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Taking Action on Smoking and Health

Scotland, Young People and Vaping: from review to practical action

A guide to the evaluation of prevention and intervention programmes from across the globe related to young people

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Executive summary

This document is short guide to an evaluation of 41 international prevention and intervention programmes related to young people and nicotine, and includes recommendations for practitioners to design and produce their own programmes.

To get the full benefit of this report, this should be read in conjunction with the online map to the evaluated resources (see https://ashscotland.org.uk/quit-vaping-programmes/).

Building on our wider engagement and consultation work across the majority of Scottish health boards (detailed in the full report, including a summary table of meetings and findings), this evaluation of international programmes provides further comparative insight.

The aim of the evaluation was to draw insights from diverse global initiatives to inform stakeholders in Scotland, including educators, youth organisations, schools, and government officials. Through a comprehensive review and application of a Red-Amber-Green (RAG) assessment table, these programmes were evaluated against key criteria such as accessibility, evidence-based methodologies, engagement strategies for young people, sustainability and scalability. The key criteria were established to facilitate a fair and balanced examination of programmes for their potential applicability and suitability within a Scottish context.

The analysis reveals a patchwork of effective approaches worldwide, ranging from digital interventions and peer-led support to integrated school-based curricula. However, it underscores a critical gap in Scotland: the absence of a consistent, national framework for supporting young people to quit vaping, often leaving interventions fragmented and under-resourced.

Recommendations emphasise the urgent need for coordinated policy development to enhance health outcomes for young people and align Scotland with leading international practices.

Figure 1 - Snapshot of nicotine cessation programme interactive map

Purpose

The primary purpose of this guide is to provide evidence-based insights to support stakeholders working with young people in Scotland, including youth organisations, schools, educators, health professionals, and policymakers at all levels, in addressing the growing challenge of young people's nicotine use.

Specifically, the guide sets out:

- How the evaluation of established international nicotine prevention and cessation programmes targeting young people, has drawn on global best practices and innovative approaches from diverse contexts worldwide.
- How these programmes were evaluated through the lens of their potential applicability, adaptability, and suitability for implementation or integration within Scotland's unique educational, health, and community settings, using a structured Red-Amber-Green (RAG) assessment framework against defined criteria.
- The common strengths, effective strategies (such as digital tools, peer support, school-based interventions, and evidence-informed methodologies), and transferable elements that could inform future developments in Scotland.
- The implications of this guide, which identifies and articulates the current absence of a consistent, unified national approach or framework in Scotland specifically dedicated to supporting young people to avoid or quit nicotine, particularly e-cigarettes, despite progress in broader tobacco and vaping policies (e.g. the Tobacco and Vaping Framework: Roadmap to 2034 and recent measures like the ban on single-use vapes).
- Actionable recommendations to bridge this gap, promoting coordinated, scalable, and youth-centred cessation support that aligns with Scotland's ambition for a tobacco-free generation by 2034 and enhances health outcomes for young people.

By examining international evidence and experience from a Scottish perspective, this guide seeks to contribute constructively to ongoing discussions and policy development, ensuring that efforts to support young people avoiding or quitting nicotine products are evidence-informed, equitable, and responsive to local needs.

Methodology

This short guide presents the comparative evaluation of the top five intervention and top five prevention programmes from the 41 nicotine cessation programmes we evaluated. These were measured in accordance with key criteria and Red-Amber-Green indicators.

Inclusion criteria were established to identify programmes that possessed the key characteristics necessary to address the primary aims of this evaluation:

Inclusion criteria	
Primary focus	Prevention or cessation of nicotine use (focussing on e-cigarettes).
Target age group	Individuals aged 24 years or younger at the time of participation.
Scale of implementation	Delivered beyond a single school, clinic or local site.
Evaluation	Had at least publicly available evaluation data or programme documented.

Programmes were identified through searches, on platforms including Google Scholar, PubMed, Cochrane Library, and using search terms such as combinations of “youth”, “adolescent”, “cessation OR quit*”, “vaping OR e-cigarette”, “nicotine”, “intervention OR programme”, and “low/middle/high-income country”.

This international evaluation builds on and complements ASH Scotland’s prior, broader engagement across the majority of Scottish health boards (detailed with a summary table of meetings and key findings, in the full report), and within the Youth Conversations hub, where initial concerns around the need or coordinated national vaping cessation support for young people, were identified.

Information was collected about each programme, measured against key focus areas for the following six criteria:

Criteria 1 - Evidence base and impact

- Whether the programme was grounded in peer-reviewed research on tobacco and nicotine use, including health risks, addiction mechanisms, and evidence-based cessation strategies.
- Scientific accuracy and alignment with guidelines such as the WHO clinical treatment guideline for tobacco cessation in adults (while WHO is developing a dedicated youth cessation guideline, it has not yet been published).
- Level of proven effectiveness via high-quality evaluations, through randomised controlled trials (RCT), longitudinal studies, or meta-analyses.
- Rate of demonstratable measurable outcomes (e.g. reduced vaping rates).

Criteria 2 - Targeted, ethical, and youth-appropriate approaches

- Whether the programme was tailored to the cognitive, emotional, and social development of young people.
- Cultural and linguistic relevance; accessibility for diverse groups of young people including those with disabilities; from areas of health inequality and with limited health literacy; and their ability to engage with the programme without judgment or stigma.
- Language used: non-judgemental and empowering language and whether privacy and confidentiality are respected (particularly important when supporting young people who may already be using nicotine in settings with enforcement rules).

Criteria 3 – Engagement pathways and delivery methods

- The route of engagement and delivery. These fell into three main categories: hospital/clinic-based, school-based, and digital delivery.
- The degree to which programme used interactive, multi-format delivery strategies, e.g. gamified activities, role-play, peer-led discussion, and digital platforms.
- Level of the use of media and adaptability to classroom, clinic, or online settings.

Criteria 4 – Scalability

- The degree of adaptation and implementation across diverse settings, cultures, age groups, and health systems without disproportionate resources.
- Level of maintenance of outcomes at scale and/or in new settings.
- Degree of evidence of clear growth pathways, minimal efficacy loss, and ability to reach more young people without reducing accessibility or impact.
- Regional/population adaptability and integration of broadly applicable behavioural change techniques.

Criteria 5 - Sustainability

- The level of ability to maintain programme activities, effectiveness, and positive outcomes over the long term after initial funding, external support and/or pilot phase ended.
- Degree of potential to continue delivering accessible, high-quality cessation support to young people without relying on temporary resources or short-term project cycles.
- Where available, the integration of the programme into existing national or local health systems, schools, services for young people, or community structures and the potential for continued political and policy support within national tobacco control or health frameworks for young people.
- Institutional ownership and leadership by local organisations or health authorities, and the evidence of sustained participant engagement and cessation outcomes beyond the funded period.

Criteria 6 – Engagement of young people

- The degree of involvement of young people in co-designing programme content, messaging, activities, delivery methods and the use of youth-friendly, appealing, and culturally appropriate channels to recruit young people (e.g. social media, gaming platforms, peer-led sessions, youth ambassadors).
- Number of opportunities for young people to take active roles (e.g. peer educators, mentors, advocates, members of advisory boards), the incorporation of young peoples'

voices and feedback through regular surveys, focus groups, youth councils, or digital feedback mechanisms.
- The rate of sustained participation and retention rates among young people throughout the programme.

Key findings

Worldwide, there are varying approaches to preventing and stopping nicotine use by young people. Building on our earlier Scotland-wide engagement with health boards, our key aim was to gain insights and understanding of their approaches and evaluate those programmes in the context of their suitability to be replicated in a Scottish setting. This section will summarise the key insights from the 41 International programmes we evaluated and present the key findings from the Top 5 Intervention and Top 5 prevention programmes. A comprehensive report of the background, full evaluation and findings is available on request.

The snapshot below provides an example of the detailed information displayed for each nicotine cessation programme on our interactive map. By clicking on a location or programme icon, users can access key details such as the target age group, delivery setting, core components of the approach, eligibility criteria, and evidence base. The map serves as a central resource to highlight accessible, highly effective support options across the world, helping practitioners, schools, young people, and families identify and connect with effective cessation interventions tailored to diverse needs.

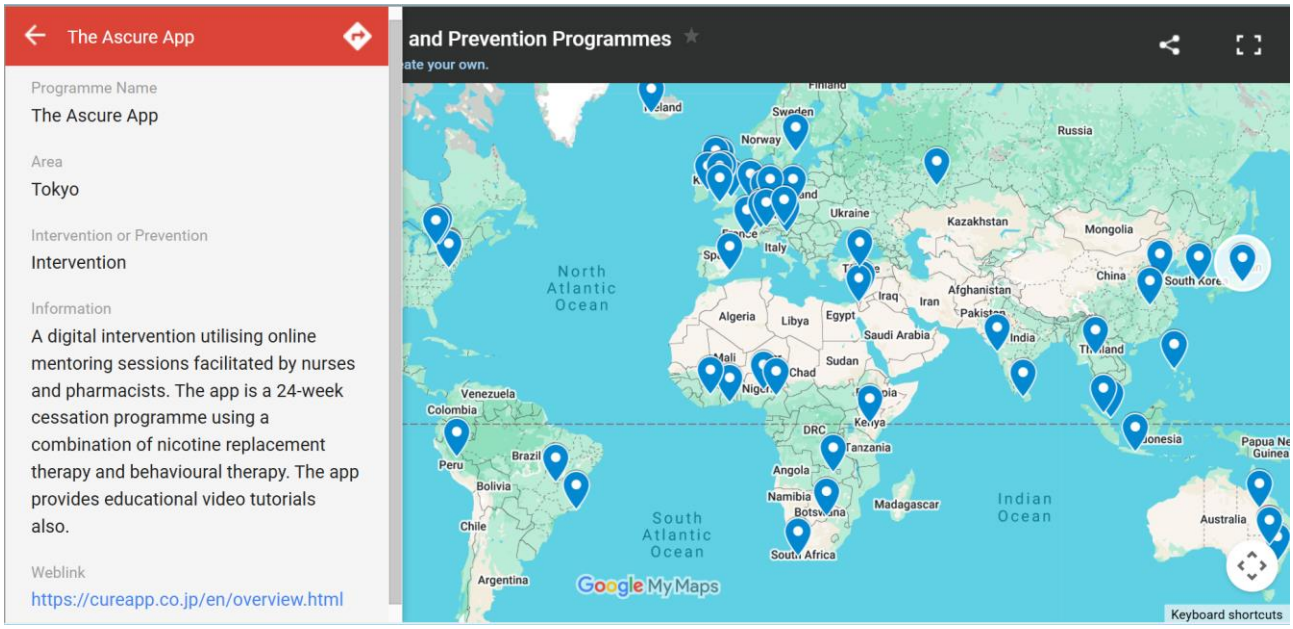

Figure 2 – Example of information provided for each programme on our interactive map

Overall performance

- Several programmes demonstrated strong evidence across multiple criteria, and some showed promising elements in one or two areas but limited rigorous evaluation, scalability, or long-term outcomes.
- In the area of evidence, strength and engagement among young people, prevention-focussed programmes generally outperformed intervention (cessation-focused) programmes, reflecting the greater emphasis on upstream prevention in recent global efforts.
- However, on the whole, intervention-focussed programmes outperformed prevention programmes, achieving a green rating on more criteria overall.
- Common strengths included school-based delivery and use of interactive/digital elements.
- Common weaknesses were lack of long-term follow-up data, limited adaptation for low-resource settings, and limited evidence-base.

The overall performance results highlight that multi-component, evidence-based, youth-centred approaches (especially school-integrated and digital) achieve the strongest performance across the evaluated criteria. The top programmes provide models for scaling effective prevention and intervention (cessation) efforts globally towards young people and nicotine use.

Top 5 Prevention programmes

The following programmes ranked highest overall, excelling in reducing susceptibility to nicotine initiation, particularly vaping, improving knowledge/attitudes, and demonstrating sustained impact in peer-reviewed evaluations:

	CATCH My Breath	OurFutures Vaping	You and Me, Together Vape-free	Planet Youth	Blurred Minds
Criteria 1: Evidence and impact					
Criteria 2: Appropriateness					
Criteria 3: Engagement and delivery method					
Criteria 4: Scalability					
Criteria 5: Sustainability					
Criteria 6: Engagement of young people					

Table 1 - Summary table of top prevention performers

- **CATCH My Breath** (USA-based, school-based curriculum for ages 12 to 18). Includes peer-reviewed studies showing reductions in vaping experimentation, high engagement of young people using interactive lessons and activities.
- **OurFutures Vaping** (Australia and school-based eHealth intervention for years 7 to 8). Cluster randomised controlled trial (RCT) evidence shows 65% less likely to report past-year vaping at 12-months, co-designed with young people and teachers, using cartoon-based lessons on social influence and harm minimisation.
- **You and Me, Together Vape-Free** (USA-based, Stanford Tobacco Prevention Toolkit, targeting young people aged 10 to 18 years). Addresses misperceptions, refusal skills, stress and coping; evidence-based with broad adaptability.
- **Planet Youth** (Iceland, Scotland, Ireland, Canada and USA-based, based on the Icelandic Prevention Model, community-wide approach, targeting young people aged 15 to 16 years) Addresses broader social and environmental factors to prevent substance use, a data-driven and collaborative model with scalability for international adaptation.
- **Blurred Minds** (Australia and school-based, targeting young people aged 11 to 18 years). Incorporates prevention and early intervention components. Uses digital tools (e.g. Vape Investigator game) and lessons focussed on decision-making, myths, and environmental impacts of vaping, innovative approach to its relevance to young people, and ease of implementation.

The top-rated prevention programmes consistently scored highly on evidence of reduced initiation among young people and their susceptibility to use nicotine products. These programmes were rated high in terms of relevance to young people they were aimed at (e.g. addressing flavours/marketing/social media influences), and feasibility in school settings.

Top 5 Intervention programmes

Intervention programmes which are designed to help young people to stop using nicotine products (including vaping) showed more variability, with stronger results from counselling-based and technology-supported approaches:

	Eclypse; Change Grow Live	QuitSTART	My Life, My Quit	Quit the Hit	Ready4life
Criteria 1: Evidence and impact					
Criteria 2: Appropriateness					
Criteria 3: Engagement and delivery method					
Criteria 4: Scalability					
Criteria 5: Sustainability					
Criteria 6: Engagement of young people					

Table 2 - Summary table of top intervention performers

- **Eclypse** (UK- based, 1-to-1 support and wider community engagement, targeting young people aged 7 to 16 years). Well-structured specialist service for young people with one-to-one support and positive reported outcomes in goal achievement and reduced dependency.
- **QuitSTART** (USA-based, free smartphone app, targeting young people aged 13 to 17 years). Utilises tailored content, provides challenges and advice, and progress tracking designed specifically for young people.
- **My Life My Quit** (USA-based, free coaching programme, targeting young people aged 12 to 17 years). Confidential 1-to-1 support provided via text/call/chat; helps build quit plans, cope with stress, and earn rewards; thousands of young people enrolled with motivational focus.
- **Quit the Hit** (USA-based, an Instagram-based group programme, targeting young people 13 to 24 years). Moderated peer and coach groups with daily content and challenges over 5 weeks, designed with young people, social-media delivery for building confidence and skills.
- **Ready4Life** (Switzerland, Germany and Austria-based, a phone-based readiness-focused cessation programme targeting young people aged 14 to 17 years). Emphasises building motivation, healthy alternatives to nicotine use, and skills to quit; adaptable support for young people navigating addiction.

These top-rated interventions performed best on criteria related to young people-specific tailoring, engagement (e.g. digital/text formats), and demonstrated quit attempts/abstinence outcomes.

Conclusions

The comprehensive review of 41 international prevention and intervention programmes targeting young people and nicotine use reveals a rich global landscape of innovative, evidence-informed approaches that demonstrate strong potential for supporting young people to quit or avoid vaping and nicotine use.

High-performing programmes, such as school-based digital interventions (e.g. OurFutures Vaping, with robust RCT evidence of significant reductions in uptake and intentions to use), peer-led initiatives, and integrated text-based/digital tools, consistently excel when reviewed through a Scottish lens in areas including a strong evidence base, ethical and youth-appropriate design, engaging delivery methods, scalability across diverse settings, long-term sustainability, and meaningful co-design involving young people.

These programmes highlight transferable strengths, including non-judgemental, empowering language; interactive, multi-format content (e.g. gamification, role-play, relatable characters), minimal training requirements for facilitators; and integration into existing systems like schools or community services.

Many have achieved measurable outcomes, such as reduced vaping intentions, improved refusal skills, and sustained engagement, while addressing equity through accessibility for diverse groups, including those from deprived areas or with lower health literacy.

While the international evaluation highlights promising practices in nicotine prevention and intervention for young people applying these insights to the Scottish context reveals key areas for development. Drawing on recent Scottish-specific evidence, such as the ASH Scotland Youth Conversations Survey and ASH Scotland Youth Conversations Meetings Insights Report 2025, the analysis identifies a persistent gap in national-level support tailored to young people's nicotine use. Recent qualitative research from ScotCen and the University of Stirling highlights nicotine pouches as an increasing concern among young people, with high awareness, experimental use, and reports of adverse effects such as sickness and fainting.

However, the analysis also identifies a critical gap in Scotland, despite progress in broader tobacco control, including the single-use vape ban (effective June 2025), and the Tobacco and Vaping Framework: Roadmap to 2034's focus on prevention and general cessation. There is no consistent, dedicated national framework or strategy specifically addressing young people's nicotine prevention and/or intervention (cessation), particularly for e-cigarette use (vapes). Existing interventions continue to be fragmented, often relying on ad-hoc local efforts, general NHS stop-smoking services (Quit Your Way - which is primarily adult-oriented), the 'Take Hold' campaign, (launched November 2023) or school-based prevention without tailored quitting pathways. This leaves many young people without accessible, evidence-based, youth-centred support, particularly in deprived communities where inequalities in nicotine use persists.

Recommendations

Currently, the guide builds on the insights of ASH Scotland's work with young people and youth practitioners via our Youth Conversations hub and together with the findings of the international evaluation, it turns its focus towards how Scottish stakeholders can plan future approaches to young people and prevention of nicotine use, and nicotine cessation.

Scotland has the potential to explore the best of international evidence and apply this in everyday practice. By drawing on these international insights and addressing the current fragmentation, Scotland can move toward more unified, impactful support for young people, reducing nicotine addiction, tackling health inequalities, and advancing the 2034 tobacco-free goal.

To harness the strengths identified in the international review, the following evidence-informed recommendations are proposed. These draw on high RAG-rated programmes and aim to support Scotland's ambition for a tobacco- and nicotine-free generation by 2034.

Recommendation 1: Develop evidence informed national prevention and intervention strategy addressing young people and nicotine

Integrate a specific young people-focussed strand into the next implementation phase of the Tobacco and Vaping Framework (post-2025), with dedicated actions, funding, and monitoring for preventing use and quitting support. This should incorporate transferable elements from top international models, such as digital/hybrid school-based interventions, motivational approaches, and peer-led components, while ensuring alignment with local curricula (e.g. Health and Wellbeing in Curriculum for Excellence) and equity priorities for deprived communities.

Recommendation 2: Enhance professional capacity and resource development

Develop and disseminate a practical toolkit/resource package for youth workers, school staff, health improvement practitioners, Quit Your Way staff, NHS smoking cessation coordinators, and other health professionals. Drawing on international insights (e.g. non-judgemental language, young people's engagement in co-design, multi-format delivery) and emerging Scottish data to support consistent, youth-centred delivery. Aim to reach at least 100 professionals initially, with professional development activities on brief interventions, referral pathways, and handling illicit substance vaping.

Recommendation 3: Pilot and evaluate adapted international programmes in Scottish settings

Commission and fund three to five small-scale pilots (2026–2028) adapting with permission high-potential existing programmes or approaches. Pilots should target schools, youth organisations, and community settings in areas of highest need (SIMD 1–2), with rigorous evaluation to assess feasibility, engagement, equity of access (e.g.

addressing digital divide), and early outcomes (e.g. reduced intentions/use, increased quit attempts). Use findings to inform national scaling and build local evidence.

Recommendation 4: Prioritise young people's engagement in co-design, co-production and voice in future developments

Embed meaningful involvement of young people in strategy, programme adaptation, and evaluation processes (e.g. co-design and co-production workshops, advisory groups, regular feedback mechanisms). This aligns with the strengths of top-rated programmes and ensures relevance, cultural appropriateness, and sustained engagement for diverse Scottish young people, including those from deprived areas or with lower health literacy.

Recommendation 5: Strengthen monitoring, data collection, and support

Robust and enhanced routine data collection is needed on young people's vaping/nicotine use (including illicit substances, cessation attempts, and inequalities) through Public Health Scotland and Scottish Government surveys. Use international evidence to inform the next Framework phase, which should include dedicated funding for smoking and nicotine prevention and cessation programmes for young people including evaluation of impact. Continue stakeholder engagement to build cross-sector support and monitor progress toward 2034 goals.

Recommendation 6: Address Equity and Broader Prevention

Ensure all recommendations prioritise reducing inequalities, with targeted resources for higher-risk groups. Complement intervention (cessation) efforts with strengthened prevention initiatives, to prevent uptake while supporting those already using nicotine. These would include restrictions on promotions and availability of commercialised nicotine products underage.

Implementing these recommendations will bridge Scotland's current fragmentation, leverage global best practice, and deliver equitable, evidence-based support for young people. Which could ultimately lead to lower nicotine addiction rates, reduced health inequalities, and contribute to Scotland's goal for a tobacco-free generation by 2034.

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