

Vaping Cessation Guidance Resource

This resource is meant to guide healthcare providers to support their clients who want to quit vaping (i.e., people seeking treatment who use e-cigarettes or who use both e-cigarettes and tobacco). This resource can be used for both adults and youth (ages 15 to 24).

The recommendations, highlighted in purple, are based on the evidence and expertise available at the time this resource was developed (February 2022). The special considerations, highlighted in orange, are based on the feedback provided by Expert and Peer panel members. Additional supports are highlighted in yellow. Please be aware that as evidence on vaping and vaping cessation practices continue to emerge, healthcare providers are advised to re-evaluate treatment plans.

Disclaimer: The recommendations listed in this resource are meant to provide general guidance and have not been adapted by or with specific vulnerable populations at this time. Practitioners should always take into consideration peoples' social and cultural diversity and use trauma-informed and person-centred approaches when creating a treatment plan for people who want to quit vaping.

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1. Severity and Dependence

1A	All clients should be asked if they vape.
1B	All clients who formerly smoked and are advised to quit vaping should be monitored for relapse to smoking cigarettes.
1C	Vaping assessments can include questions on dual use, physical and mental health, and social and environmental factors (e.g., partner vaping, vaping use policies, etc.)
1D	Healthcare providers can use standardized tools to assess vaping dependence, to inform treatment plans and/or facilitate discussion with clients.
1E	While there is currently no recommendation on which of the following validated tools should be used to assess vaping dependence, healthcare providers can use the one that best suits the needs of their client. ¹ Adults: E-FTND, EDS, PS-ECDI Youth: HONC, EDS ²
1F	There is currently no consensus among experts on the use of the language around nicotine use disorder or nicotine dependence when referring to people who vape and want to quit.

Special Considerations

Abbreviation: MI/SU: People with mental illness and/or substance use issues³



MI/SU: Healthcare providers should assess the severity and nature of a client's substance use disorder and mental illness. Consider the impact of nicotine use, subsequent nicotine withdrawal, and the effects of smoking cessation pharmacotherapy on current medication and/or other substances being used.





Sex and Gender Plus Approach: Healthcare providers should take a sex and gender plus approach to ensure client needs are met, given the differences in levels of nicotine use, motivations for use, and reasons for quitting.

2. General Approaches

When working with people seeking help to quit vaping, healthcare providers are encouraged to apply principles of evidence-based medicine⁴ as well as person-centred care. Healthcare providers should always consider peoples' unique goals, as well as their vaping and smoking history when developing a treatment plan.

This section focuses on the recommended approaches to quitting vaping for different populations.

2A	Adults, youth, people who are pregnant, breastfeeding and/or chestfeeding and people with mental illness and/or substance use issues who quit smoking and have continued vaping, should be advised to quit vaping.	
2B	Adults, youth, people who are pregnant, breastfeeding and/or chestfeeding and people with mental illness and/or substance use issues who vape but have never smoked, should be advised to quit vaping.	
2C	There is currently no agreement on a recommended general approach for the treatment of people who are both smoking and vaping and are seeking help to quit. Healthcare providers are advised to take a person-centred approach and discuss all approaches so that clients can make an informed decision about the treatment options available.	

	Adults		Youth		People who are pregnant, breastfeeding and/or chestfeeding		People with mental illness and/or substance use issues
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Special Considerations

Abbreviation: MI/SU: People with mental illness and/or substance use issues

- Providers should explain to people who both smoke and vape that while both products are harmful, smoking is likely associated with a greater exposure to harmful chemicals.
- Healthcare providers should explain the potential health risks associated with long-term e-cigarette use.
- When developing a person-centred treatment plan, healthcare providers should consider sexual orientation and the role that discrimination, stigma and trauma play in nicotine use. Integrating a trauma-informed approach into cessation interventions can help create safety and trust.

MI/SU: Consider the risk of an increase in substance use as the individual quits vaping.

3. Treatment Approaches

3A	Duration of treatment should be based on the needs of each person. The suggested treatment duration is a minimum of 8 - 12 weeks.	
3B	Adults, youth and people with mental illness and/or substance use issues who vape exclusively can be offered a combination of behavioural therapy strategies (tapering, CBT, etc.) with or without pharmacotherapy to help quit.	
3C	People who are pregnant, breastfeeding and/or chestfeeding who vape exclusively (and want to quit) can be offered behavioural therapies as a first line treatment. Nicotine replacement therapy (NRT) may be considered as a second line treatment.	
 Adults	 Youth	 People who are pregnant, breastfeeding and/or chestfeeding  People with mental illness and/or substance use issues

Special Considerations

Abbreviations: PG/BF/CF: People who are pregnant, breastfeeding and/or chestfeeding

MI/SU: People with mental illness and/or substance use issues

PG/BF/CF:

- When developing a treatment plan, healthcare providers should consider the impact of the stage of pregnancy on nicotine metabolism. If NRT is being used, higher doses may be needed, especially by the latter part of the second trimester. Nicotine metabolism tends to revert back to normal by 4 weeks post partum, so the NRT dose may need to be reduced to prevent side effects.⁵
- Healthcare providers should consider extending treatment during post-partum and post-breastfeeding periods.
- Frequent clinic follow-ups are advised.

MI/SU:

- Some individuals may require longer treatment.
- Vaping cessation treatment should be integrated with mental health and substance use treatments where possible.

4. Dual Use (people who use both tobacco and electronic cigarettes)

4A	Health care providers should advise people who are both smoking and vaping to switch completely from smoking to vaping only.
4B	For people who have quit smoking but are currently vaping, healthcare providers can encourage them to quit vaping.

Special Considerations

Healthcare providers should discuss both the risks (including relapse to using tobacco cigarettes and nicotine withdrawal) and benefits of quitting vaping with their clients.

Supports in Ontario


For people who use both tobacco and electronic cigarettes and are seeking treatment to quit smoking or smoking and vaping, healthcare providers can recommend clients join the Smoking Treatment for Ontario Patients on the Net (STOP on the Net) Program. Eligible individuals will be sent a free 8-week kit containing nicotine replacement therapy (patches and choice of gum or lozenges) through the mail, and those who vape will be provided the option to enroll in an online program designed to help people quit/reduce vaping. For more information, please visit:






<https://www.nicotinedependenceclinic.com/en/stop/stop-on-the-net>.

5. Pharmacotherapy Strategies

There is currently no evidence for pharmacotherapy recommendations to help people quit vaping. Recommendations that have been published to date are based on preliminary results, and are largely adapted from existing smoking cessation interventions. Use of smoking cessation medications for vaping cessation would be considered 'off-label' in most jurisdictions. Healthcare providers should inform clients that medication options are based on tobacco cessation treatment approaches.

This section focuses exclusively on the recommended pharmacotherapy strategies to quit vaping.

5A	Adults, youth and people with mental illness and/or substance use issues who want to quit vaping and are willing to use pharmacotherapy can be offered one of the four pharmacotherapy options for smoking cessation (NRT, varenicline, cytisine and bupropion), if available.	
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5B	There is currently no agreement on a recommended pharmacotherapy strategy for people who are pregnant, breastfeeding and/or chestfeeding and want to quit vaping . Healthcare providers are advised to take a person-centred approach and discuss all treatment options so that people can make an informed decision about the pharmaceutical options available.	
 Adults	 Youth	 People who are pregnant, breastfeeding and/or chestfeeding
		 People with mental illness and/or substance use issues

Special Considerations

- Consider using varenicline as first-line medication, as it is most effective against nicotine, regardless of the amount consumed.⁶
- Prescribing pharmacotherapy is suggested for adults, youth, and people with mental illness/substance use issues that demonstrate symptoms of nicotine tolerance and withdrawal.

6. Behavioural Therapy Strategies

There is currently limited evidence for behavioural therapy recommendations to help people quit vaping. Recommendations that have been published to date are based on preliminary results, and are largely adapted from existing smoking cessation interventions. Discuss with your client which strategy they prefer that best supports their cessation journey.

6	Adults and youth who want to quit vaping or quit vaping and smoking can be encouraged to use one or more of the following strategies: see a health care provider for one-on-one counselling, use an app, web-based program or text messaging program and call a helpline for cessation support.	
 Adults	 Youth	

Special Considerations

Abbreviation: PG/BF/CF: People who are pregnant, breastfeeding and/or chestfeeding
MI/SU: People with mental illness and/or substance use issues

PG/BF/CF:

- Offering cessation counselling integrated with post-natal infant care (e.g., childcare needs for birthing parent to attend clinic) may help support people with their treatment plans.
- Consider involving a client's social network and family members to increase motivations to quit.

Youth

- Integrating peer supports/peer-led counselling groups may be beneficial to treatment adherence and success.
- Focus on providing self-management skills.

MI/SU: People with mental illness and/or substance use issues may require more frequent counselling and the addition of peer support (people with lived experience) to adhere to treatment plans.

Sex and Gender Plus Approach: Acknowledging the diverse population of people who vape and the stigma that people may have experienced, healthcare providers should offer gender-specific (e.g., group therapy for pregnant persons) and culturally-tailored counselling groups where possible.

Mobile Support















For youth seeking treatment to quit vaping, healthcare providers can recommend the free mobile app, QUASH, from the Lung Health Foundation. The app tracks cravings and progress, provides tools to motivate clients who relapse to smoking and allows clients to create customized goals and quit plans. For more information, please visit: <https://www.quashapp.com/>.

7. Harm Reduction (related to vaping device)

7A	People should not modify their products (THC, vitamin E acetate, other oils, etc.) or modify their vaping device.
7B	People should not purchase illicit/black market e-liquids, pods or devices.
7C	People should avoid certain flavours shown to cause harm (e.g., cinnamon, cherry, menthol and products containing diacetyl). ⁷
7D	People should follow the instructions for use specific to their vaping device.

8. Relapse Prevention

8A	Healthcare providers should offer support to people that have relapsed to vaping and still want to quit.	
8B	Relapse prevention strategies can include extending pharmacotherapy even after a person has quit.	
8C	For dual users and people who formerly smoked who relapse to smoking, healthcare providers should reinitiate treatment.	
8D	For people who relapse into smoking, healthcare provider should encourage clients to quit using approved smoking cessation interventions.	
8E	If people who vape exclusively are unsuccessful in their vaping quit attempts, they should be advised to use harm reduction strategies to minimize their risk.	

8F	For adults and youth who have quit smoking and/or vaping, health care providers should regularly screen for relapse to support treatment goals. ⁸									
8G	If adults, youth and people with mental illness and/or substance use issues who formerly smoked are at risk of relapsing to smoking, healthcare providers can consider supporting continued vaping. ⁹									
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Special Considerations

Abbreviation: MI/SU: People with mental illness and/or substance use issues

- Behavioural support should be offered for relapse prevention post-quitting vaping.
- Healthcare providers should consider the risk of relapse among people who experience higher rates of mental and emotional distress. Healthcare providers should use a trauma-informed, person-centred approach when treating clients.

MI/SU:

- Due to higher risk of relapse in this population, long-term supports should be provided.
- Healthcare providers should schedule frequent clinic visits to monitor medication use and individual needs.

Additional Resources

For more information on what healthcare providers can do to address e-cigarette use in youth, the Canadian Paediatric Society has put together a position statement and a clinical guidance tool on screening and brief interventions. Please note that evidence on vaping cessation is limited and recommendations that have been published to date are largely adapted from existing smoking cessation interventions. Both the position statement, *Protecting children and adolescents against the risks of vaping*, and the guidance tool, *Vaping: A clinician's guide to counselling youth and parents*, are available at www.cps.ca (Canadian Paediatric Society, Adolescent Health Committee, 2021).

References

Cahill, K., Lindson-Hawley, N., Thomas, K.H., Fanshawe, T.R., & Lancaster, T. (2016). Nicotine receptor partial agonists for smoking cessation. *Cochrane Database of Systematic Reviews*, 2016(5). Art. No.: CD006103. DOI: 10.1002/14651858.CD006103.pub7.

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¹ A brief explanation of each tool as well as access to the questionnaires can be found in the supplementary appendix *List of Assessment Tools*.

² **E-FTND:** E-cigarette Fagerström Test of Cigarette Dependence

EDS: E-cigarette Dependence Scale

PS-ECDI: The Penn State Electronic Cigarette Dependence Index

HONC: Hooked on Nicotine Checklist

³ People with substance use issues: people who use substances

⁴ Evidence-based medicine: the use of the best available evidence to make a decision about the care of individual patients (Masic et al., 2008).

⁵ A Cochrane review on pharmacological interventions for smoking cessation during pregnancy found no evidence of a positive or negative impact of NRT on birth outcomes (Claire et al., 2020).

⁶ A Cochrane review found that more participants quit successfully with varenicline than with bupropion or NRT (Cahill et al., 2016).

⁷ For individuals who currently smoke, healthcare providers should discuss both the risks and benefits of using flavoured e-liquids to facilitate switching completely from smoking to vaping only (Gades et al., 2022).

⁸ Healthcare providers should regularly screen people who have quit smoking and/or vaping for relapse, including people who are pregnant, breastfeeding and/or chestfeeding, and people with mental illness and/or substance use issues.

⁹ Currently, it is not advised that healthcare providers consider supporting continued vaping in patients who are pregnant, breastfeeding and/or chestfeeding who formerly smoked and are at risk of relapsing to smoking.