Informing Youth-Led Vaping Cessation Support in Aotearoa: Rangatahi Perspectives on Autonomy, Privacy, and Support

Katharine Broughton (MTF, LLB, DipJ)

James Boult (MCT) [1]

Sylvia Hach, (PhD, MA, BHsc (Phyt)) [2]

[1]Gravity, Auckland, New Zealand

[2]academyEX, Auckland, New Zealand

Corresponding author: Katharine Broughton

Contact details: Katharine.broughton@beat.net.nz

Corresponding author, short biography:

Katharine holds a Master's in Technological Futures, a Bachelor of Laws, and a diploma in journalism. With over 25 years' experience at the intersection of strategic communications, social impact, and business, she has worked with both corporate and not-for-profit sectors to embed storytelling, and purpose into business strategy.

Her recent postgraduate research explores youth vaping and data privacy, with a focus on ethical, technology-driven interventions for social good. Katharine is passionate about using human-centred, design-led approaches to solve real-world problems, particularly where technology, sustainability, and ethics converge.

Abstract

Aotearoa New Zealand has among the highest youth vaping rates in the world, almost three times higher than Australia, Canada, and the USA. With the aim of curbing youth vaping, new regulatory changes including restrictions on visibility and promotion, banning disposable devices and enhancing age-verification rules were introduced in Aotearoa in 2025. Despite these measures there is still a significant number of rangatahi (young people) vaping and a gap in vaping cessation tools exists.

This mixed-methods research project explored the impacts of vaping for rangatahi in Aotearoa, the ethical barriers to intervention, and how youth-led co-design could inform the development of cessation tools. Conducted during the introduction of the 2025 legislative changes, the study gathered qualitative insights from interviews with rangatahi and stakeholders, including researchers and educators. These insights were synthesised with survey data from young people and a separate survey of whanau | caregivers. Data collection concluded with a co-design workshop in which rangatahi generated ideas for cessation tools that reflected their needs, autonomy, and preferences for support.

Five key themes were developed through analysis. First, participants and stakeholders favoured supportive, restorative, and health-led responses to vaping over punitive school approaches. Second, privacy, trust, and autonomy shaped whether young people felt safe seeking support, particularly where data use was transparent, consent-based, and protected from punitive consequences. Third, rangatahi often framed vaping as normalised, social, casual, or low harm, despite evidence of dependence or difficulty quitting. Fourth, barriers to cessation included addiction, habit, oral fixation, routine, stress, and social triggers. Finally, participants identified the need for youth-centred cessation tools that are co-designed, practical, private, culturally responsive, and grounded in young peoples' lived realities.

The findings highlight the complexity of youth vaping and the fact that easy access and social norms sustain use. Therefore, interventions must target the social environment and the individual. Further, there is a need for a shift from punitive, fear-based responses towards compassionate, inclusive strategies prioritising long-term well-being and empowering rangatahi to make informed choices.

Overall, the findings underline the value of co-designing cessation interventions with rangatahi, as youth-led approaches can support autonomy, trust, and more relevant pathways to quitting.

Keywords: vaping; cessation; legislation; co-design; interventions

Word count:

Abstract: 308 words

Manuscript: 9080 words

1. Introduction

Aotearoa New Zealand (Aotearoa) faces a growing youth vaping challenge, with increasing concern about its effects on the health, mental wellbeing, and productivity of rangatahi (young people) and tamariki (children), despite the long-term impacts remaining uncertain.
Evidence from various health organisations acknowledges that an increasing number of young people, many of whom would never have smoked, are now taking up vaping (Asthma & Respiratory Foundation NZ, 2026a). This growing trend is leading to vaping addiction, which is affecting individuals' mental health, well-being, and ability to concentrate (Ball et al. 2024). However, there is a notable gap in solutions targeted at rangatahi to address vaping addiction and provide support or quitting programs (Asthma & Respiratory Foundation NZ, 2026b). Additionally, ethical and privacy concerns pose challenges that may hinder the implementation of effective strategies, interventions, and solutions for helping young people quit vaping (Asthma & Respiratory Foundation NZ, 2023).

This research article summarises part of a research project undertaken toward a Master of Technological Futures at academyEX in 2025 when key legislative changes were being introduced to Aotearoa. A summary of the relevant literature and political context of the time will first introduce the topic area. This will be followed by the research question and a summary of the methods employed. Key findings and their discussion will be presented together with potential limitations of the research. Important recommendations for future research and practice will conclude this article.

2. Literature review

Significant inequities exist in the burden of vaping, with Māori and Pasifika rangatahi, and those in socioeconomically deprived areas, disproportionately affected. Data from 2024 shows that Māori students report weekly vaping at nearly double the rate of New Zealand European students (Harding et al., 2024). Health New Zealand also reported that daily vaping prevalence increases with neighbourhood deprivation, rising from 4.8% in the least deprived areas to 19% in the most deprived (Nip et al., 2024).

Although a slight decline in youth vaping has been noted since 2021 (Harding et al., 2024), the problem persists in the form of entrenched nicotine addiction and habitual behaviour. Many young people began vaping before nicotine concentrations were regulated, often developing dependency around age 16. While Australian research notes that some young people no longer identify as addicted, many continue to vape regularly, highlighting the persistence of behavioural and social dimensions of use (Rahman et al., 2025).

With the aim of curbing youth vaping, new vaping regulatory changes were introduced in Aotearoa in June 2025. Specifically, these changes impacted young people by including restrictions on visibility and promotion of vaping devices as well as point-of-sales displays. Further, regulations included a ban on disposable devices and enhanced age-verification rules. However, concerns remain regarding enforcement and the continued availability of low-cost reusable devices. Ball et al. (2025), in their public health briefing reflecting on these legislative changes, stated that “although the new measures close some loopholes, they fall short in other respects. Because vaping is highly addictive, comprehensive measures, including bespoke support for vaping cessation among young people, are urgently needed.”

Recent evidence further challenges the narrative that vaping is a healthier alternative to smoking, suggesting it may be contributing to, rather than replacing, nicotine addiction among young people. In Aotearoa, 8% of the population continues to smoke, while the number of new vape users grows, undermining efforts to meet the Smokefree 2025 target (Christensen, 2025). Local research indicates that the rise in vaping among 14–15-year-olds may be slowing the decline in both ever- and regular-smoking, particularly by initiating nicotine use in adolescents who had never smoked previously. A review of Action for Smokefree 2025 (ASH) survey data supports this, showing that vaping may be stalling progress in reducing smoking prevalence among youth in Aotearoa (Egger et al., 2025). In Australia, a similar trend has emerged; following a mid-2024 vape ban, smoking rates

among 18–24-year-olds increased, with combined smoking and vaping rates rising from 25.1% in September 2024 to 28% by May 2025 (Roy Morgan Research, 2025). These findings underscore the unintended consequences of isolated policy changes and the urgent need for integrated strategies to address both vaping and smoking among young people.

Educational and preventative strategies in schools have demonstrated some effectiveness. For example, a Christchurch-based intervention found that knowledge of vaping-related harms improved following structured education, with some rangatahi expressing an increased desire to quit (Wamamili et al., 2025). However, while these initiatives help raise awareness, they may be argued to be insufficient for addressing the needs of rangatahi already addicted to vaping. Notably, there remains a lack of tailored cessation programmes for youth.

Further, cessation programmes that acknowledge the complex interplay of mental health, peer influence, and behavioural reinforcement are even rarer (Wamamili et al., 2025). Mental health has been identified as a key driver of youth nicotine use, with studies linking vaping to emotional distress and coping mechanisms (Caruana, 2023). For some young people, the ritualistic nature of vaping, even in the absence of nicotine, suggests a behavioural dependence that persists beyond chemical addiction (Rahman et al., 2025).

While adult cessation strategies may offer a partial blueprint, they often fail to engage rangatahi meaningfully. Wamamili et al. (2025) highlight the lack of youth-specific vaping cessation resources in Aotearoa and argue that support designed for adults may not adequately meet the needs of adolescents and young people. Aotearoa-based trials testing nicotine replacement therapies (NRT) and tapering plans are promising (The University of Auckland, 2024), but broader, multi-faceted approaches have not been established thus far.

Overseas models, including *Quit the Hit* in the United States and *My QuitBuddy* in Macau, demonstrate how peer support, personalisation, and digital engagement can strengthen youth vaping cessation programmes (Miroma Project Factory, 2025; Rahman et al., 2025; Rescue Agency, n.d.). These examples also point to the potential role of emerging technologies, such as AI-powered chatbots, in providing anonymous, accessible, and round-the-clock cessation support. When designed ethically and with young people's needs in mind, these tools may help reduce barriers to help-seeking by offering support that is private, immediate, and easy to access.

A Canadian mixed-methods systematic review of interactive conversational agents found that chatbots, although used primarily in smoking cessation, can improve user engagement, support sustained abstinence and enhance quality of life (Lachance et al., 2024). While evidence specific to youth vaping cessation remains limited, the review identifies chatbots as a promising intervention tool for reaching younger generations and highlights the need for further research to guide their use in smoking and vaping cessation (Lachance et al., 2024).

Research from the United Kingdom (Parks et al., 2025) highlights the urgent need for a standardised framework to assess the safety, ethics, and evidence base of unregulated AI mental health chatbots. Drawing on clinical expertise, co-design methods, and World Health Organisation (2020) guidance, the proposed framework outlines five key evaluation criteria: ethical conduct, safety protocols, accessibility, evidence-based responses, and strong conversational skills. Central to this approach is the involvement of healthcare consumers, whose feedback helps shape and validate chatbot performance, ensuring real-world relevance and uncovering potential risks or needs that may be overlooked by developers alone.

Advocacy groups and educators are increasingly calling for a shift away from punitive approaches, such as suspensions, in favour of restorative and wellbeing-oriented responses. Programmes like Tūturu (n.d.) offer alternative frameworks that treat vaping not as misconduct but as a symptom of broader wellbeing challenges. These approaches align with young people's expressed preferences for support and empathy rather than discipline, but remain isolated rather than widespread practice.

In summary, the current body of research highlights a rapidly evolving vaping landscape in Aotearoa, marked by high youth uptake, entrenched inequities, and insufficient support systems. While recent regulatory measures and education campaigns represent progress, there is a gap in knowledge and practice around culturally responsive, youth-specific cessation tools and ensuring ethical implementation of new technologies. A holistic, restorative approach, grounded in evidence and informed by the voice of rangatahi, will be critical to addressing this urgent and complex issue.

3. Research question(s)

The study was guided by the overarching research question:

> How might effective vaping intervention strategies be developed that balance ethical concerns about data privacy for young people in Aotearoa, while also mitigating the long-term impacts of addiction on their future health and productivity?

Supporting this, there were four sub-questions to the study:

1. What level of autonomy do young people require to make informed choices about vaping?
2. What are the key barriers to data privacy for young people who vape?
3. How might ethical constraints be navigated to identify and support young people who are vaping in schools?
4. How might solutions or products for vaping cessation be designed and delivered in ways that engage and appeal to students

The present paper is primarily concerned with the fourth sub-question, which forms the central focus of this paper, as it directly addresses the practical development of youth-centred intervention strategies. The remaining sub-questions provide important contextual framing around autonomy, privacy, and ethical considerations in school-based intervention design.

4. Methodology

The research employed a mixed-method approach, integrating quantitative and qualitative data collected from November 2024 to June 2025. It was important to understand the impacts of vaping on rangatahi by involving them in the research and in the design process. That is, a youth-led approach was taken centring rangatahi as experts in their own lives and acknowledging that adults tend to have a limited view on the complex lives of young people today, often shaped by negative and untrue stereotypes (Qu, 2023).

Qualitative interviews were transcribed and reviewed by the researcher before being thematically organised. The analysis drew on a reflexive thematic approach (Braun & Clarke, 2022) in which the researcher remained responsible for interpretation, theme development, and the final analytic framing. A custom ChatGPT Vaping Anonymous Research Assistant was used as a supplementary analytic tool to assist with organising de-identified responses, identifying recurring patterns, comparing themes across participant groups, and testing whether emerging interpretations aligned with the research questions. It was not treated as an independent analyst or as a substitute for researcher judgement. Interpretive decisions remained grounded in the full interview, survey, stakeholder, and workshop materials, and the AI-supported outputs were reviewed against the original data before inclusion in the findings.

The synthesis process involved comparing interview themes, survey patterns, stakeholder perspectives, secondary research, and co-design workshop outputs to identify convergences, divergences, and points of practical relevance for cessation tool development. Quantitative survey responses were not treated as stand-alone findings only; rather, they were used to contextualise and test the qualitative patterns emerging from interviews and workshop data. This enabled the analysis to move beyond individual survey-question reporting toward integrated themes concerning autonomy, privacy, stigma, addiction, habit, school responses, and youth-centred cessation support.

Desktop research was also undertaken to review current literature and academic studies on vaping, cessation tools, ethics, and health and wellbeing, providing a broader context for the findings and grounding the analysis in existing evidence. In the second phase of the research project, a co-design workshop was facilitated to explore how to re-imagine quitting. The workshop, titled "Unhooked: Let's Rethink Quitting Together," aimed to explore new quitting tools using futures thinking and life-centred design, specifically focusing on how to support rangatahi to break free from habits designed to keep them "hooked".

4.1. Participant Recruitment and Data Collection

Ethical approval was given by the academyEX ethics panel (approval number: MTF.8888.226) and all participants received an information sheet and had the opportunity to discuss the study further with the principal researcher (KB) and/or collaborator (SH). Signed informed consent was obtained from all participants prior to engaging in qualitative data collection. Informed consent was implied by participation in the survey component of the study which did not collect any identifying data.

Recruitment was undertaken through school outreach, personal and professional networks, and professional recommendations. Because personal and professional networks can create perceived obligations to participate, potential participants were provided with information about the study before participation and were able to consider involvement without immediate commitment. Participation was voluntary, and consent was obtained before qualitative data collection commenced. The study focused on participants who could provide consent independently, which shaped the age range used for the rangatahi interviews. This decision also responded to the practical and ethical constraints of recruiting younger secondary school students, where parental permission would have been required.

The rangatahi interview guide collected demographic information including name, age, location, education or employment status, school year, and ethnicity. These fields were collected as part of the broader Masters' research project from which this paper has been extracted. The wider project explored youth vaping behaviours, school-based responses, privacy concerns, autonomy, and the design of youth-centred cessation supports. Demographic information was therefore collected to support contextual analysis across the full project, including whether participants were reflecting on current or recent secondary school experiences, whether they had transitioned into tertiary study or employment, and how their accounts related to different social, educational, and regional contexts. However, in this paper only aggregated demographic information relevant to interpreting the findings is reported.

To reduce identifiability, demographic information was de-identified before analysis and reporting. Participants were assigned study codes, and names or other direct identifiers were removed from interview transcripts and analysis files. Demographic characteristics were reported in aggregate rather than linked to individual participants or quotes, particularly given the small interview sample of nine rangatahi aged 17–22. The password-protected master file linking participant names and contact details to study codes was stored separately from de-identified transcript and analysis files. Participants were also provided with their transcript and given the opportunity to edit or delete any information they had shared before analysis. This approach was consistent with the research's wider focus on privacy, trust, and non-punitive data use.

4.2. Interviews with School Leaders

Between November 2024 and March 2025, 11 secondary schools across Tāmaki Makaurau (Auckland) and Ōtautahi (Christchurch) were contacted to participate in the study to offer insights into school-based interventions and challenges.

Schools were identified through a combination of purposive sampling and publicly available information, including school websites and publicly listed staff contact details. Selection aimed to include schools from both study locations and to capture perspectives from staff likely to be involved in pastoral care, student wellbeing, discipline, or health-related decision-making. Where existing

personal or professional networks helped identify potential schools or relevant staff roles, these networks were used only to support initial identification and not to apply pressure to participate.

To mitigate potential ethical concerns associated with recruitment through personal networks, all invitations were made through formal email communication rather than informal or direct personal requests. Participation was clearly described as voluntary, and schools were informed that declining or not responding would have no negative consequences. Follow-up emails were limited and professional in tone. No incentives were offered to schools or staff, and participants were provided with an information sheet outlining the study purpose, confidentiality arrangements, data use, and their right to withdraw.

Each school was approached through at least two staff members (e.g., principals, deputy principals, or counsellors), followed by multiple email follow-ups. One secondary school leader from Tāmaki Makaurau participated in an initial interview in December 2024 and a second interview was conducted with a secondary school leader in Ōtautahi in February 2025 (see Supplement 1 for semi-structured interview guide).

Out of the schools contacted, four (33%) expressed support for the research aims but formally declined participation due to limited capacity. Another 33% did not respond to repeated outreach, and 17% engaged initially but did not follow through. These response patterns are consistent with findings reported in a recent study published in the *New Zealand Medical Journal*, which also encountered low engagement from Christchurch-area schools when recruiting for youth vaping research (Wamamili et al., 2025).

Efforts to leverage personal networks and persistent follow-ups did not significantly improve school participation. The initial recruitment strategy centred on secondary schools because the research focus was on vaping behaviours, school-based responses, and ethical intervention in school environments. However, school recruitment proved difficult. As a result, the rangatahi interview component drew on young people aged 17-22 who could consent independently and reflect retrospectively on vaping during their secondary school years. Tertiary institutions were not the primary recruitment setting for the study; however, several rangatahi participants had recently transitioned into tertiary study or employment, which enabled retrospective accounts of school-based vaping, addiction, cessation attempts, and school responses.

4.3 Rangatahi Participation

The study focused on rangatahi aged 17-22 who could provide informed consent independently. Nine in-depth, semi-structured qualitative interviews were conducted with rangatahi who were either currently vaping (casually or regularly) or who had previously experienced vaping addiction (see Supplement 2 for the semi-structured interview guide). The study employed a retrospective design, asking rangatahi to reflect on their vaping behaviours and experiences during their secondary school years. The cohort included a mix of casual and formerly addicted vapers, with tailored questions used to capture retrospective insights into addiction and cessation. Most rangatahi had recently completed secondary education and were either studying at tertiary institutions or were in employment at the time of the interview.

The 17–22 age range was selected to enable young people to provide consent on their own behalf while still being close enough to their secondary school experience to provide meaningful retrospective accounts. This approach was adopted because direct recruitment of currently enrolled secondary students was constrained by low school participation and by the additional consent requirements for younger participants. The interview sample included young people who were at school, working, or studying, and demographic information was collected to describe the sample and assess the range of perspectives represented in the wider master's research project. Interview participant demographics included age, ethnicity, occupation, gender, and region. These data were used to contextualise the sample rather than to make population-level claims.

Participants in this study were recruited through personal and professional networks. Additional stakeholders were identified through professional recommendations and existing networks.

4.4. Stakeholder Interviews

Eight stakeholders were interviewed (see Supplement 3 for the semi-structured interview guide), including business start-ups with vaping-related offerings, a non-profit organisation in vaping prevention, a university researcher, a creative agency founder, a social impact reporting Artificial Intelligence (AI) founder, and two representatives from the NZ Drug Foundation. These interviews provided perspectives on practical, ethical, and commercial challenges of tech-based interventions, as well as the importance of youth-led, culturally grounded design.

Stakeholder participants were offered the option of being identified by name or remaining anonymous. While rangatahi participants and most stakeholder participants were anonymised to protect confidentiality, some professional stakeholders chose to be identified due to the public-facing nature of their roles and expertise. Where stakeholders gave explicit consent to be named, extracts are attributed to them directly. This includes Eddy Royal and Tūmōkai Morgan, who consented to being identified in the study.

4.5. Surveys

Surveys were conducted with 27 young people (aged 17-22) and, separately, with 15 whānau/caregivers to gather broader quantitative data on vaping habits and perceptions (see Supplements 4 and 5 respectively for survey questions).

People who were interviewed did not take part in the survey, As the survey sample was small, these results are reported as numbers rather than percentages.

The surveys used a mixed structure combining closed-response and open-ended questions. Closed-response items included yes/no questions, multiple-choice responses, and scaled or categorical options to capture vaping frequency, quitting experiences, perceived impacts, attitudes toward support, and views on data sharing. Open-ended questions were also included to allow rangatahi and whānau/caregivers to explain their experiences, concerns, and suggestions in their own words. This combination enabled the study to generate descriptive quantitative insights while also capturing more detailed qualitative responses that informed the thematic analysis.

4.6. Workshop

Recognising the critical importance of engaging rangatahi in developing solutions, the second phase of the research project involved a workshop designed to explore how to re-imagine quitting. The workshop, titled "Unhooked: Let's Rethink Quitting Together," aimed to explore new quitting tools using futures thinking and life-centred design, specifically focusing on how to support rangatahi to break free from habits designed to keep them "hooked".

The workshop session (see Supplement 6 for workshop outline) was attended by a group of young people aged 18-24 years old. It was facilitated by two of the authors (KB & JB), with combined experience in design-led workshops and the ability to relate to rangatahi.

4.7. Age Ranges

The survey and workshop age ranges were related but not identical to the interview sample. The young people's survey captured broader responses from young people aged 17–22, while the co-design workshop included young people aged 18–24. These adjacent age ranges reflected pragmatic recruitment for different phases of the project and the need to engage young people who could contribute independently to research and design activities. Across these phases, the analytic focus remained on youth vaping, school-age initiation, cessation needs, and youth-centred intervention design rather than on generalising across all rangatahi in Aotearoa.

5. Findings and Analysis

While acknowledging the disparity in vaping rates among Māori and Pacific young people, this research demonstrates that vaping impacts young people across all demographic definitions. Rangatahi involved in the present study's workshop, for example, viewed vaping primarily as an age-related issue rather than one driven by social or decile-based disparities, consistently responding that it was not linked to any particular ethnic group. As one person explained,

> *"I don't see it as an ethnicity thing, when you go into a bar, there will be younger people vaping more than older people."* (Participant 4003).

The findings were generated through an integrated thematic synthesis of rangatahi interviews, school leader and stakeholder interviews, survey responses, secondary research, and co-design workshop outputs. The analytic process was primarily inductive in that themes were developed from recurring patterns in the data; however, it was also informed by the study's research questions concerning privacy, autonomy, ethical intervention, and cessation tool design. To improve clarity, the findings are organised below around five themes that map directly to the subsequent discussion sections (Table 1). Extracts from rangatahi participants are identified using participant codes, while school leader and stakeholder perspectives are identified by role or stakeholder category where appropriate.

Analytic theme	Primary pattern identified	Main evidence base
Restorative and supportive responses	Participants and stakeholders favoured care, wellbeing, and health-led responses over punishment	School leader interviews, rangatahi interviews, stakeholder interviews, surveys
Privacy, trust, and autonomy	Young people were more open to support when data use was transparent, consent-based, and protected from punitive consequences	Rangatahi interviews, stakeholder interviews, survey privacy questions
Normalisation, social use and perceived harm	Rangatahi often framed vaping as casual, social, or temporary, despite evidence of dependence or difficulty quitting	Rangatahi interviews, survey findings, workshop reflections
Addiction, habit, and cessation needs	Barriers to quitting included nicotine dependence, oral fixation, routine, stress, and social triggers	Rangatahi interviews, survey quitting data, stakeholder perspectives
Youth-centred cessation tool design	Effective tools need to be co-designed, practical, private, culturally responsive, and relevant to young people lived realities	Workshop outputs, interviews, surveys, stakeholder perspectives

Table 1: Thematic Mapping

5.1 Restorative and Supportive Responses

Stakeholders universally agreed on prioritising supportive, health-focused interventions over punitive measures - a sentiment strongly echoed by educators and rangatahi. Schools adopting health-led, pastoral interventions reported to have observed more constructive student engagement, emphasising care and viewing vaping as a health issue rather than a behavioural failure. As one school leader noted,

> *"We wanted to look at it… working with the family around how we can support that student through a health lens"* (Secondary School Leader, Ōtautahi Christchurch).

These proactive, student-centred approaches prioritise privacy, avoid stigmatisation, and foster student autonomy. Secondary School Leader Tāmaki Makaurau Auckland stated,

> *"We're not punitive, particularly as a school… We hit them in the pocket by removing their vape".*

Secondary School Leader, Ōtautahi Christchurch similarly affirmed,

> "*We're a restorative school… working with the family around how we can support that student through a health lens."*

In stark contrast, rangatahi reported experiences of immediate punishment, detentions, and fear of parental discovery, which often pushed them further into secrecy. One participant reflected,

> *“I think if it hadn't been so punitive, I might have been receptive to interventions and help.”* (Participant 2005).

Rather than being seen as someone needing help, young people indicated an openness to intervention when approached non-judgmentally, highlighting their perception of being perceived as

> "*rebellious or like a troubled teenager who's trying to be cool*" (Participant 2008).

Survey findings from both rangatahi and whānau/caregivers reinforced the interview data. Among rangatahi, 16 of 27 respondents (60%) preferred supportive rather than punitive school responses to vaping, aligning with interview participants’ concerns that punishment, shame, or fear of parental discovery could push vaping further underground rather than encourage help-seeking. Rangatahi also identified practical forms of support that would make cessation more accessible, with 8 of 27 respondents (29.6%) identifying peer support as important and 6 of 27 respondents (23.3%) emphasising better access to cessation tools. Whānau and caregiver responses similarly supported a health-led approach, with 13 of 15 respondents (86.7%) favouring education and 12 of 15 respondents (80%) supporting more supportive school environments. Together, these findings suggest that restorative responses are preferred by many rangatahi and are also strongly supported by whānau and caregivers.

Eddy Royal from the agency behind Protect Your Breath (*Protect Your Breath*, n.d.) and the Hā Collective Vaping Survey (Cogo & Curative, 2022) reinforced this, noting that students were excluded from learning, leadership, and sporting opportunities, to their potential long-term detriment. It was observed that fear-based messaging and adult-driven panic had not resonated with young people and may have even intensified harm, with

> *"one of the biggest harms from vaping"* identified as "*the reaction from schools and parents"*.

Such judgmental responses were seen as consistently undermining trust and deterring students from seeking help.

5.2 Privacy, Trust, and Autonomy

Across the primary data, privacy, trust, and autonomy emerged as closely connected conditions for effective vaping support. Rangatahi were not necessarily opposed to help, school involvement, or data collection, but they wanted support to be transparent, confidential, non-punitive, and within their control. The co-design workshop reinforced this finding, with participants imagining tools that blended digital engagement, peer influence, relatable health awareness, and practical quitting support. The underlying message was that young people wanted to quit on their own terms, in environments free from judgement and stigma.

The interview data showed that rangatahi were more open to sharing information when the purpose was clear and supportive. Participant 2005 stated,

> *“I think I would be open to it [sharing data on vaping habits], because then they can actually see [who is vaping]. And also, I just think it would help them to help me.”*

Similarly, Participant 2002 said,

> *"No, I don't think there's any issue [collecting data on young people's vaping habits] … I feel like vaping is an issue because we see so many people doing it."*

These responses suggest that privacy concerns were not simply about refusing data collection. Rather, rangatahi assessed whether data would be used to support them or control them.

However, participants also identified clear boundaries. Participant 2003 explained,

> *"I don't mind them [emails from university health on vaping] because it's like, it's good. However, if they got any further than that, I'd be like, okay, it's my own personal life. Now you're getting way too into it."*

This distinction highlights the importance of autonomy: young people were more willing to receive information or support when they retained control over how much they disclosed and how their information was used.

Fear of disclosure was also a barrier to trust. Participant 2008 reflected,

> *"I felt like the punishment and the idea of my parents finding out was very scary."*

Participant 2007 added,

> *"I had supportive parents… whereas I can imagine if your parents are threatening to kick you out because you're vaping, then you would not want your privacy disclosed."*

These examples show that confidentiality can determine whether young people feel safe enough to seek support.

Survey findings also highlighted the importance of privacy-first and consent-based approaches to data use. Among the 27 young people surveyed, 21 respondents (77.7%) indicated they were comfortable with personal vaping-related data being shared where the purpose was to support themselves or others. Notably, 9 respondents (33.3%) strongly agreed with this form of data sharing, suggesting a relatively high level of trust when data use is clearly linked to meaningful support. However, 5 respondents (18.5%) strongly disagreed, indicating that a minority remained uncomfortable with sharing personal vaping data even for supportive purposes. This reinforces the need for transparent consent processes, clear limits on data access, and assurances that data will not be used for punitive or disciplinary purposes.

Whānau and caregiver responses were more cautious. Among the 15 whānau/caregiver respondents, just over half were comfortable with data sharing if it contributed to meaningful support, while 7 respondents (46.7%) expressed uncertainty or discomfort. These findings suggest that any school-based or digital cessation intervention must be designed around data minimisation, de-identification, and trust-building from the outset.

The following findings integrate interview responses with survey data from 27 young people. The interview data provides depth on how rangatahi understood privacy, trust, and autonomy, while the survey responses indicate whether similar patterns appeared across a small wider sample. Interview participants reinforced the need for privacy-conscious design. Five of the nine interviewees expressed concern about the privacy and security of their personal information, while four were only sometimes concerned. However, more than six interviewees said they never read privacy policies, and four had never changed settings or stopped using an app because of concerns about data use.

The survey data showed a similar pattern. When asked about sharing personal data, such as vaping habits, to help themselves or others, 21 of the 27 young people surveyed were comfortable with their data being shared, including nine who strongly agreed, while five strongly disagreed. However, 14 of the 27 respondents never looked at privacy policies, 10 rarely did, and 19 did not change settings or stop using an app because they were worried about how their data was being used.

Together, these findings suggest that young people may be open to data sharing when there is a clear benefit, but privacy cannot rely on them reading policies or managing settings. Instead, privacy needs to be built into interventions through clear consent, limited data collection, accessible explanations, and non-punitive use of information.

This was particularly important in schools. Participant 2008 stated,

> *"I don't think putting cameras and sensors in bathrooms and then scaring kids and then punishing them is going to make it any better."*

School leaders also recognised the tension between safety and surveillance. One School Leader explained,

> *"The sensor approach was not necessarily about catching the vapers, it's about creating a space for our students to go to the toilet."*

Another school limited access to images, explaining,

> "*Only one person gets the images, they aren't stored or kept... we communicated it quite clearly."*

Overall, the findings show that privacy, trust, and autonomy are not separate issues. They shape whether rangatahi view vaping interventions as supportive or punitive. Effective support must therefore protect confidentiality, explain data use clearly, minimise surveillance, and allow young people to access help without losing dignity or control.

5.3 Normalisation, Social Use and Perceived Harm

Stakeholders and rangatahi described vaping as normalised and easy to access. This is driven by retail marketing and sweet, youth-friendly flavours. Despite regulations by the NZ Government in 2024 and 2025 to tighten access and target sales of disposable vapes to young people, participants of the present study critiqued the sector's sophisticated youth marketing.

> "*I think they [the government] should just ban it altogether … vapes should at least be behind closed doors like cigarettes."* (Participant 2004).

The industry was described as predatory*:*

> *"It's a horrific industry that chooses to prey on the livelihood of others."* (Participant 2006).

For interventions to be successful, young people need to see vaping as an issue, this is further complicated by its deeply embedded presence in social norms, particularly in high school and social settings, where it is seen as a common activity.

> "*Everyone had a vape… it's just becomes so normal*". (Participant 2006).

Rangatahi participating in the present project also perceived vaping as relatively low harm compared with other risks by, contributing to a mismatch between school disciplinary actions, and perceived seriousness.

> *"Vaping was not the biggest issue… and they'd get suspended for about four days"*. (Participant 2005).

Young people commonly linked vaping with feeling more relaxed and noticed shifts in mood:

> "*When I have that anxiety… and then have a vape, it's like a hit of calm"*. (Participant 2008).

The widespread availability and ease of access, combined with a lack of awareness about health consequences, contribute to vaping's appeal. This is consistent with reports highlighting how

underage adolescents access products through social connections, proxy purchasing, and small retail outlets (Frost et al., 2024).

Most participants viewed quitting as an intrinsically driven decision. The perceived distance and abstract nature of negative health effects of vaping means that convincing rangatahi of long-term harms likely will remain challenging. There is a crucial gap in tangible evidence about vaping's health risks, stating,

> *"If I had a clear example of how this will impact my life negatively, it would help me stop."* (Participant 2004).

Emerging evidence is sharpening that picture: A 2025 Oxford study reports people who vape are 2.29 times more likely to develop chronic obstructive pulmonary disease, even without a smoking history, providing the first conclusive link between vaping alone and this irreversible disease (Erhabor et al., 2025).

Social dynamics significantly influence vaping behaviours, with interventions needing to address these contexts. Young people are motivated by a desire for autonomy when quitting.

> "*I didn't want to be reliant on something… I like being able to resist temptation".* (Participant 2007).

The consensus among their peers is that

> *"no one wants to be vaping anymore and everyone's sort of trying to kick the habit."* (Participant 2007).

Otago University research echoes this sentiment, finding young people would prefer vaping did not exist, often to protect future generations (Graham-DeMello et al., 2024). Vaping is often seen as a *"young person's thing"* while *"it's not cool seeing older people vape"*, (Participant 4004) reinforcing the need for responses that meet young people where they are, without normalising the behaviour.

5.4 Addiction, Habit, and Cessation Needs

Across the interview and survey data, vaping was not experienced only as nicotine dependence. Rather, rangatahi described vaping as embedded in routine, social environments, stress regulation, oral fixation, and peer contexts. This distinction is important because it suggests that cessation support must address behavioural and social reinforcement as well as chemical addiction. Recent qualitative research from Aotearoa similarly found that young people's experiences of vaping addiction involved cravings, emotional disruption, social context, and interference with everyday life, including school and work routines (Graham-DeMello et al., 2024).

For many participants, vaping had become normalised within school and peer environments. One participant reflected,

> *"When I went to high school… everyone had a vape. Now it's just become so normal"* (Participant 2006).

Another explained that uptake was not necessarily caused by direct pressure, but by social exposure and curiosity:

> *"It wasn't pressure… but all my friends were doing it. It must be nice, I guess"* (Participant 2007).

These accounts indicate that vaping was often taken up through social modelling rather than explicit coercion. In this context, vaping became part of the social environment, making it more difficult for rangatahi to view it as a serious health concern or as something requiring formal cessation support.

This normalisation also shaped how young people assessed the seriousness of vaping. Some participants perceived school responses as disproportionate or misdirected, with one stating,

> *"Lots of people felt like vaping was not the biggest issue that the school could have been dealing with… and they'd get suspended for about four days"* (Participant 2005).

Another participant captured the way vaping risks could be minimised or relativised:

> *"I know it's bad, but so is everything"* (Participant 2003).

These responses suggest that harm-based messaging alone may be insufficient, particularly when young people experience vaping as socially common, emotionally useful, or less serious than other issues affecting their lives.

Stress regulation was a key reason vaping continued. Survey respondents commonly linked vaping with feeling more relaxed, and interview participants described vaping as producing a sense of calm. However, this calming effect often blurred the line between emotional relief and withdrawal management. As one participant explained,

> *"I think it is that the feeling of stress is similar to the feelings of withdrawal for me… when I have that anxiety, that shakiness, and then have a vape, it's like a hit of calm"* (Participant 2008).

This suggests that vaping may be interpreted by young people as self-soothing, even when the discomfort being relieved may be connected to nicotine withdrawal.

Whānau survey responses also indicated that vaping was associated with a range of adverse physical and mental health effects. Reported physical impacts included coughing, sore throats, and shortness of breath, while mental health concerns included low motivation, restlessness, depressive symptoms, and heightened anxiety. Notably, among the 15 whānau/caregiver respondents, 5 respondents (33%) observed signs of anxiety, 8 respondents (53.3%) reported lethargy or low motivation, and 6 respondents (40%) noted restlessness or depressive symptoms. A further 7 respondents (46%) indicated that vaping appeared to exacerbate existing conditions such as Attention-Deficit/Hyperactivity Disorder (ADHD). These findings suggest that, although rangatahi may experience vaping as calming in the moment, whānau often observe broader patterns of emotional, behavioural, and physical disruption.

A strong theme of regret also emerged. Many rangatahi indicated that, knowing what they know now, they would not have started vaping, or did not want vaping to remain part of their future. One participant stated,

> *"The consensus around my friends and people my age is no one wants to be vaping anymore and everyone's sort of trying to kick the habit" (Participant 2007).*

Another reflected,

> *"If I had known about the reliance, maybe I wouldn't have tried it… but probably would've anyway" (Participant 2008).*

These reflections show both regret and ambivalence. Young people recognised the burden of reliance, yet also acknowledged the powerful role of curiosity, social context, and short-term reward in their initial uptake.

Participants also expressed concern for younger generations. One young person stated,

> *"The generation below me… I don't want them to go through [negative] health effects [and] experience that kind of thing"* (Participant 2003).

This indicates that some rangatahi who vape are not indifferent to harm. Instead, they may see themselves as already caught in a difficult cycle while wanting others to avoid similar experiences.

The data also showed that young people distinguished between addiction and habit. While some participants described nicotine dependence, others emphasised behavioural repetition, oral fixation, and social triggers. One participant stated,

> *"You can get over the addiction, but it is a habit now"* (Participant 2007).

Another described the embodied nature of the habit:

> *"It's also kind of a habit thing… which I find is like putting something to your mouth. It just comes, like, rewires your brain a little bit. And so, I think I've really gotten used to that"* (Participant 2008).

These accounts suggest that cessation interventions need to move beyond nicotine replacement or abstinence messaging alone. For some young people, the act of vaping itself has become linked to hand-to-mouth movement, social participation, emotional regulation, and routine.

Social environments were repeatedly identified as a major reason for relapse or continued use. Some participants had quit for periods of time but resumed vaping in social settings. One explained,

> *"Now I only do it socially… I don't have any interest in doing it when I'm by myself"* (Participant 2005).

Another described the pull of being around others who vape:

> *"I think what would make me stop is my friends, everybody around me who vapes stopping. Because if someone around me is vaping, I feel the urge to join them… I think it used to be peer pressure. But now it's just that I like it"* (Participant 2005).

This suggests that vaping may shift from externally influenced behaviour to internally reinforced behaviour over time. What begins as peer exposure can become preference, routine, or identity-based participation.

Cold turkey quitting was commonly mentioned, but participants often found it difficult to sustain, especially when returning to social spaces where vaping was present. One participant stated,

> *"Going cold turkey… I have tried a few times, but I've only gotten maybe a month at most without it. Then I go out and be around friends, it's like really easy to be pulled back in"* (Participant 2008).

This indicates that individual motivation alone may be insufficient when the social environment continues to reinforce vaping. It also suggests that punitive or abstinence-only approaches may fail to address the situations in which relapse occurs.

Despite these challenges, many young people did not see vaping as part of their long-term identity. One participant stated,

> *"It's not something I see for my future"* (Participant 2008).

Another said,

> *"I think I'm going to quit this year. I just feel like it's time. It feels kind of childish"* (Participant 2003).

These comments are important because they show that many rangatahi already hold a future-oriented desire to stop. The issue is not simply lack of awareness or lack of motivation, but a lack of support that fits the way vaping functions in their lives.

These findings have important implications for intervention design. Where young people described quitting as a matter of personal motivation or a shift in mindset, others identified a lack of practical support and a tendency for school messaging to focus on harms without explaining how to stop. The evidence therefore supports cessation tools that combine autonomy-supportive education, practical habit-disruption strategies, peer or social support, and non-punitive access to help. This is consistent

with the wider study finding that many young people do not see vaping as part of their future identity, even when they find it difficult to stop.

The relationship between vaping and smoking also emerged as a concern. Some participants described vaping and smoking as closely related behaviours, and some observed that smoking had become more visible among young people. One participant reflected,

> *"Vaping is a far more approachable habit… then you realise this isn't that bad. I wonder what smoking's like"* (Participant 2006).

Another described a form of substitution logic:

> *"If we are smoking, we're not vaping"* (Participant 2007).

These comments suggest that, for some rangatahi, vaping may reduce the perceived barrier to smoking or create patterns of nicotine use that move between products.

Recent evidence supports caution in assuming that vaping simply replaces smoking among young people. Egger et al. (2025) analysed smoking trends among 14–15-year-olds in Aotearoa and found that, although smoking prevalence declined substantially over time, the emergence of vaping may have slowed further reductions in adolescent smoking (Egger et al., 2025). Australian market research has also reported increases in smoking and vaping among 18–24-year-olds following the introduction of stronger vaping restrictions in 2024; however, these findings relate to young adults in Australia and should therefore be interpreted cautiously when considering school-aged rangatahi in Aotearoa (Roy Morgan Research, 2025).

Overall, the findings indicate that vaping cessation for rangatahi requires more than information about harm. Participants already knew vaping was "bad" in a general sense, and many wanted to stop. However, they also experienced vaping as calming, habitual, socially reinforced, and difficult to avoid in peer environments. Effective cessation support therefore needs to be youth-centred, non-punitive, practical, and autonomy-supportive.

Rather than framing young people as simply making poor choices, interventions should recognise that many are navigating dependence, habit, social belonging, stress, and identity formation at the same time. This supports the development of cessation tools that help rangatahi disrupt routines, manage cravings and stress, access support without shame, and imagine a future identity that does not include vaping.

5.5 Youth Centred Cessation Tool Design

The co-design workshop functioned as a central component of the research by translating the interview, survey, and stakeholder findings into practical cessation concepts. The workshop, *Unhooked: Let's Rethink Quitting Together*, used futures thinking and life-centred design to explore how rangatahi could be supported to break habits that keep them "hooked." Participants generated a range of ideas, including digital quitting tools, gamified progress tracking, motivational notifications, peer support, deterrent messaging, increased cost or regulation, and tactile or oral alternatives such as nicotine-free substitutes (see Supplement 7 for Crazy Eight cessation tool ideas).

These outputs aligned with the survey findings. Of the 27 rangatahi surveyed, 8 identified peer support as important, and 6 emphasised the need for better access to cessation tools. The workshop therefore reinforced the finding that cessation support must be relatable, private, self-directed, and responsive to the social and habitual dimensions of vaping, not only nicotine dependence. The outputs also indicate that young people can identify both behavioural and environmental levers for cessation when the design process is framed as collaborative rather than punitive.

The workshop findings further demonstrate that cessation tools should be practical, adaptive, and culturally responsive. Participants' suggestions moved beyond information provision alone and focused on mechanisms that could interrupt routine, support motivation, provide visible progress, and

reduce stigma. In design terms, this supports a cessation model that is youth-centred, privacy-preserving, and iterative, rather than a fixed adult-centric programme transferred into youth settings. The co-design process therefore provides a bridge between the study's research findings and its recommendations for a youth-led, ethically governed cessation tool.

6. General Discussion

A common theme from participants was the lack of bespoke cessation tools for young people. As Secondary School Leader 2 stated, *"We're at this crossroads… we don't have cessation tools."* This aligns with academic studies and reports emphasising the urgent need for comprehensive, tailored support for youth vaping cessation, as *"what works for adults may not necessarily work for adolescents and young people"* (Wamamili et al., 2025 p. 20).

Despite successful prevention campaigns like Protect Your Breath (*Protect Your Breath*, n.d.) and Hā Collective (Cogo & Curative, 2022), a notable gap remains in cessation support due to misalignment with current Smokefree 2025 policies, which still use vapes as a cessation tool for tobacco.

Regulations in June 2024 addressed some of the issues. Pertaining to young people vaping, there is still work to do particularly "because vaping is highly addictive, comprehensive measures, including bespoke support for vaping cessation among young people, are urgently needed" (Ball, Hoek, & Edwards, 2025, p. 4).

As part of the co-design workshop young people proposed diverse, youth-focused cessation strategies, including digital solutions like gamified quitting apps with motivational notifications and progress tracking They also suggested fear-based messaging with deterrent imagery, and tactile/oral alternatives such as nicotine-free lollipops: *"I use 0% vapes to wean myself off. It's the motion not the nicotine."* Practical strategies included increasing vape costs, stricter regulations, enhanced peer support, and improved access to cessation tools. Similarly, a Canadian systematic review highlighted the promising potential of chatbots for smoking and vaping cessation, especially for reaching younger populations (Lachance et al., 2024).

Persistent gaps in youth-specific cessation tools underscore the need to reimagine how support is delivered to young people who are habitual or addicted vapers. Academic commentary noted that although regulatory changes have restricted access, these measures "fall short" because vaping's addictive nature requires "bespoke support for vaping cessation among young people" (Ball, Hoek, & Edwards, 2025, pg. 4). Similarly, the *New Zealand Medical Journal* study by Wamamili et al. (2025) highlights that there are "few if any" cessation tools tailored for adolescents, noting that what works for adults is unlikely to translate effectively to young people (p. 20). These findings are further reinforced by sector experts such as Eddy Royal, who identifies misalignment with Smokefree 2025 as a core barrier: Youth addiction was not previously targeted because vaping continued to be framed as an adult cessation tool rather than a youth harm. Together, this literature establishes a clear rationale for redesigning cessation frameworks that directly address youth addiction rather than relying on adult-centric models.

Interview and survey evidence conducted as part of this project further demonstrates that young people's vaping behaviours are habitual, socially reinforced, and often misunderstood by both users and adults. School leaders report that while some senior students openly acknowledge addiction and desire support, others minimise their dependence, comparing it to "the odd social drink," despite evident reliance (Secondary School Leader 2). Young participants describe vaping as part of a daily "routine and habit," noting they "don't actually enjoy it that much" but "almost need it," indicating both behavioural and chemical dependency. Students also report that current messaging focuses primarily on harms yet offers "no actual information on how to stop." Survey results reinforce these qualitative insights: Sixty percent of students preferred supportive over punitive school responses, 29.6% wanted peer support, and 23.3% emphasised access to cessation tools. Parent and whānau survey findings similarly show strong support for education (86.7%), supportive school environments (80%), and counselling or support groups (53.3%). These interview and survey responses call for youth-centred, habit-disrupting tools that emphasise autonomy, empathy, and peer-led approaches.

Structural and ethical barriers, particularly around privacy and trust, also necessitate rethinking cessation tools for youth. Of the young people who responded to the survey when asked about sharing personal data related to vaping behaviours for the purpose of supporting themselves or others, *77.7%* indicated they were comfortable with data being shared. Notably, one-third (33.3%) strongly agreed, reflecting a high level of trust in data use when it is linked to meaningful support. However, 18.5% strongly disagreed, underscoring the importance of privacy-first, consent-based approaches in any youth-focused cessation framework. Just over half of parents and whānau survey respondents were comfortable with data sharing if it contributed to meaningful support, but a substantial minority (46.7%) expressed uncertainty or discomfort, highlighting privacy as a key barrier to early identification and intervention. School leaders emphasise the need for non-punitive, autonomy-respecting systems, arguing that students respond better when approached with empathy rather than discipline (Secondary School Leader 1). Rangatahi themselves expressed desire for accessible, trustworthy support such as counselling, community-based help, and peer-to-peer models. They further identified the role of environment, such as distancing from vaping-normative spaces, in enabling behaviour change. Collectively, these findings indicate that effective cessation tools must embed privacy-first design, ethical data governance, and youth co-design while providing personalised, culturally grounded, and psychologically informed pathways to quitting.

7. Challenges/Limitations

As an exploratory mixed-methods study adding the voice of important voice of rangatahi to local literature, this research was not designed to produce generalisable findings across all rangatahi or schools in Aotearoa. Rather, its value lies in bringing together a broad range of primary data sources, including qualitative interviews, surveys, stakeholder perspectives, and a co-design workshop, to develop a richer understanding of how vaping, privacy, autonomy, and cessation support are experienced and understood by participants.

The sample size was limited, particularly in relation to rangatahi and school participants, and the young people involved primarily represented middle-class youth of mixed ethnicity. As a result, the findings may not fully capture the experiences of all young people, particularly Māori and Pasifika rangatahi, or the diversity of school contexts across Aotearoa.

The reliance on self-reported data also means that participants' accounts reflect their perceptions and experiences rather than independently verified behaviours.

8. Recommendations

The vaping culture among youth is complex and evolving. Data from the present study underscores that effective responses must move beyond punitive or fear-based tactics, instead embracing compassionate, inclusive approaches that promote long-term wellbeing. Rangatahi consistently emphasised the importance of interventions grounded in care, trust, and authentic engagement with principles that empower rather than alienate. These findings point to the need for cessation strategies that are holistic and tailored, combining psychological, social, and behavioural components that reflect individual environments and triggers. For many rangatahi, the issue extends beyond nicotine dependence to habitual behaviours and the oral fixation associated with vaping, including among users of non-nicotine products suggesting a broader behavioural focus is necessary. Participants also called attention to the lack of information about the physical and emotional impacts of vape chemicals, highlighting an urgent need for expanded health research in this area.

The workshop findings further reinforce that co-designing cessation tools with rangatahi is both necessary and feasible. Such tools must be age-appropriate, culturally aligned, and privacy-preserving with features that rangatahi identified as essential to building trust and maintaining engagement. A digital tool, such as a mobile app, offers potential if it is flexible enough to respond to diverse cultural contexts and can be adapted iteratively based on feedback. Crucially, participants stressed that any digital intervention must be underpinned by ethical data practices, including transparency, autonomy, and non-punitive use of personal information. This aligns with their broader concerns around data privacy and supports sustained behaviour change through trusted, youth-driven engagement. Finally, the study points to a need for further research into how smoking interacts with

vaping in young people's lives, to ensure that cessation strategies address both behaviours in an integrated and informed manner.

9. Conclusion and Future Work

This study contributes to the growing body of research advocating for youth-centred, culturally relevant, and ethically designed interventions to address vaping among rangatahi in Aotearoa. A key contribution is the identification of trust, autonomy, and co-design as foundational principles for the development of effective cessation tools. The insights gathered underscore the inadequacy of one-size-fits-all or punitive approaches and instead point toward solutions that reflect the lived realities, cultural identities, and behavioural patterns of young people.

Future research should broaden demographic representation, include more Māori and Pasifika voices, and explore longitudinal approaches to assess the implementation, impact, and effectiveness of youth-led cessation tools over time.

Moving forward, there is a pressing need to develop and test digital cessation tools that directly align with the articulated needs and preferences of young people. This includes not only functionality but also ethical considerations around privacy, cultural safety, and youth participation. By placing rangatahi at the centre of design and decision-making, future interventions have the potential to be more effective, equitable, and sustainable in addressing the vaping crisis among youth.

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10. Supplemental information

Supplement 1
Semi-structured interview guide school leader interviews

Supplement 2
Semi-structured interview guide rangatahi interviews

Supplement 3
Semi-structured interview guide stakeholder interviews

Supplement 4
Rangatahi Survey

Supplement 5
Caregiver/whānau survey

Supplement 6
"Unhooked" Workshop outline

Supplement 7
Crazy Eight cessation tool ideas