Vaping presents significant risks for the health and safety of Canadian children and adolescents. It is associated with increased risk for tobacco and other substance use, mental health problems, pulmonary and cardiovascular disease, and unintentional injuries.

In 2019, 36% of adolescents aged 15 to 19 reported having tried vaping at some point, with 15% having vaped in the previous 30 days.

**The 5 As for effective counselling**

**Ask** about vaping.

**Advise** youth not to start vaping, and share related health risks, such as VALI (vaping-associated lung injuries). When appropriate, advise youth to cut down or quit.

**Assess** their motivation to cut down or quit (if applicable). Using a 10-point scale allows more detailed exploration of motivation from a youth-oriented perspective (i.e., “On a scale from 1 to 10, how motivated are you to cut down or quit vaping?”)

**Assist** the youth in their effort to abstain, cut down or quit, through behavioural or pharmacological (when indicated) strategies and supports.

**Arrange** an appropriate follow-up plan, involving family members or specialists when appropriate.

**Screen and intervene**

Confidentially screen all youth for use of vaping products starting at the age of 12 (or earlier when appropriate), using evidence-based screening tools such as S2BI or CRAFFT, which can be adapted for vaping discussions.

**Cessation strategies**

To help youth quit or reduce vaping, use behavioural strategies shown effective for other substance use behaviours. These may include motivational interviewing, individual or group counselling, and online resources.

For youth with severe nicotine dependence and/or withdrawal symptoms caused by the use of nicotine-containing vaping products, consider offering nicotine replacement (patches, gums and lozenges), in combination with behavioural strategies.

Vaping should not be used as a smoking cessation tool for youth due to lack of effectiveness and evidence of harm.

For more information: www.cps.ca/en/vaping
<table>
<thead>
<tr>
<th>Questions</th>
<th>Rationale</th>
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<tr>
<td><strong>Product information</strong>&lt;br&gt;• What type and brand of vape are you using?&lt;br&gt;• Where and how do you obtain your cartridges, pods, or vaping liquid?&lt;br&gt;• Do they come from a legitimate vendor (i.e., a store), or could they be black market products?</td>
<td>Early data suggest that illicit market products are associated more strongly with VALI and other vaping-related harms. Report product-level information for public health authorities in cases of vaping-associated injury or illness.</td>
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<td><strong>Vaping substances</strong>&lt;br&gt;• What type of cartridge or liquid do you usually use? Are there others you sometimes use?&lt;br&gt;• Do they contain nicotine? THC? Flavouring?&lt;br&gt;• Do you know the concentration of nicotine or THC in the cartridge or liquid you use?</td>
<td>Vaping nicotine and THC place youth at risk for nicotine and CUD, and products with higher concentrations of either appear to carry greater risk for VALI.</td>
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<td><strong>Motives</strong>&lt;br&gt;• How old were you when you started vaping?&lt;br&gt;• Why did you start?&lt;br&gt;• Why do you continue to vape? What are the downsides of vaping you have experienced?</td>
<td>Early-onset substance use is associated with greater lifetime risk for substance use disorder. The reasons for vaping can inform motivational interviewing and cessation counselling.</td>
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<td><strong>Context</strong>&lt;br&gt;• How long after you wake up do you first vape?&lt;br&gt;• Are you vaping at home, in school, or at work?&lt;br&gt;• Are you vaping regularly throughout the day?&lt;br&gt;• Do you vape alone? Or with friends or family?</td>
<td>Understanding context can also inform cessation counselling.</td>
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<td><strong>Frequency and intensity</strong>&lt;br&gt;• How many days per week/times per day are you vaping?&lt;br&gt;• How long does a cartridge last? How many cartridges do you go through in a typical week? Or, how much liquid do you use in a typical day or week?</td>
<td>Frequent use increases the risk of withdrawal symptoms, which should be addressed with youth. Some may require additional support.</td>
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<td><strong>Vaping-related harms</strong>&lt;br&gt;• Have you tried quitting on your own?&lt;br&gt;• How long were you able to go without vaping?&lt;br&gt;• What happens when you stop vaping? Do you experience cravings or any other negative feelings?&lt;br&gt;• <strong>Nicotine:</strong> Do you experience symptoms of nicotine withdrawal (i.e., irritability, depressed mood, difficulty concentrating, feeling restless, increased appetite)?&lt;br&gt;• <strong>THC:</strong> Do you experience negative impacts from your use, or symptoms of cannabis withdrawal (i.e., anxiety, hostility, difficulty sleeping, low appetite, depressed mood)? Have you ever experienced episodes of persistent vomiting? Have you ever experienced symptoms of paranoia and/or heard voices or seen things that weren’t really there?</td>
<td>Cravings and other withdrawal symptoms can hamper cessation attempts. For nicotine, pharmacotherapy can reduce symptoms.</td>
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</table>

Note: Use of vaping terms familiar to youth is advised.