION

Disposable e-cigarettes



**3<sup>rd</sup>**  
GENERATION

Tanks or Mods (refillable)



**2<sup>nd</sup>**  
GENERATION

E-cigarettes with prefilled or refillable cartridge



**4<sup>th</sup>**  
GENERATION

Pod Mods (prefilled or refillable)

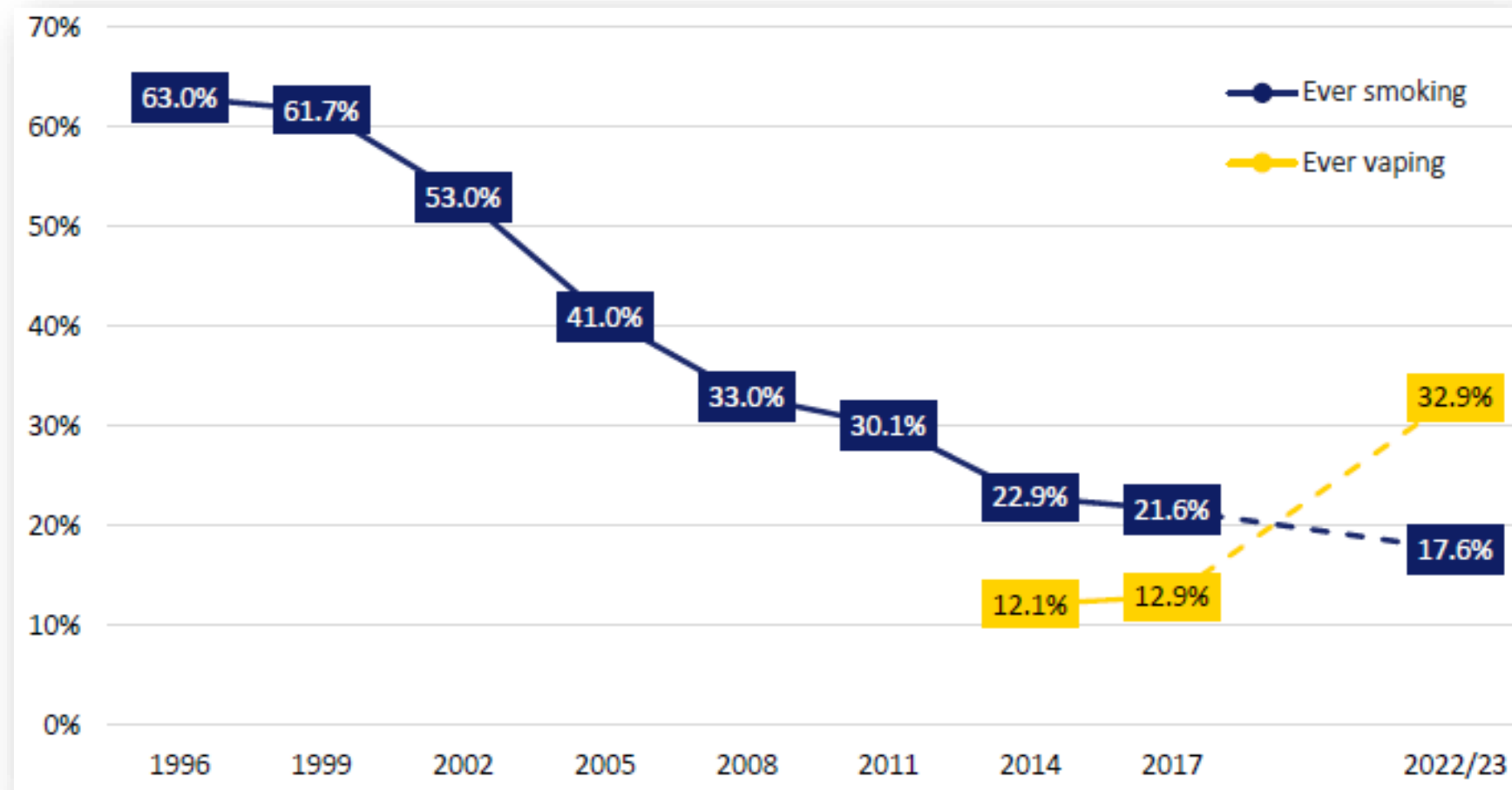
[https://www.cdc.gov/tobacco/basic\\_information/e-cigarettes/pdfs/ecigarette-or-vaping-products-visual-dictionary-508.pdf](https://www.cdc.gov/tobacco/basic_information/e-cigarettes/pdfs/ecigarette-or-vaping-products-visual-dictionary-508.pdf)

## How prevalent is vaping in young people?

- Pam has seen other teenagers using e-cigarettes however didn't suspect Maddy had tried them.
- Q. Approximately what percent of Tasmanian secondary school students have tried e-cigarettes?
  - A. 5%
  - B. 10%
  - C. 30%
  - D. 50%

# Australian Secondary Students Alcohol and Drug (ASSAD) survey

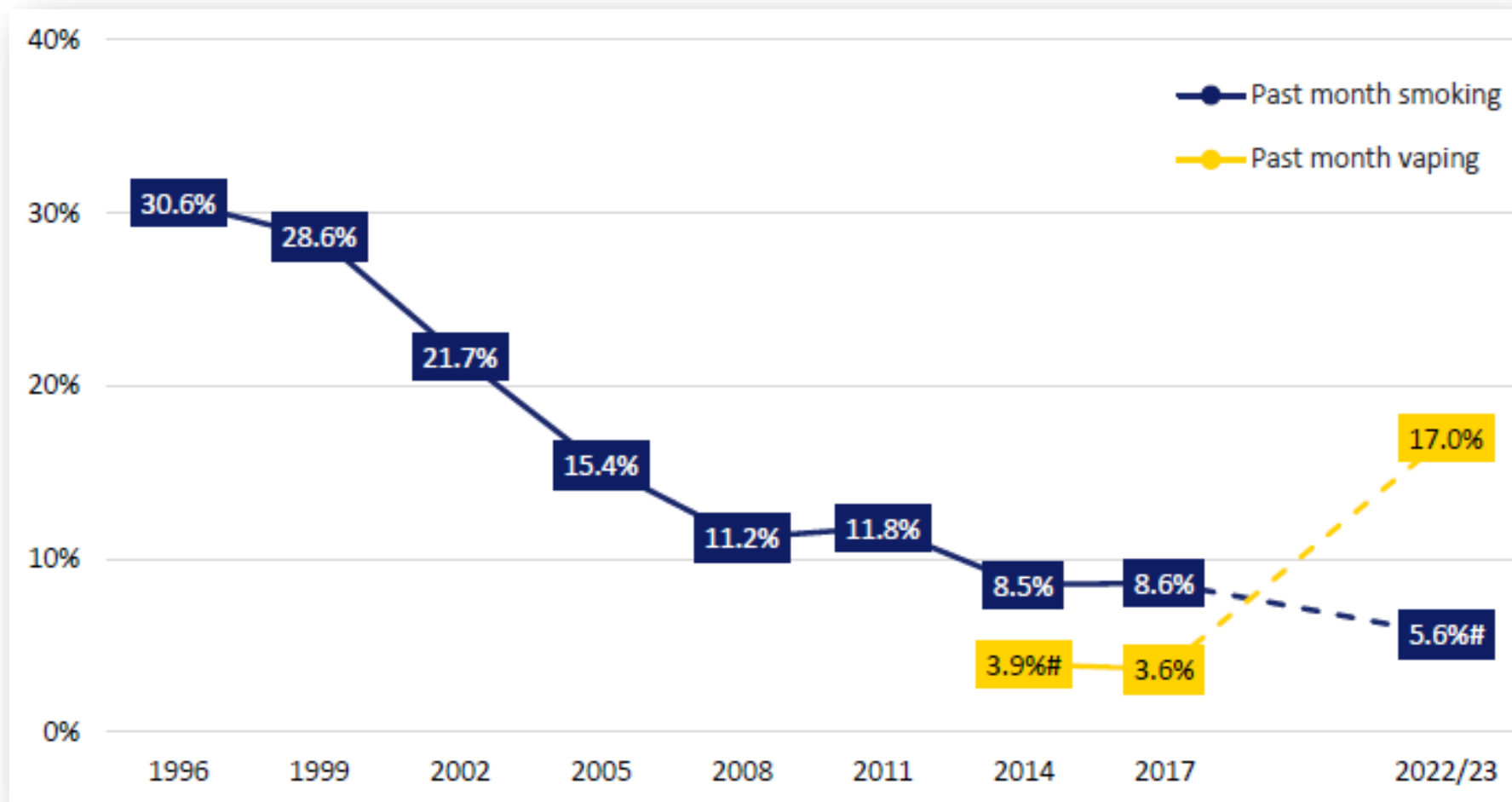
Lifetime (ever) smoking and lifetime (ever) vaping among Tasmanian secondary school students 1996-2023



Supporting young people to quit e-cigarettes

# Australian Secondary Students Alcohol and Drug (ASSAD) survey

Past month smoking and past month vaping among Tasmanian secondary school students 1996-2023



Supporting young people to quit e-cigarettes

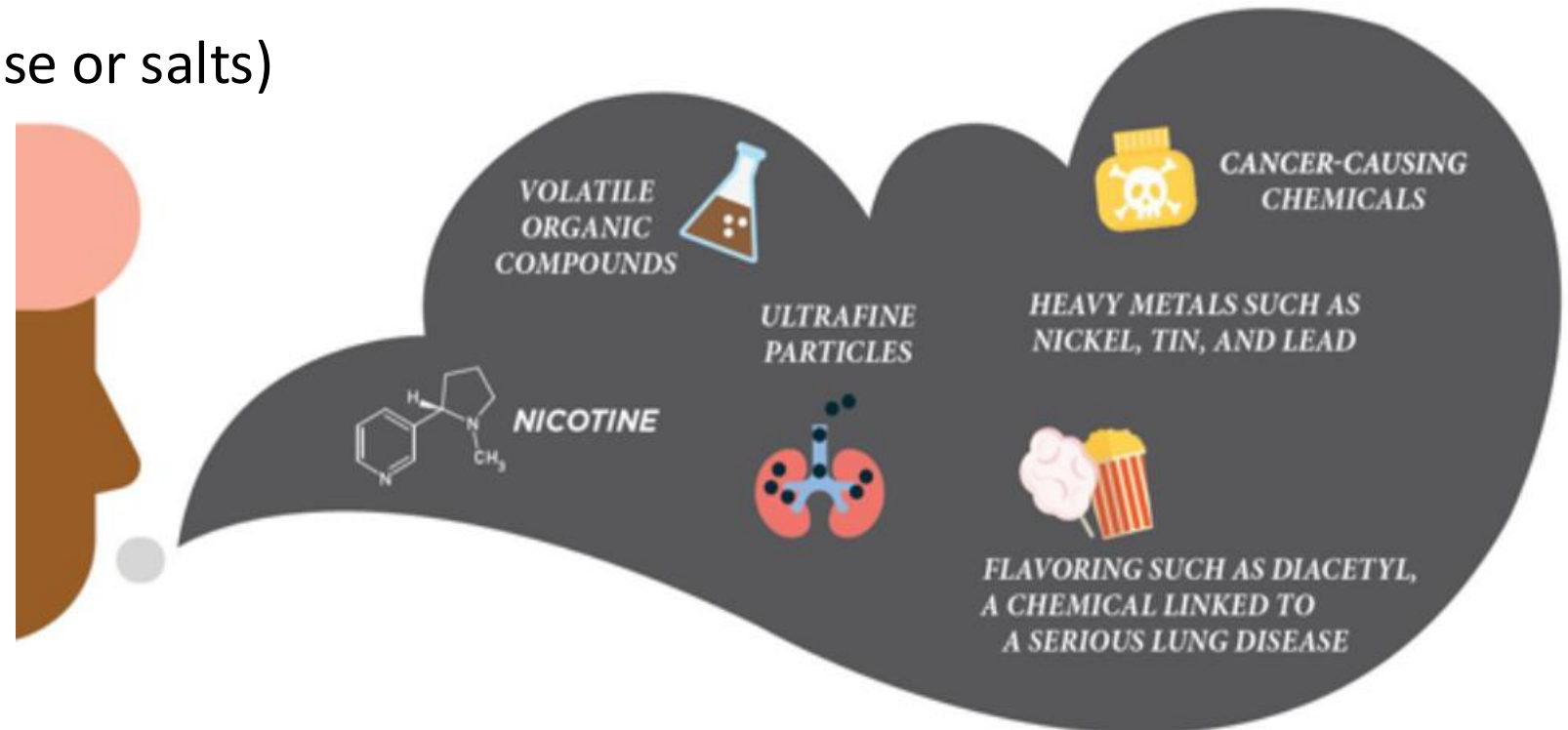
## Case study: Maddy

- Maddy tells her mum that the vape is her friends and quickly returns it to her schoolbag
- Pam doesn't want to cause an argument so doesn't say anything else right now
- She isn't sure whether Maddy is telling the truth and doesn't know whether vaping is even that harmful
- Pam makes a mental note to do some reading about e-cigarettes before she raises this with Maddy again



## What's in e-liquids and aerosols?

- **Ingredients**
  - Solvents “carrier fluids”
  - Nicotine (free base or salts)
  - Coolants
  - Flavouring
- **Reaction products**
- **Contaminants**



## What are the harms of e-cigarettes?

- Throat irritation/cough
- Dizziness, headaches, nausea
- Seizures in some users
- Lung injury - EVALI
- Dependency
- Nicotine poisoning from e-liquid
- Burns and injuries from explosions



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## Nicotine and e-cigarettes

**The amount of nicotine inhaled can be affected by:**

- the type of nicotine (free base or salt)
- the nicotine concentration of the e-liquid
- the device used & how it's used

## Nicotine and the adolescent brain

- The adolescent brain is not fully developed until age 25
- Early exposure to nicotine can adversely affect the structure and function of the brain
- Increased risk of other substance addictions, mental health disorders and memory impairment
- Implications for long-term nicotine and tobacco dependence



# Signs of nicotine dependence

## Nicotine withdrawal symptoms include:



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



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



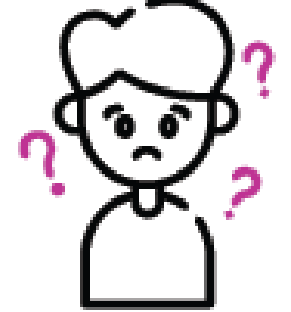
Feeling **anxious**, **restless** or **jittery**.



**Not** being able to **sleep** well.



Feeling **more** **hungry** than usual.



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

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## Case study: Maddy

- Pam is now quite worried about Maddy, she chooses a good time free from distractions to bring this up again
- Maddy admits that the vapes are hers
- Given in to the peer pressure and started to vape
- Occasional use initially
- Now constantly thinking about her next vape
- Pam is glad that Maddy has been honest with her and wants to help
- Maddy is open to the idea of getting support for her e-cigarette use

# National E-cigarette Regulatory changes

## January

- Importation of disposable e-cigarettes banned

## March

- Importation of all non-therapeutic e-cigarettes banned
- Personal importation scheme ended
- Importers must notify the TGA that their products comply with new product standards
- Flavours limited to mint, tobacco and menthol

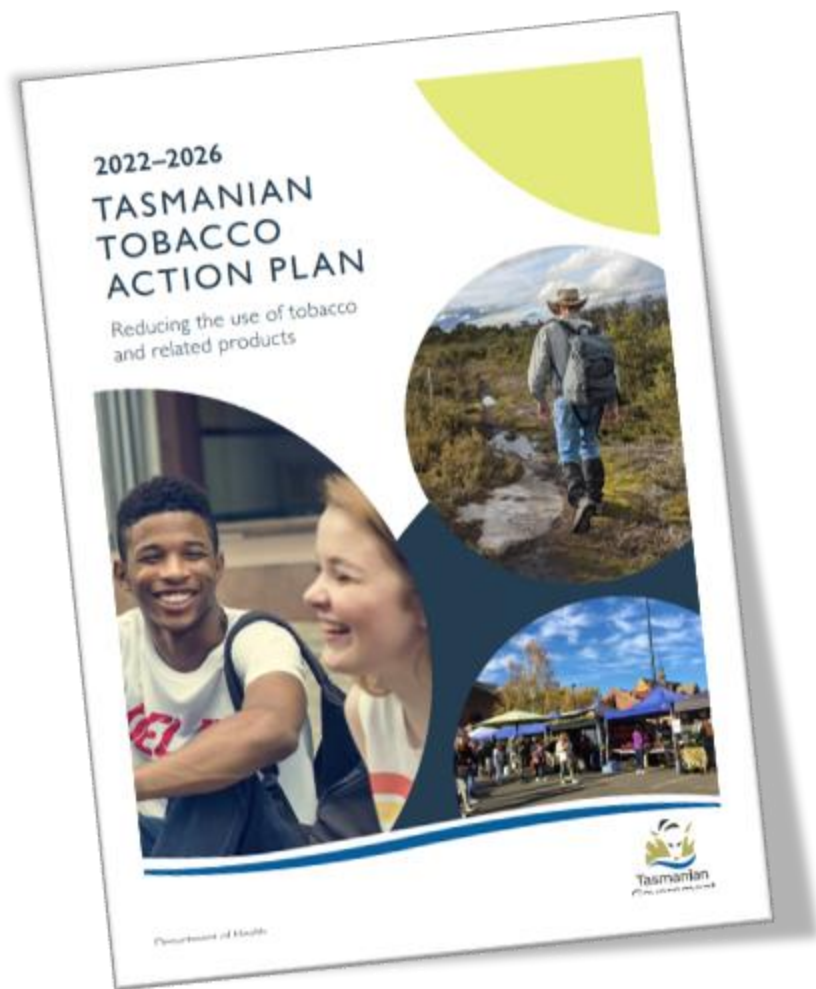
## July

- All vape products regulated as therapeutic goods, only available at pharmacies (legally) on prescription
- Illegal for other businesses to sell any type of vape or vape product
- The advertising or promotion of vapes prohibited

## For more information

- Refer to the TGA website or email [tobacco.control@health.tas.gov.au](mailto:tobacco.control@health.tas.gov.au)

# Tasmanian Government Action

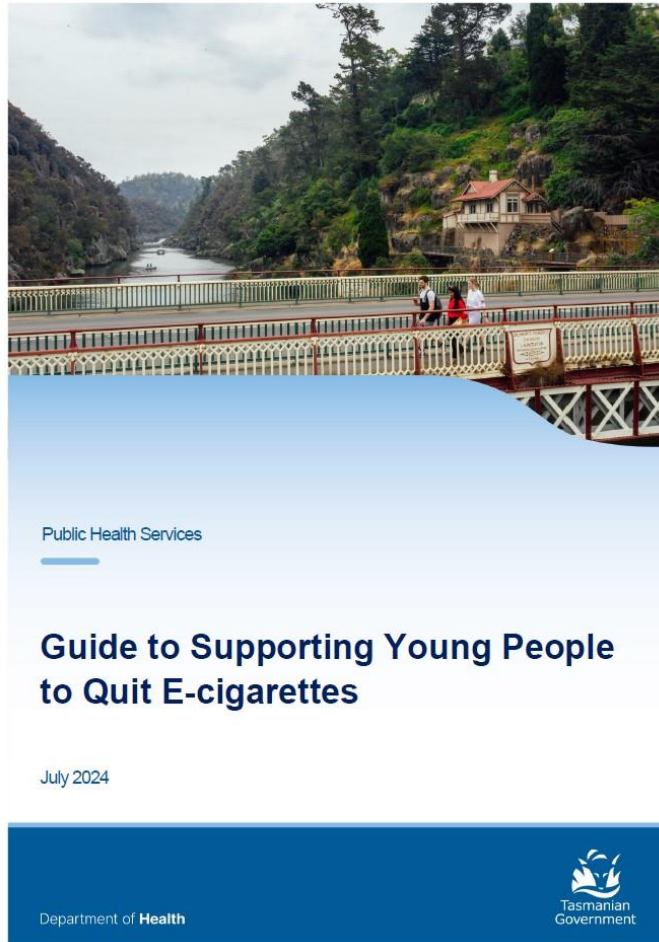


<https://www.health.tas.gov.au/publications/tasmanian-tobacco-action-plan-2022-2026>

Supporting young people to quit e-cigarettes



# Guide to Support Young People to Quit E-cigarettes



- Aims to assist health professionals working with young people 12 to 24 years to address nicotine dependence from e-cigarette use
- Based on the ABC brief intervention framework
- Applicable to health professionals working in schools, alcohol and other drug services, general practice, women's and children's services, oral health services, pharmacies, allied health services, paediatric and youth-oriented services
- Download the Guide at [www.health.tas.gov.au/vaping](http://www.health.tas.gov.au/vaping)

## ABC Brief Intervention Framework

- Takes very little time
- Aims to:
  - Engage with young people about their e-cigarette use
  - Increase the young person's perception of the risks
  - Encourage and support change



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## Case study: Maddy

- Maddy attends her school nurse Jessie, who has recently completed training on the ABC approach and asks Maddy if she has ever vaped
- Maddy replies that she does
- Jessie would like to know more about Maddy's vaping and nicotine dependence. Jessie asks "how soon after waking up do you start vaping?"
- Maddy keeps her vape in her bedroom and has her first puff 20 minutes after she wakes
- After a longer discussion Maddy tells Jessie that she now uses vapes to help when she is feeling anxious. She has tried to quit before but found that she became irritable and was unable to concentrate
- Maddy agrees to complete the Penn State e-cigarette dependence index together to further assess her nicotine dependence

# Penn state e-cigarette dependence index

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

## Scoring

0 – 3 = not dependent

4 – 8 = low dependence

9 – 12 = medium dependence

13 or more = high dependence

## Case study: Maddy

- Jessie provides some brief advice about the harms of e-cigarettes and the benefits of quitting
- Maddy is surprised to hear most vapes contain nicotine and her symptoms may be due to nicotine dependence
- She accepts a fact sheet about vaping
- Together they identify the reasons Maddy wants to quit
- Maddy is saving up for a car, but has dipped into her savings multiple times to buy vapes
- She has also become more breathless on the netball court since starting to vape

FOR YOUNG PEOPLE

### THE FACTS ABOUT VAPING

Vapes are electronic devices designed to deliver vapourised liquids into your lungs when you breathe in. Vapes aren't water. The main ingredient in vapes is propylene glycol, vegetable glycerine or glycerol, and they often also contain nicotine, flavours and other chemicals. Vapes may contain harmful chemicals that aren't listed on the pack.

The biggest misunderstanding about vapes is that they are harmless compared to cigarettes. This is not true. **Vapes are not safe.**

#### DO YOU KNOW WHAT YOU'RE VAPING?

**NICOTINE**

Many vapes contain nicotine making them **very addictive**

**GRAPE ICE**

The flavours (e.g. watermelon, grape, caramel, bubble-gum, vanilla and mint) and colourful packaging used for vapes make them appealing. **Many vapes also contain nicotine, which you can become addicted to very quickly.** Tobacco companies are continuously looking for new customers. Vapes are a new way to get young people addicted to nicotine, which is often difficult to quit.

**Vaping has been linked to serious lung disease**

**MOST YOUNG PEOPLE DO NOT VAPE**

Vaping may seem popular, but in fact, research shows that 4 in 5 young people do not vape. You might think vaping is harmless, but it isn't, and **the serious consequences of vaping are just starting to emerge.** Any take up of vaping by young people is worrying.

**NICOTINE IS HARMFUL FOR YOUR YOUNG BRAIN**

Nicotine is a drug that is in many vapes and is very addictive for young brains. **It can cause long-lasting negative effects on your brain development.** Nicotine changes the way brain synapses are formed in young people. This can harm your ability to pay attention, learn and affect your mood and memory.

**RISKS TO YOUR PHYSICAL AND MENTAL HEALTH**

Vapes may expose you to chemicals at levels that have the potential to cause negative health effects. Vaping can impact your lungs and fitness. It can also leave you at increased risk of depression and anxiety. **Vaping has been linked to serious lung disease.** Importantly, many of the long-term harms of vaping are still unknown.

You're not vaping water. When you inhale from a vape you can be exposed to:

- the same harmful chemicals found in cleaning products, nail polish remover, weed killer and bug spray.
- toxins such as formaldehyde and heavy metals.
- ultrafine particles that can be inhaled deep into the lungs.
- flavouring chemicals such as diacetyl (a chemical linked to serious lung disease).

Vapes have even been known to explode causing serious burns.

Do you know what they're vaping?  
Get the facts at [health.tas.gov.au/vaping](http://health.tas.gov.au/vaping)

The Department of Health, Tasmania and the Department for Education, Children and Young People, Tasmania acknowledge the health authority and ownership of these materials.

Tasmanian Government



## Case study: Maddy

- Jessie recommends Maddy see her GP to discuss nicotine replacement therapy
- Jessie provides ongoing support while Maddy is waiting to get in to see her GP

## References

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- Moller J. 2024. Vape chemistry: Decoding the cloud. Insight Centre for alcohol and other drug training and workforce development. [Video] <https://insight.qld.edu.au/training/webinars>
- Australian Government, Department of Health and Aged Care. Therapeutic Goods Administration – Vaping hub 2024 [Available from: <https://www.tga.gov.au/products/unapproved-therapeutic-goods/vaping-hub>]
- U.S. Department of Health and Human Services Centres for Disease Control and Prevention. E-cigarette, of vaping, products visual dictionary [Available from: [E-Cigarette, or Vaping, Products Visual Dictionary \(cdc.gov\)](#)]

# GP assessment of the young person who vapes

Brief advice and cessation support

Dr Juliana Ahmad

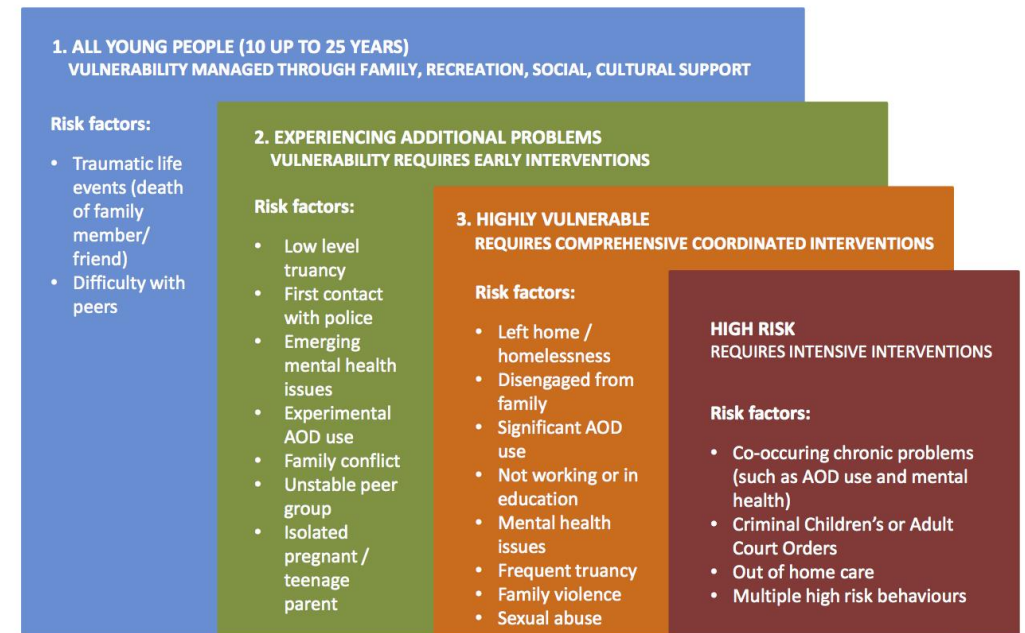
Primary Health Tasmania - GP Clinical Editor



# Approach to the adolescent patient

- Mature minors and informed consent – Gillick competency
- Confidentiality – be explicit and obtain permission
- HEEADSSSS – to help personalise advice
- Assess nicotine dependence
- Youth expectations of a GP

Figure 2.1: Layers of vulnerability





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

## ABC Brief Intervention and Support Flowchart

### Ask:

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

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

No

Reinforce behaviour and screen again at next visit.

Yes

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

### Brief advice:

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

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

No

Revisit at next visit

Yes

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

### Cessation support:

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

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

## From Tasmanian Public Health Services (2024) Guide to Supporting Young People to Quit E-cigarettes

# Assess stage of change

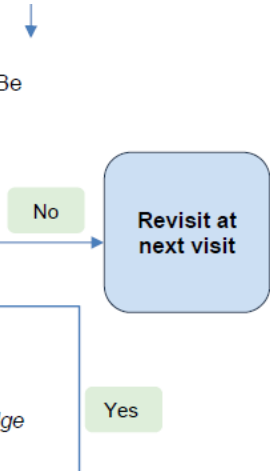
- **Unsure about quitting**
  - Brief advice
  - Use motivational interviewing
- **Declines offers of help**
  - Brief advice
  - Ask again next time
- **Accepts offers of help**
  - Brief advice
  - Support

## Brief advice:

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

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

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





# Declines help

- Written information
  - Tas Dept of Health
  - Insight – Vape check
- Harm minimization




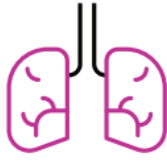


FOR YOUNG PEOPLE

## THE FACTS ABOUT VAPING

Vapes are electronic devices designed to deliver vapourised liquids into your lungs when you breathe in. Vapes aren't water. The main ingredient in vapes is propylene glycol, vegetable glycerine or glycerol, and they often also contain nicotine, flavours and other chemicals. Vapes may contain harmful chemicals that aren't listed on the pack.

The biggest misunderstanding about vapes is that they are harmless compared to cigarettes. This is not true. **Vapes are not safe.**

### DO YOU KNOW WHAT YOU'RE VAPING?

 <p><b>NICOTINE</b></p> <p>Many vapes contain nicotine making them <b>very addictive</b></p>	 <p><b>FRUITY</b></p> <p>The nicotine in 1 vape can <b>= 50</b> cigarettes</p>	 <p>If you vape you are <b>3 times</b> as likely to take up smoking cigarette</p>
 <p>Vaping has been linked to <b>serious lung disease</b></p>	 <p>Vape aerosol <b>is not water vapour</b></p>	 <p>Vapes can contain the same <b>harmful chemicals</b> found in cleaning products, nail polish remover, weed killer and bug spray.</p>

Do you know what they're vaping?  
Get the facts at [health.tas.gov.au/vaping](https://health.tas.gov.au/vaping)

Tasmania Government

## 6 Reducing harm from vaping

The long-term harms of vaping are unknown, so the safest option is to not vape at all. However, for those that choose to vape, there are some strategies to help reduce risk of harm. **Tick the strategies that you think might work for you:**

Yes	No	Maybe		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<b>Monitor your mental health</b> Nicotine addiction can impact your mood and make conditions like anxiety or depression worse. Monitor your mood and seek support if you're worried.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<b>Set limits</b> Set limits on your vaping, try taking fewer puffs and put your vape out of reach so you are tempted to use less often.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<b>Try to avoid getting "nic sick"</b> Too much nicotine makes you "nic sick" (e.g. head spins followed by headaches and nausea). Unregulated vapes have varying levels of nicotine. If you are trying a new flavour or brand, start with one puff and allow time for the nicotine to take effect before inhaling again.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<b>Only use vapes as they are intended to be used</b> It's unsafe to refill or recharge a disposable vape. Internal parts wear out, exposing you to toxic chemicals, and tampering with batteries can cause fires.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<b>Avoid using your device dry</b> When a vape runs out of liquid, the internal parts start to burn, releasing foul tasting toxic chemicals. This is called "dry puffing". Get a new vape, or top up re-fillable devices when the liquid is low.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<b>Avoid vaping in places where vaping is not allowed</b> By law you can't vape where you can't smoke. If you struggle with this, you might be addicted to nicotine. If so, discuss your options with a health professional. This might include nicotine replacement therapy (NRT) like patches, sprays or lozenges to reduce cravings.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<b>Quit tobacco smoking</b> If you also smoke cigarettes, switch to vaping only. Once you feel confident you won't go back to smoking tobacco, consider quitting vaping too.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<b>Get a prescription</b> Switch to prescribed nicotine. Unregulated vapes can contain varying amounts of nicotine and unlisted ingredients including toxic chemicals that are harmful to you and the environment.

My next steps will be to...

Accepts offers of help



Ask

Brief  
Advice

Cessation  
Support

- Discuss behavioural strategies, refer to appropriate services and consider pharmacotherapy where appropriate.
- Follow up to assess progress and offer support



## Quitting Methods

- **Unassisted**
  - *'Cold turkey'*
- **Self-support**
  - *Digital supports, e.g. Quit Tasmania website or apps such as My QuitBuddy*
- **Behavioural strategies**
  - *Distraction, 'urge surfing', rewards or incentives*
- **Behavioural counselling**
  - *Quitline or a smoking cessation/drug and alcohol specialist*
- **Pharmacotherapy**
  - *Nicotine Replacement Therapy (NRT) (>12 years), Varenicline (>18 years)*

# Accepts offers of help

- Discuss quitting methods based on nicotine dependence
- Written information
  - NSW Vaping Toolkit

**FOR YOUNG PEOPLE**

## THE FACTS ABOUT VAPING

Vapes are electronic devices that you use to inhale nicotine. Unlike cigarettes, they don't contain tar or carbon monoxide. However, they do contain nicotine, which is highly addictive.

The biggest mistake people make is thinking that they are harmless compared to cigarettes. This is not true. Vapes are not safe.

### DO YOU KNOW WHAT YOU'RE VAPING?

- NICOTINE:** Many vapes contain nicotine making them very addictive.
- FLAVOUR:** The nicotine in 2 vapes can = 50 cigarettes.
- ADDICTIVE:** If you vape you are 3 times as likely to take up smoking cigarettes.
- HEALTHY:** Vaping has been linked to serious lung disease.
- WATER:** Vape aerosol is not water vapour.
- HEALTHY:** Vapes can contain the same harmful chemicals found in cigarette products, and can contain even more harmful chemicals than cigarettes.

NSW Health logo and QR code.

**FOR YOUNG PEOPLE**

## THE FACTS ABOUT VAPING

### RESPECT YOUR BRAIN

There are two main types of vapes: **nicotine-free** and **nicotine-containing**. Nicotine-containing vapes are highly addictive and can lead to serious health problems. Nicotine-free vapes are not addictive but can still be harmful to your brain.

**What are vapes?**  
Vapes are electronic devices that you use to inhale nicotine. They don't contain tar or carbon monoxide, but they do contain nicotine, which is highly addictive.

**What are the risks?**  
Vaping can be addictive. Nicotine is a powerful drug that can lead to serious health problems. It can also lead to mental health issues, such as anxiety and depression.

NSW Health logo and QR code.

**FOR YOUNG PEOPLE**

## VAPING - NICOTINE ADDICTION

### VAPING HARMING YOUR HEALTH

Vaping is a leading cause of nicotine addiction. Nicotine is a powerful drug that can lead to serious health problems. It can also lead to mental health issues, such as anxiety and depression.

**What are the signs of nicotine addiction?**  
- Irritability  
- Anxiety  
- Depression  
- Loss of interest in activities  
- Difficulty concentrating  
- Increased heart rate  
- Increased blood pressure  
- Increased appetite  
- Increased weight gain

**How can you quit?**  
- Talk to your doctor  
- Use nicotine replacement therapy (NRT)  
- Use prescription medications  
- Get support from friends and family  
- Consider professional help

NSW Health logo and QR code.

**FOR YOUNG PEOPLE**

## VAPING - QUIT SUPPORT

### BECOMING ADDICTED TO NICOTINE CAN HAPPEN QUICKLY

Nicotine is a powerful drug that can lead to serious health problems. It can also lead to mental health issues, such as anxiety and depression.

**Here are some practical tips you can use to help them quit:**

- 1. **Identify your triggers:** What are the things that make you want to vape? Are you stressed? Bored? Lonely?
- 2. **Find alternative activities:** What can you do instead of vaping? Exercise, reading, or talking to a friend.
- 3. **Use nicotine replacement therapy (NRT):** This can help reduce your cravings for nicotine.
- 4. **Get support:** Talk to your doctor or a friend who has quit.
- 5. **Consider professional help:** There are many options available, including prescription medications and counselling.

NSW Health logo and QR code.

**FOR YOUNG PEOPLE**

## VAPING - STRESS AND ANXIETY

### WHY DO YOUNG PEOPLE VAP?

Many young people vape to cope with stress and anxiety. However, vaping can actually make these feelings worse.

**HEALTHY WAYS TO COPE WITH STRESS AND ANXIETY INSTEAD OF VAPING**

- Get active: When you exercise, your brain releases endorphins, which can help you feel better.
- Stay busy and plan your day: Create a schedule to help you stay on track.
- Have fun: Find ways to enjoy your life that don't involve vaping.
- Talk to your doctor: They can help you find ways to manage your stress and anxiety.

NSW Health logo and QR code.

# Maddy

High Risk Situation/Triggers	Strategy or plan
Opportunities to vape arise – in school bathroom	Distract myself – go for a walk, use fidget toys, listen to music Positive self talk
Social setting	NRT before I see my friends, don't stay so long
Boredom	Distraction, drink some water, chew some gum

## Coping with high-risk situations

Worksheet | June 2024

Make a list below of your personal high-risk situations 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.

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

High-risk situation / triggers	Strategy or plan

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

Reference: The Sydney Children's Hospital Network. Clinician's Guide to Supporting Young Adults Quit Vapes. Sydney, 2023.

# Maddy

Assessment – time to first vape 20 minutes and Penn State e-cigarette dependence index is 10 (medium dependence)

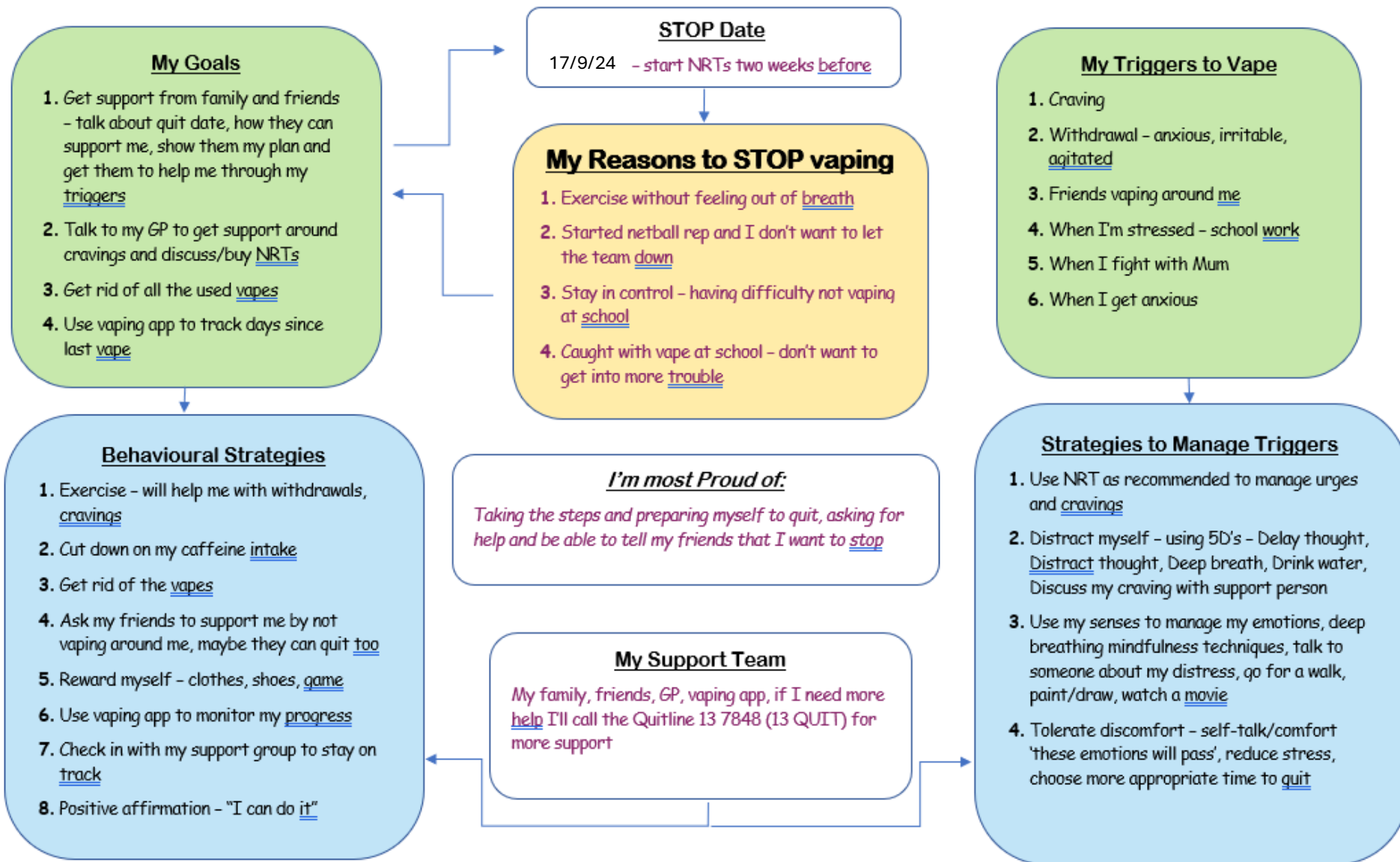
## Plan

- Offer nicotine replacement therapy
- Refer to Quitline

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

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

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



# Assessing and Treating Nicotine Dependence in E-Cigarette Users

Steph Pitney

Clinical Nurse Consultant - Smoking Cessation Program (South)

Alcohol and Drug Service

TASMANIAN  
HEALTH  
SERVICE



# Notes on Assessment

There are many variables in E-Cigarettes such as nicotine content, number of puffs, and battery duration of devices.

Variation in user puff topography can also add to the difficulty in quantifying degree of nicotine dependence.

Users will often vape every few minutes throughout the day if they are able, as it is so easily accessed and hidden. It is difficult to count how many puffs per day, and so nicotine levels can be higher than that delivered by combustible cigarettes.

The more indicative gauge of dependence is Time to First Vape (TTFV)  
If needing to vape < 30 minutes post waking, then assess as nicotine dependent

# Notes on Assessment

- Have they been trying to vape less? (cutting down often results in compensatory vaping (drawing in more deeply, vaping faster) which doesn't reduce nicotine intake... therefore treatment should be based on vaping amount **prior** to cutting down/reducing vape nicotine content.
- Do they also smoke cannabis and spin tobacco with it? This will also increase nicotine dependence, especially as the mode of inhalation is usually very deep and intense



# Assessing Nicotine Dependence

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

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

### Scoring

0 – 3 = not dependent

4 – 8 = low dependence

9 – 12 = medium dependence

13 or more = high dependence

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

# Assessing Nicotine Dependence

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

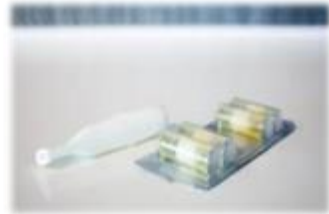
The M-HONC checklist is a series of simple questions used to determine nicotine dependence and related loss of autonomy in young people.

Questions	Yes	No
Have you ever tried to stop vaping, but couldn't?		
Do you vape <u>now</u> because it is really hard to quit?		
Have you ever felt like you were addicted to vaping?		
Do you ever have strong cravings to vape?		
Have you ever felt like you really needed to vape?		
Is it hard to keep from vaping in places where you are not supposed to, like school?		
<b>When you tried to stop vaping (or, when you haven't vaped for a while)...</b>		
Did you find it hard to concentrate because you couldn't vape?		
Did you feel more irritable because you couldn't vape?		
Did you feel a strong need or urge to vape?		
Did you feel nervous, restless or anxious because you couldn't vape?		
<b>Total Score:</b>		

### Scoring:

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

# Nicotine Replacement Therapy (NRT)



- NRT releases a measured dose of nicotine to help manage withdrawals and cravings
- TGA approved for nicotine dependent people over 12
- Available in topical and oral forms
- PBS does not currently subsidise NRT for vaping cessation

# Nicotine Replacement Therapy (NRT)

- Recommended to use for 8 - 12 weeks. May reduce dose after 2 months of no vaping (although no evidence to support this vs abrupt cessation of higher-strength patch. Personal preference.)
- Ensure enough NRT and using correctly - combination therapy more effective than single – for E-cig users reticent to start, it may be helpful to commence using NRT for a period prior to quitting

Many worry about overdosing on NRT so often don't use adequate dose, frequency, duration or in a timely manner.

- Remember, ***“NOBODY HAS BEEN TELLING PEOPLE HOW MANY VAPE PUFFS THEY CAN USE!”*** We should be using NRT to ***manage withdrawals/cravings adequately and even generously***

# Nicotine Replacement Therapy - PATCH

- 24hr comes in 21, 14, & 7mg strengths, 16 hour in 25, 15, & 10mg
- Apply to dry hairless skin, Rotate site, generally upper body
- Skin reactions due to glue, vary brand to brand
- 24 hour patches better support those who vape <30 minutes post waking. Reduces early morning craving.
- Remove for sleep if pregnant, or disturbed sleep (can have vivid dreams, usually subsides)
- Do not remove patch to vape
- If patch too strong, may cause nausea, especially initially, when blood nicotine level high from prior vaping. Remove patch and allow nausea to wear off. As vaping reduces increase NRT dose. The most severe cravings are around days 3-5 of not vaping, so generous NRT support needed then



# Nicotine Replacement Therapy - PATCH

- Under 45kg and generally young vapers commence on 14mg patch – often quite sensitive to taste of NRT so may do better with a patch as cornerstone of treatment
- Older with more established and heavier user commence with 21 mg patch plus Oral NRT – very high dependence suggest additional Quickmist mouth spray 1mg

# Nicotine Replacement Therapy- ORAL

- Unfortunately, instructions for use with many of these products are inadequate or unclear (or go unread). Many just assume that gum should be chewed and lozenges sucked, rather than rested against oral mucosa.
- Often people have had unpleasant experiences with use, usually because they have been used incorrectly. Younger people often find the taste hard to tolerate so will tend not to use enough to be effective
- NRT has a slower effect than e-cigs, so it is important to anticipate cravings and initially use frequently and regularly to avoid having to manage urges to vape. Waiting until urge to vape/smoke occurs (as advised in instructions) is often too late, especially if early in the cessation process.
- Think of oral NRT “like a patch on the inside of your mouth”

# Nicotine Replacement Therapy- Inhalator



- 15mg strength
- Absorbed more in the mouth than lungs, so hold vapour there before inhaling, more like puffing on an old-fashioned pipe or sipping through a straw
- Ave 40 mins continuous puffing per cartridge
- Takes About 5-10 minutes to be working well
- Good for hand mouth action



# Nicotine Replacement Therapy - Lozenge

- 4 & 2mg strengths
- Mint and fruit flavours
- Suck **briefly** then park in cheek to dissolve slowly, move side to side from time to time
- About 5-10 minutes to start working
- Contains phenylalanine not for PKU
- May cause hiccups if sucked too much



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# Nicotine Replacement Therapy - Gum

- 4 & 2mg strengths
- Mint and fruit flavours
- Chew **briefly**, then park in cheek, move side to side from time to time (“Chew, Park” technique)
- About 5-10 minutes to start working
- Cheapest



# Nicotine Replacement Therapy – Mouth Spray

- 1mg strength
- Mint and Berry flavours
- Spray into cheek or under tongue  
Do not inhale! Can use 4 times per hour if needed
- Faster acting takes 30 secs to 1 min to start working
- Requires some dexterity to use
- Higher addiction potential due to rapid onset
- Max 64 sprays /day (or 32 if using Nicotine patch)



# Case Study Maddy – NRT Recommendations

Based on Maddy's score of 10 on the Penn State Assessment, and her history, she would have a moderate nicotine dependence.

Recommendation:

- Commence her on 14mg/24 hour nicotine patch.
- Depending on her finances and personal preference she may prefer to start with nicotine inhalator or lozenge/gum. Ensure correct usage for palatability and effect.
- Review in one week. Or advise Maddy to contact clinic if dose inadequate to manage cravings, or nauseated if too strong (but unlikely)

# Resources

- Guide to Supporting Young People to Quit E-Cigarettes
- RACGP –Supporting Smoking Cessation:A guide for health Professionals- Provisional Draft December 2023

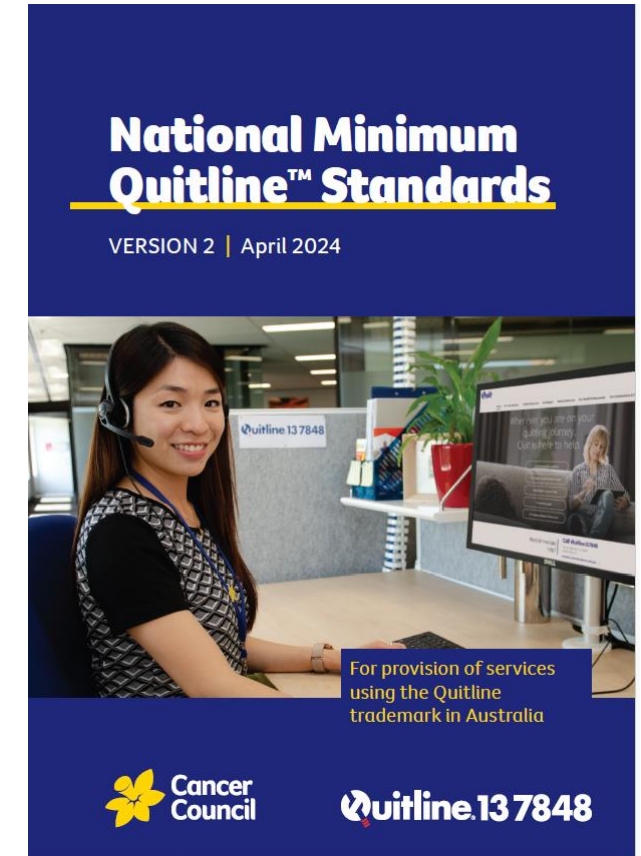


# Supporting young people to quit e-cigarettes: Quit Tasmania services

**Abby Smith BSc/BA(Hons), MSc, PhD Candidate USYD, GAICD  
Director Prevention & Quit Tasmania**

# What is Quitline Tasmania?

- National number (13 7848) redirected to Quitline Tasmania (a service of Quit Tasmania)
- Free, statewide, quit smoking/vaping telephone counselling service, currently M – F 9am – 5pm
- Effective, high quality, multi-session behavioural counselling (guided by National Quitline Minimum Standards)
- Counsellors trained in smoking/vaping cessation and counselling with young people
- Information and support for health professionals, parents/carers of young people who are vaping, others



# Expansion of Quit services - 2024

Quit Tasmania has received Commonwealth **funding** to expand Quitline and quit service capacity.

This is in support of the recently announced **national vaping reforms**.

Expansion activities will be rolled out over the **next 3-6 months** and will be communicated with you.





# Expansion activities

- **Extend Tasmanian Quitline operating hours** to Monday to Friday 8am – 8pm
- Improve systems to **deliver cessation support through omni-channels** – e.g. live chat, text messaging and other online digital supports
- Provide **dedicated counsellors** to support young people and omni-channels

# Expansion activities

- Provide intensive quit support for priority populations – **free combination Nicotine Replacement Therapy (NRT) and counselling support** for Quitline clients from priority population groups:
  - First Nations people
  - Young People aged 12 – 25
  - People who are pregnant and their partners
- **12-week supply of combination NRT** provided (if clinically appropriate) via three shipments directly to clients through pharmacists

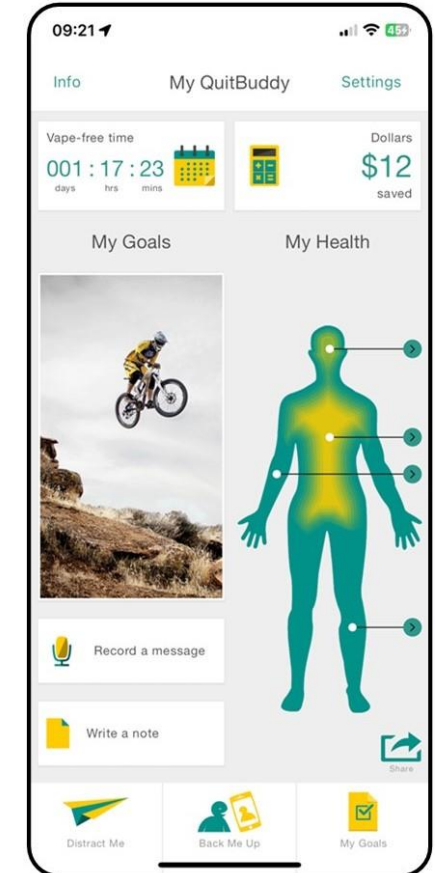
# How does Quitline 13 7848 support young people to quit e-cigarettes?

- We address all **3 aspects of vaping** – nicotine dependence, habits, emotions
- Provide info consistent with **RACGP guidelines**
- Provide info **about NRT** including correct use
- Explore **strategies** for managing:
  - cravings and withdrawal symptoms
  - high risk situations
  - stress
  - dealing with social situations
- Counselling draws on approaches such as SCT, CBT and MI and other behaviour change techniques



# Quitline 13 7848 support

- Information presented in **easily-understood** content chunks
- Assist with developing a personal **Quit Plan**
- Discuss **benefits of quitting** – explore what would improve for them if they quit – reasons for quitting
- **Regular check-ins** to help young person stay on track
- Information about **other supports**:
  - My QuitBuddy app (how to use key functions)
  - Quit Tasmania website [quittas.org.au](http://quittas.org.au)
  - Quit Tasmania Facebook & Instagram – including service updates
  - New youth-focused cessation support website Nov 2024



# How to refer to Quitline 13 7848

- ❑ via secure online delivery through website:  
<https://www.quittas.org.au/resources-professionals/quitline-referral-form/>
- ❑ **Fax/fax to email via 6169 1941**
- ❑ Make a referral at <https://aupd.healthlink.net/login.php>  
Type 'Quit Tasmania' in the search bar
  
- ✓ Email acknowledgement of received referral
- ✓ Referrer feedback provided at cessation of support sessions or if unable to make contact with patient after a number of attempts

# Proactive referral

Proactive referral.

Evidence shows a person is more likely to engage with Quitline if they are referred by a third party.

The way in which the offer of referral is framed is important, while preserving a patient's autonomy and their right to refuse a referral.

# Case study - Maddy

## GP Referral Process

Include relevant info, including Maddy's

- preferred contact time (morning, afternoon, night)
  - nicotine dependence level
  - prescribed NRT or quitting medications
  - mental health disclosures
- 
- ✓ Email acknowledgement sent to GP
  - ✓ Initial call by Quitline within 2 business days
  - ✓ Secure GP feedback to GP if Maddy consents

# Case study - Maddy

## Initial call with Maddy

- Reminder of GP referral, overview of service, privacy
- Discussion of vaping history, triggers and strategies
- Check on NRT usage and effectiveness
- Tailored psychoeducation and skills building



# Case study - Maddy

## Support phase

- Scheduled follow-up calls based on Maddy's needs
- Ongoing assessment of vaping habits and strategies
- 6-month follow-up for all clients
- Continuous support and encouragement
- Tailored psychoeducation and skills building

# Subscribe to our 3-monthly newsletter

- Health Professional newsletter – via email every 3 months
- Updates on the latest Tobacco Control and Vaping reforms news
- Information and resources to assist you to address smoking and vaping among your patients
- Read past copies and subscribe here:  
<https://www.quittas.org.au/quit-tasmania-newsletter/>

For information or support call: **13 7848**

For smoking/vaping cessation information, resources or training:

- Phone: 6169 1943
- Email: [admin@quittas.org.au](mailto:admin@quittas.org.au)

**Thank you!**

---

## Conclusion

- Over the following 8 weeks, Maddy is able to use the Behavioural strategies the GP went through with her and downloaded the My Quitbuddy app
- She required some titration of the NRT initially, and has since found this helpful to control her nicotine withdrawal symptoms and was eventually able to come off the NRT
- She no longer uses e-cigarettes and has noticed improvement in her breathing when playing netball
- When she does return to the school nurse and the GP, they always remember to check in with Maddy to see if she has had any relapses
- She receives ongoing, but less frequent, support from Quitline (eg, challenges/achievements, relapse prevention) until she's ready for a final call
- The Guide to Supporting Young People to Quit E-Cigarettes is now available for download on the Department of Health Website

# Mini Audit ideas for Measuring Outcomes

## Scope Identification

- Identifying children/young adults aged 12-25 years old who have used a vape in the last 12 months
- Ensuring that those aged 12-25 years old who have been seen in the last week have been screened for vape/cigarette use
- Applying ABC (Ask/Brief/Cessation) to all young people who present in a 1 week period
- Audit how common it is for Gillick competence/mature minor/capacity is recorded in notes when seeing a Young Adult

# CPD ideas for Reviewing Performance

- Make an autofill for screening adolescents for vape dependence, and get your practice colleagues to review it
- Compare how you screen for Gillick competence with your colleagues
- In addition to above log time GP has spent reflecting on what they have learned/discussed

## CPD Solutions Measuring Outcomes

### A guide for 6 hour mini audits

The RACGP CPD home has designed mini audits equivalent to six Measuring Outcomes (MO) hours CPD. This model can be adapted to any Clinical condition and / or where health results are impacted. We recommend using the mini audit /audit activity template to record the required information. You can access our mini / audit guide and template on your [myCPD home](#).

#### Steps to conduct a mini audit

##### 1. Scope identification

Select an area of review see table opposite for some good examples across a range of settings.

##### 2. Current management

Review their current management.

##### 3. Best Practice comparison

Review current management against best practice guidelines or relevant data.

##### 4. Implement change

Summarise changes or improvements to management.

#### Further assistance

If you require any further assistance or clarification, please contact your RACGP Faculty CPD Program Coordinator.

[Click for contact details.](#)

# Resources

- Public Health Tasmania - Guide to Supporting Young People to Quit E-cigarettes
- Tasmania Dept of Health – E-cigarettes and vaping
- Vaping Toolkit NSW Health
- RACGP –
  - Supporting smoking cessation: A guide for health professionals
  - Guidance updates on smoking and vaping cessation support related to changes to Australia’s vaping regulation (Provisional draft Dec 2023)
- RCH – Engaging with and assessing the adolescent patient



**Tasmanian HealthPathways** is a web-based information portal developed by Primary Health Tasmania. It is designed to help primary care clinicians plan local patient care through primary, community and secondary healthcare systems.



**[tasmania.communityhealthpathways.org](https://tasmania.communityhealthpathways.org)**

Username: **connectingcare**

Password: **health**




**tasmania.communityhealthpathways.org**

**Username: connectingcare**

**Password: health**



# Some final words

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- Statements of attendance will be emailed to participants.
- For event queries, please contact [events@primaryhealthtas.com.au](mailto:events@primaryhealthtas.com.au)

**Thank you**



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