



Slight drop in youth vaping but stark ethnic disparities remain

27 February 2025

Jude Ball, Janet Hoek, Andrew Waa

Summary

This Briefing updates youth vaping trends in Aotearoa New Zealand. Although the prevalence of youth vaping has declined slightly, it remains very high by international standards, and stark ethnic inequities persist.

New regulations, including disallowing disposable vapes later this year, may help to reduce the number of young people taking up vaping. However these measures will do little to help those already addicted. More action is needed to address youth vaping and its long-term impacts.

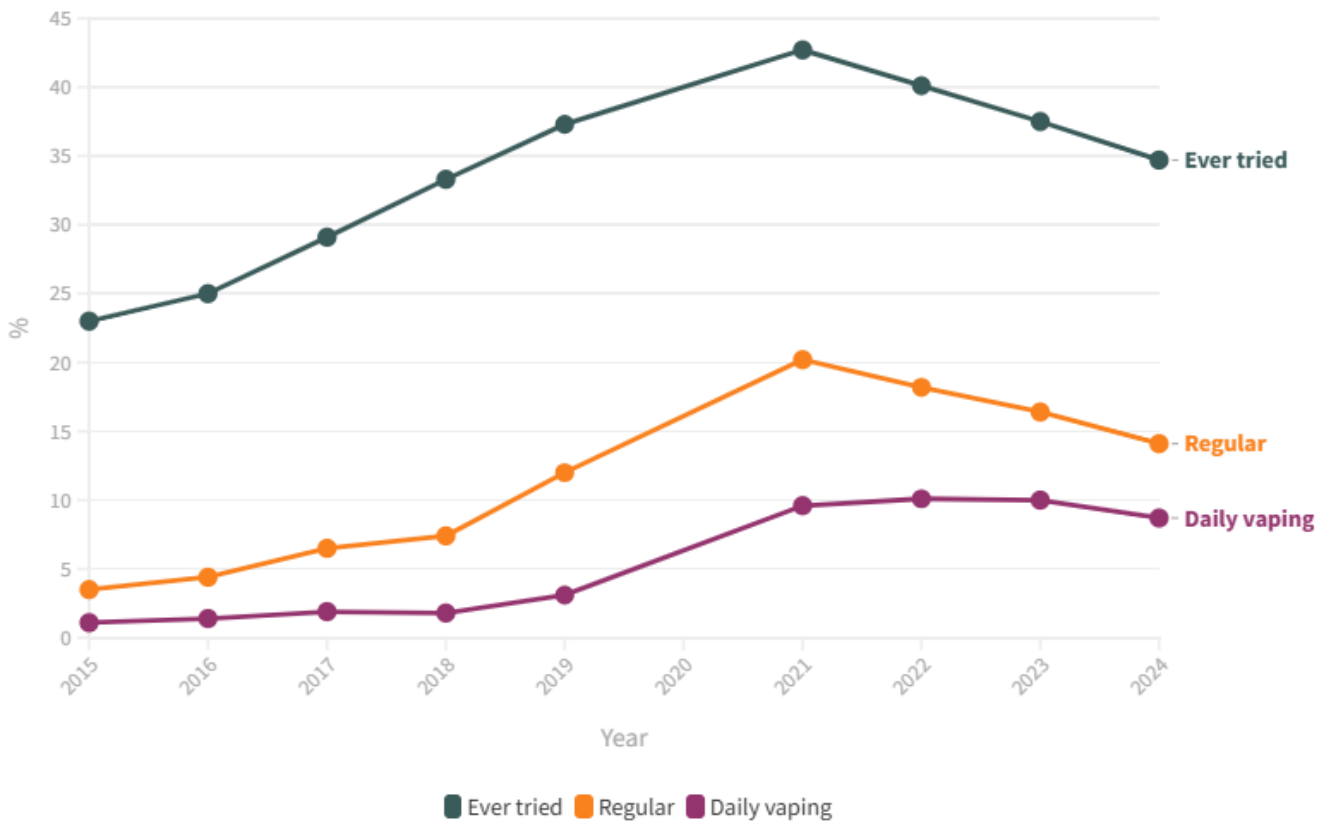
Nicotine vaping may help people to stop smoking,¹ but evidence is accumulating about the harms that vaping can cause young people, the vast majority of whom do not smoke. In previous [Briefings](#)² we highlighted that most teens who vape have never smoked regularly, a finding also reflected in results from the [ITC Youth and Young Adult Tobacco and Vaping Survey](#). This international study included Aotearoa New Zealand (NZ) for the first time in 2023 and showed less than one in five NZ youth who vaped in the past 30 days were current or former smokers (see [Appendix](#)).

Vaping negatively affects respiratory, cardiovascular and oral health,³⁻⁵ and can also affect mental wellbeing, particularly if it leads to nicotine addiction.⁶⁻⁹ Furthermore, Māori leaders have highlighted the intimate relationship between nicotine addiction and ongoing experiences of colonisation, noting that Māori were an addiction-free culture in pre-European times.¹⁰ They argue vaping addiction among rangatahi Māori has negatively impacted cultural and spiritual wellbeing.

Youth vaping trends

The latest data indicates that youth vaping is no longer increasing and has even declined slightly in recent years. The ASH Year 10 Snapshot Survey of 14-15 year olds shows meaningful declines in 'ever' and 'regular' (monthly or more often) vaping (Fig 1), but, concerningly, daily vaping has declined much more modestly and remained around 9% in 2024. This estimate equates to over 6,000 Year 10 students vaping daily in 2024.

Figure 1: Vaping prevalence among year 10 students (14-15 years), 2015-2024



Source: ASH Year 10 Snapshot Survey • Regular vaping defined as vaping at least monthly.



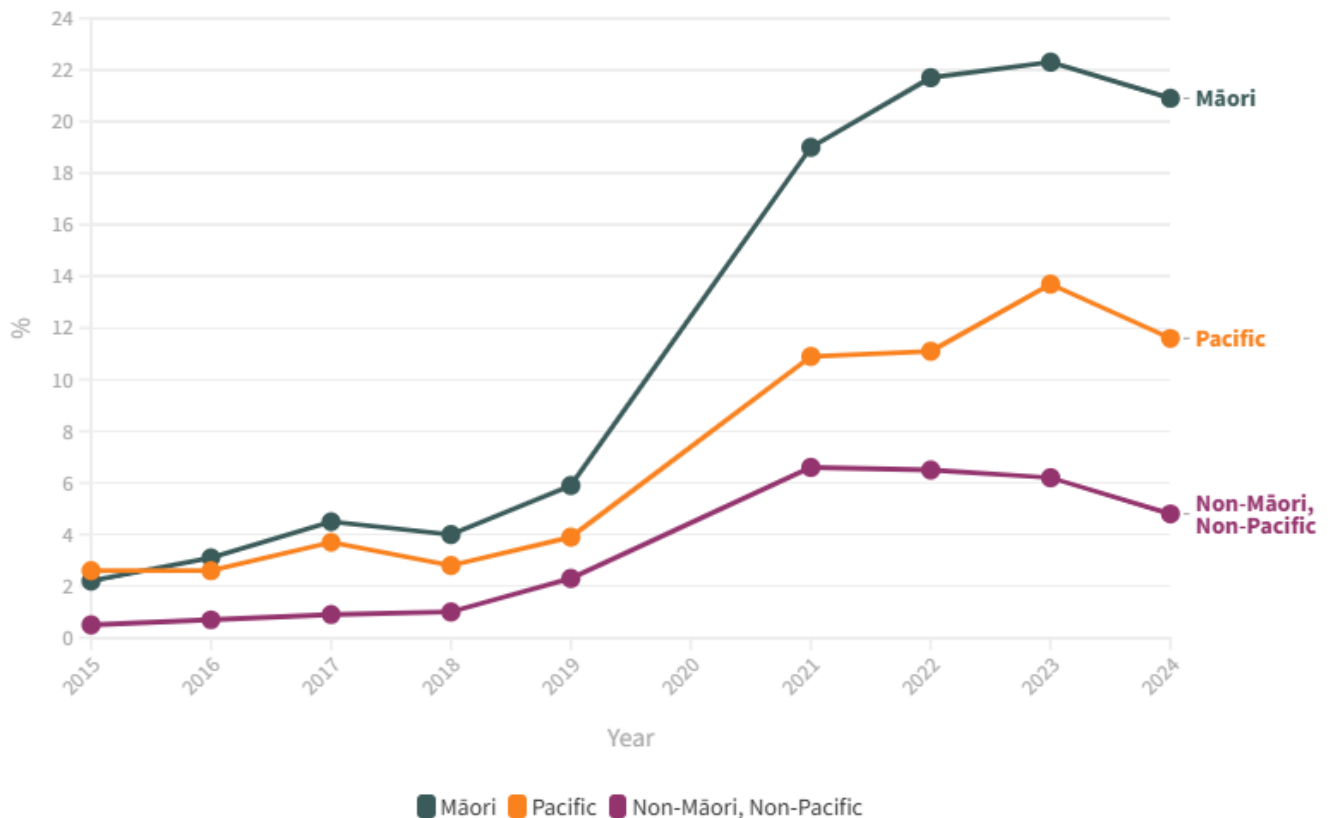
The [New Zealand Health Survey](#) has also recorded declines in youth vaping in the most recent year, adding confidence that the change is ‘real’. For example, among 15-17 year olds, daily vaping declined from 20% in 2022/23 to 15% in 2023/24.

However, while declines in youth vaping are encouraging, two major concerns remain to be addressed. First, as discussed below, overall population figures mask substantial inequities. Second, studies show that youth vaping remains much higher in NZ than in other English-speaking countries (see [Appendix](#)).

Ethnic inequities

Māori and Pasifika youth are disproportionately affected by higher rates of both smoking and vaping, and ethnic disparities have widened in recent years. The drivers of these inequities are complex, but one likely reason is a greater concentration of vape stores, selling very-low cost vaping products, in low-income suburbs where Māori and Pasifika students are more likely to live.¹¹ There is also evidence of intergenerational patterns of nicotine addiction linked to colonisation and oppression, which, for Māori, can be traced back to land confiscation in the early colonial period.¹²⁻¹⁴

Figure 2: Daily vaping among year 10 students by ethnic group, 2015-2024



Source: ASH Year 10 Snapshot Survey

phce

As shown in Fig 2, daily vaping among Māori and Pasifika Year 10 students peaked in 2023. The slight declines observed between 2023 and 2024 for these groups were not statistically significant. Among Māori, more than one in five 14-15 year olds continuing to vape daily, and nicotine addiction remains a major concern. Vaping is particularly high among Māori girls, with one in four (25%) vaping daily in this age group according to the ASH survey.

Among Pasifika Year 10 students, one in nine vaped daily in 2024, compared with about one in 20 for non-Māori/non-Pasifika.

Recent and upcoming policy changes aimed at reducing youth vaping

The previous Government put in place measures that came into effect at the end of 2023 and in March 2024, most notably tighter restrictions on the nicotine content of vapes, and limitations on flavour descriptors. These measures may have contributed to the declines in youth vaping described above, though robust evaluations are needed.

But with 9% of Year 10 students vaping daily and more than one in five Māori, Aotearoa New Zealand still has a long way to go to protect young people from nicotine addiction and associated harms.

The current Government has recently [increased the penalties](#) for selling vapes to minors, and [sales of disposable vapes will be disallowed](#) from 17 June 2025. Vaping products will become less visible, since window displays in specialist vape stores will be disallowed, and vaping products cannot be displayed in general stores (e.g. dairies, service stations) from

the same date. These policy changes may help to further reduce vaping uptake among children, provided they are strictly enforced.

Stronger measures to protect young people are welcome and long overdue, but they offer little to young people who are already addicted to nicotine. Many young people want to quit but NZ lacks youth-oriented vaping cessation services. Developing and funding such services should be a priority.

In addition, stricter controls on tobacco availability are needed alongside the Government's 'crackdown' on youth vaping, to [ensure the more physically harmful product \(i.e. tobacco\) is less accessible](#),¹⁵ and to prevent transition from vaping to smoking.

What this Briefing adds

- The latest survey data show that teen vaping is no longer increasing, and is beginning to decline on most measures
- Ethnic inequities remain stark, with about one in five Māori and one in nine Pasifika Year 10 students vaping daily, compared with one in twenty non-Māori/non-Pasifika
- Youth vaping in Aotearoa remains very high by international standards

Policy and practice implications

- Vaping cessation services are urgently needed, and these should be designed to meet youth needs, particularly Māori and Pasifika youth
- Measures to prevent smoking and vaping uptake among Māori and Pasifika youth are urgently needed
- Stronger tobacco control measures are needed to prevent young people transitioning from vaping to smoking

Authors details

[Dr Jude Ball](#), [Prof Janet Hoek](#), [Assoc Prof Andrew Waa](#),

All authors are members of ASPIRE Aotearoa and the Department of Public Health, Ōtākou Whakaihu Waka Pōneke | University of Otago, Wellington

Appendix

Data sources

The ASH Year 10 Snapshot Survey is conducted annually, and all schools with Year 10 students (14-15 years) are invited to take part. It is funded by the Ministry of Health and conducted by ASH staff. [Findings and methodological information](#) are available online.

The New Zealand Health Survey is a face-to-face survey conducted continuously by the Ministry of Health, with findings reported annually. Findings are available via an [online data explorer](#), and [methodological details](#) are also available online.

The International Tobacco Control (ITC) Youth and Young Adult Tobacco and Vaping Survey is conducted at least annually by academic researchers at the University of Waterloo, Canada, in partnership with researchers from each participating country, in New Zealand, ASPIRE Aotearoa (University of Otago). Youth (16-19 years) and young adults (20-29 years) are recruited via commercial market research panels. Questionnaires, technical reports and findings are [available online](#).

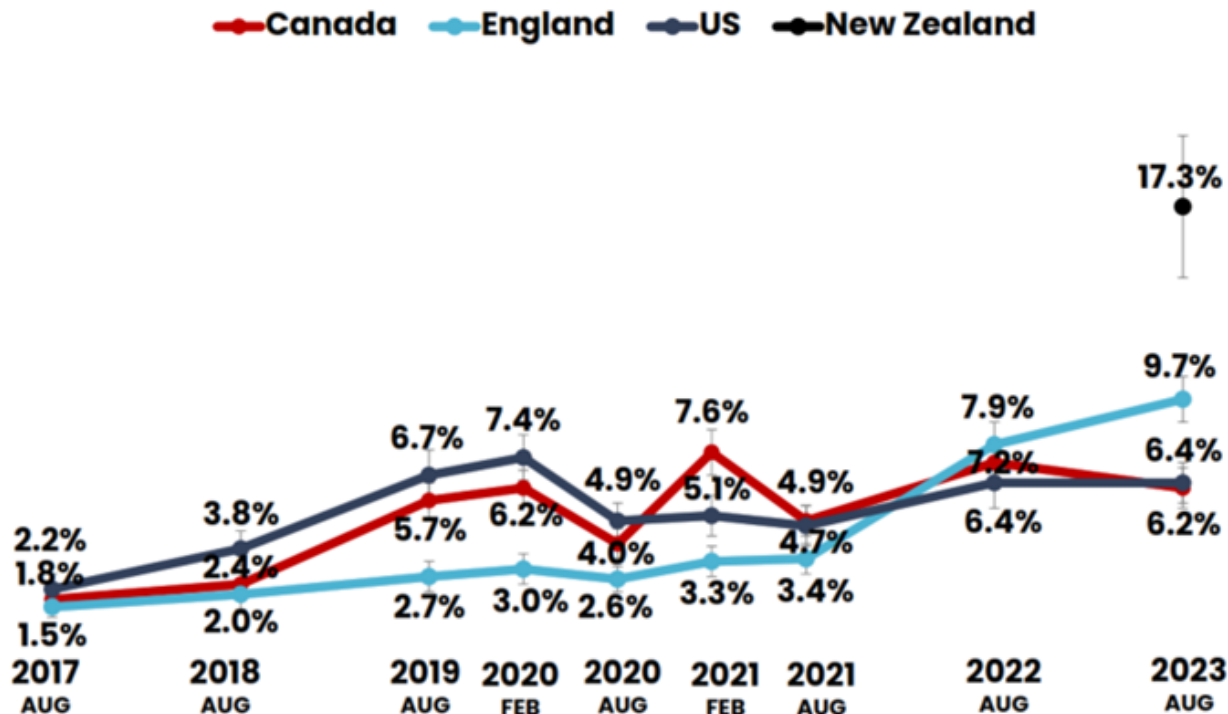
Findings from the ITC Youth and Young Adult Survey, 2023

The [full report is available online](#), with key results reproduced below. Note that, because NZ was included for the first time in 2023, NZ appears as a single data point in the line graph below.

Prevalence of vaping ≥20 days in the past 30 days

ALL RESPONDENTS AGED 16-19, 2017-2023

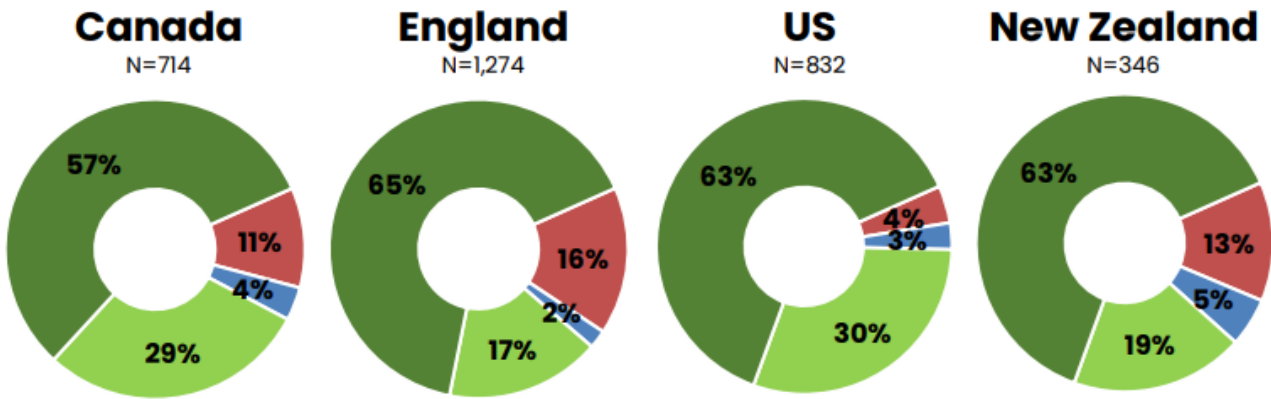
CA: N=38,337; EN: N=37,114; US: N=47,716; NZ: N=1,021



Smoking status among youth who vaped in the past 30 days

YOUTH AGED 16-19 WHO VAPED IN PAST 30 DAYS, 2023

- Currently smoke
- Formerly smoked
- Never smoked
- Experimentally smoke(d)

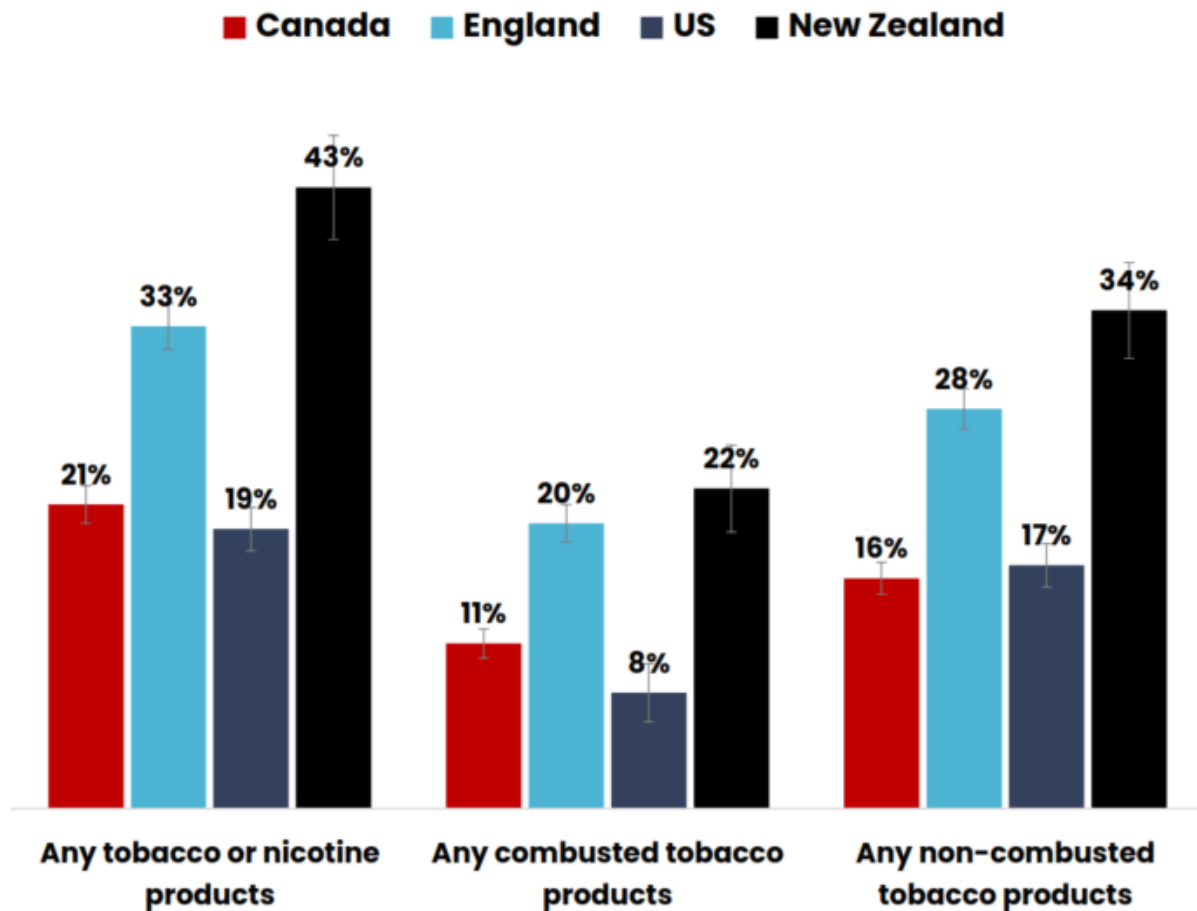


CURRENTLY SMOKE: SMOKED 100+ CIGARETTES IN LIFETIME AND SMOKED IN PAST 30 DAYS; **FORMERLY SMOKED:** SMOKED 100+ CIGARETTES IN LIFETIME BUT DID NOT SMOKE IN PAST 30 DAYS; **NEVER SMOKED:** NEVER TRIED CIGARETTE SMOKING; **EXPERIMENTALLY SMOKE(D):** EVER TRIED CIGARETTE SMOKING BUT DID NOT SMOKE 100+ CIGARETTES IN LIFETIME; NOT CLASSIFIED SMOKING STATUS EXCLUDED FROM DENOMINATOR

Past 30-day use of any tobacco or nicotine products

ALL RESPONDENTS AGED 16-19, 2023

CA: N=4,223; EN: N=4,290; US: N=4,817; NZ: N=1,021



NOTE: YOUTH SURVEY WEIGHTS ARE SCALED TO THE PAST 30-DAY SMOKING TREND IN CANADA (CSTADS) AND THE US (NYTS).

ANY COMBUSTED INCLUDES CIGARETTES, CIGARS, CIGARILLOS/LITTLE CIGARS, BIDIS, AND/OR WATERPIPE;
ANY NON-COMBUSTED INCLUDES E-CIGARETTES, SMOKELESS TOBACCO, HEATED TOBACCO, NRT,
AND/OR NICOTINE POUCHES; ANY TOBACCO/NICOTINE PRODUCT INCLUDES ANY PRODUCTS



19

References

1. Lindson N, Butler AR, McRobbie H, Bullen C, Hajek P, Wu AD, et al. Electronic cigarettes for smoking cessation. *Cochrane Database Syst Rev.* 2025;1(1):CD010216. DOI: [10.1002/14651858.CD010216.pub8](https://doi.org/10.1002/14651858.CD010216.pub8)
2. Hoek, J., Ball, J., Gendall, P. (2024). Smoking and vaping among 14 to 15 year olds: Government action urgently needed. *Public Health Expert Briefing* <https://www.phcc.org.nz/briefing/smoking-and-vaping-among-14-15-year-olds-government-action-urgently-needed>
3. Yang I, Sandeep S, Rodriguez J. The oral health impact of electronic cigarette use: a systematic review. *Crit Rev Toxicol.* 2020;50(2):97-127. DOI: [10.1080/10408444.2020.1713726](https://doi.org/10.1080/10408444.2020.1713726)
4. Ali N, Xavier J, Engur M, Pv M, Bernardino de la Serna J. The impact of e-cigarette

- exposure on different organ systems: A review of recent evidence and future perspectives. *J Hazard Mater.* 2023;457:131828. DOI: [10.1016/j.jhazmat.2023.131828](https://doi.org/10.1016/j.jhazmat.2023.131828)
5. Tackett AP, Urman R, Barrington-Trimis J, Liu F, Hong H, Pentz MA, et al. Prospective study of e-cigarette use and respiratory symptoms in adolescents and young adults. *Thorax.* 2024;79(2):163-8. DOI: [10.1136/thorax-2022-218670](https://doi.org/10.1136/thorax-2022-218670)
 6. Graham-DeMello A, Sloan O, Frost K, Hoek J. Young people's experiences of addiction to nicotine vaping products: A qualitative analysis from Aotearoa New Zealand. *Drug Alcohol Rev.* 2024; 43(7):1710-1717 DOI: [10.1111/dar.13902](https://doi.org/10.1111/dar.13902)
 7. Graham-DeMello A, Sanders C, Hosking R, et al. Lived experiences of stigma and altered self-perceptions among young people who are addicted to ENDS: a qualitative study from Aotearoa New Zealand. *Tobacco Control* Published Online First: 02 December 2024. DOI: [10.1136/tc-2024-058946](https://doi.org/10.1136/tc-2024-058946)
 8. Kang W, Malvaso A. Understanding the longitudinal associations between e-cigarette use and general mental health, social dysfunction and anhedonia, depression and anxiety, and loss of confidence in a sample from the UK: A linear mixed effect examination. *J Affect Disord.* 2024;346:200-5. DOI: [10.1016/j.jad.2023.11.013](https://doi.org/10.1016/j.jad.2023.11.013)
 9. Chaiton M, Fan J, Bondy SJ, Cohen JE, Dubray J, Eissenberg T, et al. E-Cigarette Dependence and Depressive Symptoms Among Youth. *Am J Prev Med.* 2024;66(1):104-11. DOI: [10.1016/j.amepre.2023.09.020](https://doi.org/10.1016/j.amepre.2023.09.020)
 10. Waa A. E-cigarette policies in Aotearoa (New Zealand): An Indigenous perspective. *Addiction.* 2024;119(11):1871-2. <https://doi.org/10.1111/add.16573>
 11. Ball J, Katoa L, Hoek J. Specialist vape store audit reveals poor compliance with new e-cigarette regulations. *New Zealand Medical Journal.* 2024;137(1596):72-85. DOI: [10.26635/6965.6507](https://doi.org/10.26635/6965.6507)
 12. Maddox R, Kennedy M, Drummond A, Waa A, Bradbrook S, Tautolo ES, et al. 'Dispelling the smoke to reflect the mirror': the time is now to eliminate tobacco related harms. *Aust N Z J Public Health.* 2022;46(6):727-9. <https://doi.org/10.1111/1753-6405.13313>
 13. Thom RRM, Grimes A. Land loss and the intergenerational transmission of wellbeing: The experience of iwi in Aotearoa New Zealand. *Soc Sci Med.* 2022;296:114804.
 14. Ball J, Zhang J, Stanley J, Waa A, Crengle S, Edwards R. Addressing intergenerational inequity in tobacco-harm: What helps children of smokers to remain non-smokers? *Nicotine Tob Res.* 2023;26(1):102-110 <https://doi.org/10.1093/ntr/ntad148>
 15. Edwards, R., Hoek, J., Waa, A., & Wilson, N. (2024). Risk proportionate regulation of nicotine and tobacco products: More rhetoric than reality. *Public Health Expert Briefing* <https://www.phcc.org.nz/briefing/risk-proportionate-regulation-nicotine-and-to-bacco-products-more-rhetoric-reality>



Public Health Expert Briefing (ISSN 2816-1203)

Source URL:

<https://www.phcc.org.nz/briefing/slight-drop-youth-vaping-stark-ethnic-disparities-remain>