

The vape in your pocket

A short book about vaping all day because it's always
within reach, and the calm it seems to provide

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First edition

Written by AI with human guidance. It can
contain mistakes, which later editions correct.

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Before you start

This is a short book and you can read it in two or three sittings. It's about one habit. You vape through the day. At the desk, at the lights, in the bathroom at work, in bed. You don't decide to. Your hand goes to your pocket and the vape is there, and by the time you've noticed, you've had a draw. It seems to calm you, and you couldn't say how many times a day it happens.

I'm going to argue three things. The first is that the habit makes sense from the inside. For many readers it's the thing that got them off cigarettes, and it does seem to settle them, and it costs little, and nobody sends them outside for it. The second is that a cigarette had an ending and a vape doesn't, and that this one difference has turned an occasional dose into a continuous one without anyone choosing it. Most of the calm the vape gives is the reversal of a small fall in nicotine that the vape set up, and the reason you never feel withdrawal is that you never leave a gap long enough to. The third is practical. You put the ending back first, so the vape lives somewhere other than on you and each draw is decided. Then you bring the level down, by strength and by count together, or you stop in one step with help. Chapters 16 to 19 cover how.

This book doesn't argue that vaping is as bad as smoking. It isn't, by a long way, and the NHS is clear about that. It doesn't tell you what device or product to use. And it never tells someone who used to smoke to stop vaping if a cigarette would follow.

Four cautions.

If you're under eighteen, this book isn't written for you. The NHS says that children and non-smokers should never vape, and if you're vaping and want to stop, your GP or school nurse can help.

If you're pregnant, talk to your midwife. The NHS says vaping is likely to be safer than smoking in pregnancy, and that licensed nicotine replacement products are the recommended option. Don't change anything on the strength of a book.

If you used to smoke and you know, honestly, that without the vape you'd be back on cigarettes within a week, then the vape is doing a job and the NHS advice is to keep it until you're confident you can stop without smoking. Read on, because most of this book is about the pattern and not about stopping, and the first steps are safe for you. But don't skip the vape and pick up a cigarette. That's the one outcome worse than where you are.

And if your mood has been low most of the day for two weeks, or nothing has felt good, that's a change in your health and not a nicotine question. See a GP.

The notes at the back give my sources and their limits. Where I'm giving my own reasoning and not a finding, I'll say so.

The hand in the pocket

It's ten past nine and you've been at your desk for forty minutes. You've answered some emails and opened the thing you're meant to be doing. Your hand goes to your pocket, comes out with the vape, and you have a draw while you read the first line. You put it down on the desk, next to the keyboard. Twenty minutes later you have another. You don't remember having it. You remember the email.

At eleven you go to the bathroom, and in the cubicle you have three or four draws, because it's the one place nobody's looking. At the lights on the way home you have one. The car smells faintly of mango. On the sofa the vape is on the arm, and it goes to your mouth during the adverts and sometimes during the programme. In bed it's on the bedside table, and the last thing before the lamp goes off is a draw, and if you wake at three there's another, and the first thing in the morning is the hand going out before your eyes are open.

This is an invented day, but I'd be surprised if you didn't recognise most of it. Somewhere in that day is the thing this book is about. If someone asked how many cigarettes you used to smoke, you'd have said twenty, or fifteen, or thirty on a bad day. If someone asks how many draws you had today, you have no idea. Not roughly. No idea. And you'd say the vape helps you. It takes the edge off. Your hand and your mouth want it and when they get it you feel a small settling, dozens of times a day, and you couldn't say what it's settling.

Some words. I'll call the hand going to the pocket without a decision **the reach**. I'll call the fact that the vape is always on you **the pocket**, whether it's a pocket or a bag or the arm of the sofa. A cigarette had something I'll call **the ending**, which is that it burned down and was over, and a vape has no ending at all. The steady level of nicotine that the day's draws hold you at, I'll call **the line**. When the line drops, which it does in the gaps, I'll call that **the fall**, and what the next draw seems to give you I'll call **the calm**. The whole cycle, fall, reach, calm, I'll call **the loop**. And **the day's number** is the count of draws you have in a day, which right now you don't know.

That's the first thing to do, and I'd do it before you read further. Tomorrow, count. Keep a tally on your phone, or a bit of paper, one mark for every draw. If you can, make a second mark for each draw you actually decided to have, meaning you noticed you wanted it before your hand moved. Don't change anything. Just count. A study of young adult vapers in America found that four in five of them vaped within thirty minutes of waking, which is one of the standard signs of dependence on nicotine. I'd expect your first mark to be earlier than that. Most people who count are shocked by the first column and find the second column nearly empty, and that gap is what the rest of the book is about.

Why the vape seems sensible

Before I argue with the habit, I'd like to be fair to it, because it has a lot going for it and you're not a fool for having kept it.

If you used to smoke, the vape may be the best thing you've done for your health in years. The NHS says that vaping is less harmful than smoking and one of the most effective tools for stopping, and that people who switch are roughly twice as likely to stop smoking as people using patches or gum. If that's your story, the switch was a good decision and I'm not going to pretend otherwise.

It calms you. You feel it. There's a small tension that you don't notice until the draw takes it away, and then there's a settling, and it happens all day. Whatever the explanation, the settling is real and I'm not going to tell you that you imagined it.

It's cheap. The NHS estimates vaping at about a third of the cost of smoking. A bottle of liquid and a coil a week. Nothing that shows up on a bank statement the way twenty a day did.

Nobody minds. You don't have to stand outside in the rain. There's no smell on your coat. You can do it at your desk, in the car with the children in the back, in bed. Your partner doesn't complain the way they did about the cigarettes. Most of the people you know do it too.

It's much less harmful than what it replaced, and you know that, and it takes the urgency out of thinking about it. Cigarettes were killing you and you had to do something. The vape is a small

fraction of the risk, in the words of the UK review the NHS quotes, and a small fraction of a risk doesn't feel like a reason to change anything.

It's yours. It's a small pleasure in a day that doesn't have many. The flavour, the draw, the exhale. You'd be giving something up.

And it fills the hand. Some people fidget and some people vape, and yours is a habit of the hand and the mouth as much as anything, and those want occupying.

All of that is true or near enough. What I want to show you is that one of these things, the fact that nobody minds and it's always there, has quietly changed what the vape is, and that most of the calm is something the vape is both causing and curing, dozens of times a day, in a loop you've never had a chance to see.

"A cigarette had an ending"

Think about what a cigarette was, as an object. It had a start, which was the lighter. It had an ending, which was the filter, five or six minutes later. It had a place, which was outside, and often a walk to get there. And it had a cost, a small one each time, in the packet getting lighter and the price of the next one. Between cigarettes there was a gap, whether you wanted one or not, because you were at your desk and the cigarettes were outside.

Now think about the vape. No start. No ending. It doesn't burn down and it doesn't go out. No place, because it's allowed anywhere you're not actually forbidden and plenty of places you are. No cost per draw that you could feel. And so no gap. The thing that made a cigarette countable, that gave it a shape, was the ending, and the vape has removed it.

This isn't a small difference. It's the whole difference. A cigarette delivered a dose and then stopped delivering, and you had to decide to have another. A vape delivers a dose whenever your hand moves, and your hand moves without asking you. What used to be twenty doses a day with gaps between them has become one dose, spread thin across all the hours you're awake, with no gaps at all. Nobody chose that. It's what happens when you take the ending off a habit and put it in a pocket.

A tap left running is a fair comparison for two sentences. Nobody decides to use a bath's worth of water. They decide not to turn the tap off, and the water runs until someone does.

The dose itself hasn't got weaker. Peter Hajek and colleagues in the UK tested a pod device at American strength against a cigarette in 2020, in twenty people who both smoked and vaped, and found that the pod delivered nicotine to the blood about as fast and about as high as the cigarette did, and faster and higher than the other vapes they tested. That was a stronger liquid than is sold here, so the numbers don't carry over, but the direction does. The modern pod vape isn't a weak cigarette. It's a cigarette-shaped dose with the ending taken off.

So when you say the vape is a cigarette without the smoke, I'd say it's a cigarette without the smoke and without the ending, and the second half is the part you need to look at. The smoke was the harm. The ending was the shape. You got rid of the harm, which was right, and lost the shape by accident, and a habit with no shape can only grow.

"It calms me down"

Now the calm, because it's the thing you'd defend.

Nicotine leaves the body fast. The half-life in blood is about two hours, meaning that two hours after a dose about half of it has gone, though it builds up over a day of use and there's still some there in the morning. That figure is from a review of nicotine's chemistry by Neal Benowitz and colleagues in 2009, and it's not disputed. The practical consequence is that between doses the level is always falling, and as it falls a set of feelings arrives. John Hughes reviewed the research on what happens when people stop using tobacco and found the feelings that reliably appear are anger, anxiety, low mood, difficulty concentrating, impatience, insomnia and restlessness. Those are withdrawal symptoms. In someone who's stopped, they peak in the first week and last two to four weeks.

But you don't have to have stopped to feel the beginning of them. You only have to have gone a while without. That's the argument the psychologist Andy Parrott made about cigarettes in 1999, and it's the one this book rests on, so I'll give it plainly. Smokers say cigarettes relieve stress. But smokers as a group are slightly more stressed than non-smokers, teenagers get more stressed as they take up regular smoking, and people who stop end up less stressed than they were. Smokers' moods are normal while smoking and worse between cigarettes. Parrott's conclusion was that the calming effect is mostly the reversal of a tension that built up as the nicotine ran down. The cigarette wasn't adding calm. It was

taking away an irritability that the last cigarette had set up. Parts of his argument were disputed at the time, and I've noted that in the notes, but the shape of it has held.

Now put that together with the vape's lack of an ending, because this is where vaping is different from smoking and, I think, worse in one respect. A smoker had twenty falls a day, each big enough to notice, and twenty reliefs. You don't have twenty. You have a hundred, or two hundred, each so small you never see it as a fall. The line dips a fraction, something in you tightens a fraction, the hand moves, the draw arrives, and the tightening goes. You experience that as the vape calming you. What you're experiencing is the fall being reversed, dozens of times a day, by the thing that caused it.

I should be careful here. Parrott studied smokers, not vapers, and the extension to a vape is mine. But the nicotine is the same molecule with the same half-life, and the loop doesn't need smoke to run. If anything it runs more smoothly without the smoke, because there's nothing to make you wait.

So is the calm real? Yes. You do feel calmer after a draw than before. What I'm asking you to look at is what before was. Before was the fall. And the fall was made by the draw before that. The vape is calming a state that it manufactures, and the whole transaction leaves you where a non-vaper is all the time, for free.

"But I never feel withdrawal"

This is the objection I'd expect from a thoughtful reader, and it looks like a strong one. If the vape were a loop of fall and relief, you'd feel the falls. You don't. You've never had the anger and the restlessness that Hughes describes. You've never felt withdrawn from anything. You just quite like a draw now and then.

The answer is that you never feel withdrawal because you never leave a gap long enough for it to arrive. That's what the pocket does. A smoker at a desk had forty-five minutes between cigarettes and felt the fall start. You have a vape next to the keyboard and the reach happens at the first flicker, before the flicker has become a feeling you could name. The loop is running, but it's running so tight that the fall never gets past the first fraction of a degree. Of course you never feel withdrawal. The line never drops.

The steady line hides the loop. I think that's the single most important thing to understand about all-day vaping, and it's the reason it's harder to see than smoking was. A smoker knew they were dependent because they felt it every hour. You've arranged, without meaning to, a supply so continuous that the dependence has no gap to show itself in.

There's a way to see it, and it takes forty minutes. Put the vape in another room. Not in a bag by your feet. Another room, with a door. Then do what you were doing and notice what happens at twenty minutes, and at forty. For most all-day vapers, and this is my expectation and not a finding, something arrives. A restlessness. A slight edge in your reactions to the email. A thought

about the vape that comes back every couple of minutes and gets a little more insistent. That is the fall, seen for the first time. It's what the vape has been "calming" all day, and it turns out to be a thing the vape makes.

Notice what it isn't. It isn't unbearable. It's not the first week of stopping that Hughes describes. It's a small, specific discomfort, and if you sat with it for another twenty minutes you'd find it doesn't keep climbing. The NHS's list of what to expect when you stop vaping is the same list as for tobacco, strong cravings, irritability or low mood, trouble concentrating, feeling hungrier, difficulty sleeping, and the point I'd draw from it is that these are the fall, full size. What you'll feel at forty minutes is the fall at a fortieth of that. You've been paying to avoid it a hundred times a day.

Do the forty minutes once, this week, and then read on. Everything after this makes more sense once you've seen the thing the vape is for.

"I only use low strength"

A lot of readers will have an answer ready here, which is that they're on a low strength. Six milligrams, or three. It's barely anything. The people with the problem are the ones on twenty.

Lynne Dawkins and colleagues tested this in 2016 with eleven experienced vapers. Each spent an hour vaping freely on two occasions, once with a six milligram liquid and once with twenty-four. With the low strength, they took more puffs, longer puffs, and got through about twice as much liquid. Their craving and withdrawal ratings at the end of the hour were the same in both sessions. They'd puffed their way up to the same comfort. The blood nicotine was still higher with the strong liquid, so the compensation wasn't complete, but it was enough to make them feel the same. The researchers called it self-titration, which means adjusting your own dose to a level, and it's been known in smokers for decades.

It was eleven people, all men, in a laboratory, so hold the numbers lightly. But the pattern is the one you'd expect from chapter 4. If the draw is there to reverse the fall, and the fall is a fall in nicotine, then your hand will keep reaching until the fall is reversed, however much or little nicotine each draw carries. A low strength doesn't lower the line. It raises the day's number.

So when you say you're only on six, what you're telling me is the number on the bottle, and the number on the bottle isn't the dose. The dose is the number on the bottle times the day's number, and you don't know the day's number, and if you're on six it's probably

higher than you think. That's why I asked you to count before anything else. The bottle tells you almost nothing. The tally tells you what's happening.

There's a practical consequence, and it's in chapter 17. You can't bring the line down by strength alone, because your hand will make up the difference. You have to bring the strength and the number down together, and the number is the one to watch.

"I've cut down loads since cigarettes"

If you switched from smoking, you'll feel that you've already done the hard part. Twenty a day and now this. The vape is the reduced version. It's the cutting down already done.

I'd like to put that next to something from chapter 1. Twenty a day was a number. You knew it. You bought them in twenties and could see the packet. The vape has no number, and the reason it has no number is the thing in chapter 3. Without an ending there's nothing to count. So the claim that you've cut down is a comparison between a known figure and an unknown one, and it can't be checked. It might be true. It might be that you're taking in the same nicotine as before, spread across the whole day instead of in twenty lumps. You don't know, and I don't, and neither of us can until you've counted.

The NHS advice for people switching from cigarettes is to use the vape as much as they need to, and not to worry if they're vaping more than they used to smoke. That's good advice and I'd repeat it. When the choice is between a vape and a cigarette, the vape should win every time and however often. But that advice is for the switch, and the switch was a while ago. It was written for the weeks when the alternative was a cigarette. It's been read, by a lot of people, as a permanent licence, and it wasn't meant as one. The same NHS page says that if you're vaping to stop smoking you should aim to stop vaping too, eventually, and eventually has a way of not arriving when nothing's counted.

I'd say the truth is this. You did the hard part. You stopped smoking, and that was the change that mattered, and nothing that follows takes it away from you. What you didn't do, because nobody told you it needed doing, is put a shape back on the habit once the smoke was gone. So the cutting down that felt complete was in fact a switch from a counted habit to an uncounted one, and an uncounted habit has only one direction to go.

The way to find out where it's got to is the tally. If you've done it, look at the number. If it's under twenty draws, you've genuinely cut down and this book will be short work. If it's over a hundred, you've spread twenty cigarettes' worth of nicotine so thin that it looks like nothing, and the not knowing was the habit all along.

"It's the deep breath that helps"

Here's a belief I have some sympathy with. You'd say it's not the nicotine, or not all of it. It's the draw itself. The slow pull in, the hold, the long breath out. It's the one moment in the hour when you breathe properly, and that's what settles you.

I think you're partly right, and I want to be exact about which part.

A slow breath out does settle people. That's not controversial, and it's the reason breathing exercises exist. The draw on a vape is, mechanically, a slow inhale and a slower exhale, and if you did that with nothing in your hand you'd get something from it. So some of the calm is the breath, and you're not wrong to notice it.

The question is whether the breath needs the vape. Try this at the desk, once, when the reach starts. Leave the vape where it is and take the same breath. In slowly through the mouth, hold for a second, out slowly through the mouth, as though there were vapour. Do it twice. Then notice two things. First, whether some of the settling arrived, which for most people it does. Second, whether the reach went away, which for most people it doesn't, or not for long. That second thing tells you what the breath was carrying. If the breath were the whole of it, the reach would be satisfied. It isn't, because the breath doesn't reverse the fall. Only the nicotine does that.

So the honest account is that the calm has two parts. The breath, which is real and which you can have anywhere, for nothing, without a device. And the reversal of the fall, which is the loop. The

vape has bundled them together so that you can't have the breath without the dose, and that bundling is worth undoing, because the breath is the part worth keeping.

A practical note for later. When you put the ending back, in chapter 16, and the reach starts and finds nothing, the breath is what you do instead. Not as a trick. As the part of the habit that was always doing you good.

"It keeps my hands busy"

Then there's the hand, and the mouth, and the object.

You'd say, and it's true, that some of this is nothing to do with nicotine. The vape is a thing to hold. It's a thing to do with your mouth in a meeting or on the phone. It's the reason your hand isn't picking at something or reaching for biscuits. When you smoked, the lighter and the packet and the tapping did the same job. Take the vape away and the hand will want something.

I'll concede all of it. There's a hand-and-mouth habit running alongside the nicotine one, and it would exist even if the liquid had nothing in it. For some people it's most of the reach. And the NHS, in explaining why vaping helps people stop smoking, says the same thing, that the hand-to-mouth action and the throat hit are part of what makes it work as a substitute.

Two things follow. The first is that the hand habit is separable from the nicotine one, and that the two shouldn't be confused. If a draw on a nicotine-free liquid would satisfy the reach, then that reach was the hand. If it wouldn't, that reach was the fall. You can find out which is which. Most all-day vapers who try a zero-strength liquid for a day report that it's fine for an hour and then isn't, and that tells them the proportion.

The second is that the hand habit is the easy part. People kept their hands busy for the whole of human history before there were vapes, and the ways are ordinary. A pen. A cold glass. A thing in the pocket that isn't a vape. Sugar-free gum for the mouth. The NHS

suggests keeping your hands busy, with a walk or a puzzle, and it's the same advice. The hand will complain for a few days and then take what it's given. It's the fall that makes the complaint feel urgent, and once the fall is dealt with, the hand is just a hand.

There's a version of this belief that's about identity rather than habit. The device, the flavour you've settled on, the fact that your friends all have theirs on the pub table. That's real too, and I'll come to it in chapter 14. For now the point is only that the hand and the mouth and the object are all things you can keep, in some form, and none of them requires the dose.

"It's basically harmless"

I'll keep this chapter short, because the book isn't a health lecture and because the honest position is a narrow one.

Here's what the NHS says, and I'm going to quote its sense closely. Vaping is less harmful than smoking. It exposes you to fewer toxins at lower levels, and switching reduces the exposures that cause cancer, lung disease and heart disease. A 2022 review of the international evidence by UK experts found that in the short and medium term, vaping poses a small fraction of the risks of smoking. That's the good news, and it's very good if you used to smoke.

The same page says three more things. Vaping is not risk-free. It hasn't been around long enough to know the long-term effects, and it's unlikely to be totally harmless. And the healthiest option is not to smoke or vape, so if you're vaping to stop smoking, you should aim to stop vaping too.

That's it. That's all the health case I'm going to make. Less harmful, not harmless, long-term unknown, aim to stop. I'm not going to list chemicals or tell you what a study found in mice, because I don't think it's what's keeping you vaping, and I don't think a scare would stop you if it were.

The common side effects the NHS lists are coughing, dry mouth and throat, irritation, shortness of breath and headaches. If you've got any of those, it says to get advice from an adviser or a specialist retailer before you stop using a vape as a way to stay off cigarettes,

because small changes to the product usually fix them. I'd add only that "dry throat" and "a bit of a cough" are things a lot of all-day vapers describe as normal, and they weren't normal before.

So the argument of this book isn't the health one. It's about dependence, and about the reach. Even if vaping turned out to carry no long-term harm at all, you'd still be a person whose hand goes to their pocket two hundred times a day to reverse a fall the last draw created, who can't sit through a film without it, who wakes at three to have one. That's worth changing on its own terms. The health question is real, but it's the smaller reason, and I'd rather you changed for the larger one.

"It got me off cigarettes and I'm not touching it"

If you used to smoke, this is the chapter where you'll want to close the book, so let me say the first thing quickly. I agree with you.

The vape got you off cigarettes. That was the best decision in this whole story, and nothing in this book asks you to undo it. The NHS says you should only stop vaping if you're confident you can do it without smoking, and that if you're struggling, using a vape for a short time is fine, and that going back to a vape is much better than starting to smoke again. All of that is right. If, at any point in what follows, you find that the alternative to a draw is a cigarette, have the draw.

Now the second thing. Almost nothing in the first half of the method is about stopping. It's about putting the ending back. The vape lives in a drawer instead of your pocket. Each draw is decided. There are places and times where it doesn't come. None of that is stopping. It's turning an uncounted habit back into a counted one, and it's safe for an ex-smoker, because the vape is still there, still yours, still available when it's wanted. The difference is that it's available on your decision and not on your hand's.

What that will show you is the thing in chapter 5. You'll feel the fall, at forty minutes, and you'll find out what size it is. For most ex-smokers, in my expectation, it's the size described there, a small, specific restlessness that doesn't keep climbing. If that's what you find, then the belief that you're one gap away from a cigarette is a belief about the switch as it was three years ago and not about you now. You can find that out without risking anything.

And if it's not what you find. If a real gap produces not a restlessness but a wish for a cigarette, an actual pull towards the shop, then that's important information and you should act on it. Not by buying cigarettes, and not by pushing through. By keeping the vape exactly as it is and talking to a stop smoking service, who work with people in precisely this position and can put a patch alongside the vape, or look at the strength, or make a plan with you. The NHS says you can use patches with a vape for steady background nicotine and top up with the vape for cravings. A gap that wants a cigarette isn't a failure. It's a sign the switch isn't finished, and there's help for finishing it.

So the answer to "I'm not touching it" is that you don't have to. Put it in a drawer and decide each draw. If that's all you ever do, you'll have gained something, and you'll know a great deal more about what the vape is doing for you than you know now.

"I'd just go back to smoking"

This is the fear underneath the last chapter, and it deserves to be met on its own.

There's a difference between a vape you use and a vape you carry. The one you use is the loop. The one you carry is insurance, and insurance doesn't have to be in your mouth to work. If the fear is that a gap will end in a cigarette, then keep the vape, in a drawer at home and a bag at work, charged, with liquid in it, and never let it run out. Its job is to be there. On the day a gap produces a real pull towards a cigarette, you go to the drawer, and the vape is there, and you have a draw, and the cigarette doesn't happen. That's insurance working. It's not the same as having it in your hand between every sentence.

Most ex-smokers, I think, will find that the insurance is claimed far less often than they expect. The wish for a cigarette specifically, as opposed to a wish for nicotine, is mostly a wish that belongs to particular cues, the pint, the row, the car park at work, and those get weaker with each time they're met without one. The NHS says the same about tobacco cravings, that they pass. The vape in the drawer means you never have to test that with nothing behind you.

For the day you do stop, if you get there, the NHS suggests switching to a fast-acting nicotine product, a mouth spray is the one it names, with a patch for the background, and asking a pharmacist or an adviser about it. That's a wall against cigarettes

that isn't a vape and doesn't live in a pocket. It's in chapter 18. I mention it here so that you know there's a plan for that day that doesn't involve standing in the wind with nothing.

And if you do have a cigarette, one day, after all this. Then you have a cigarette, and you go back to the vape the same day, and you haven't lost the switch. The NHS line is that going back to a vape is much better than starting to smoke again, and I'd add that one cigarette isn't starting to smoke again. It's one cigarette. Chapter 21 is about that.

"It's the last thing before I sleep"

The bedside table deserves a chapter, because a lot of readers will have the vape there, and will say it settles them for the night.

Nicotine is a stimulant. That's not in dispute and I don't think you'd dispute it. So a draw before the lamp goes off is a stimulant before sleep, and what you experience as settling is, once again, the fall being reversed, this time at the end of a day when the line has been high since seven in the morning. You feel calmer after the draw than before it. Before it was the beginning of the fall. The draw doesn't help you sleep. It removes a restlessness that not having drawn for twenty minutes produced, and then sits in your blood as a stimulant while you try to drop off.

The three in the morning draw is worth looking at, if you have one. Nicotine's half-life is about two hours, so by three the line has been falling for four or five, and the thing that wakes you, or that you reach for when something else wakes you, is the fall, full size for the first time all day. That's the loop showing itself at night, when the pocket can't run it tight enough to hide. A lot of people who say they never feel withdrawal feel it at three and call it a bad night's sleep.

When you stop, or bring the line down, the NHS lists difficulty sleeping among the things to expect, and Hughes's review puts insomnia among the reliable withdrawal symptoms, peaking in the first week and gone within two to four. So there's an honest cost here. Some nights in the first fortnight will be worse. What I'd put against that is that the nights you have now, with a stimulant at

eleven and a fall at three, aren't good nights either. You've just stopped noticing, because you've never had a night without them to compare.

The practical rule is simple and it's the first place I'd start if the bedside is where your vape lives. The vape doesn't go upstairs. It stays in the drawer downstairs from an hour before bed. The first few nights the reach will find an empty bedside table and you'll do the breath from chapter 8 instead. By the end of a week most people find the three o'clock draw has gone, because there was nothing there to have, and the waking went with it.

"Everyone does it now"

The last belief is a social one, and it's short.

Everyone does vape now, or it can feel that way. There are four on the pub table. Half your office has one. Nobody sends you outside. And that normality does something quiet, which is that it takes away the last of the ending. A smoker had to leave the room, and leaving the room was a decision, and a decision is a gap. A vaper doesn't leave. The pocket, which I've been describing as a thing about you, is also a thing about the room. The room lets the loop run at full tightness because nobody in it minds.

I'm not going to argue that vaping should be banned indoors, or that your friends should mind. The point is narrower. Normal isn't the same as fine, and the fact that no one's asking you to step outside means no one, including you, is putting a gap in your day. The gap has to come from you, because the room won't provide it. That's what chapter 16 is for.

There's an identity in it too, and I don't want to pretend otherwise. The device you chose, the flavour, the small ritual of the refill. For some readers, especially younger ones who never smoked, the vape is part of how they're seen. I'd say only that the identity was chosen at a time when the loop hadn't closed, and that you get to choose again. Most people who stop find that their friends noticed the vape less than they thought, and that the identity was mostly in the pocket.

One more thing, because the NHS is firm on it and so am I. Everyone doesn't do it. Non-smokers shouldn't take it up, and under-eighteens shouldn't at all. If there's a teenager in your house watching you vape at the kitchen table, they're learning what normal looks like from you, and that's a reason, on its own, to give the habit an ending.

What the drip costs

I've argued about mechanism. This chapter is the bill.

A day with no gaps. That's the first cost and the one that contains the others. From the hand going out before your eyes open to the draw after the lamp goes off, there isn't an hour in which you're not either topping up or about to. You've arranged a day around a substance without noticing you were arranging anything, and that arrangement is what dependence means. Not weakness. Just a day whose shape is set by a line that has to be held.

A small anxiety, kept and relieved. The fall arrives a hundred times a day and is reversed a hundred times. Each reversal feels like calm. But the fall is the vape's, and between them, a hundred small edges and a hundred small reliefs add up to a day spent slightly on edge with a remedy in your pocket. Parrott's finding was that smokers as a group are more stressed than non-smokers and less stressed after they stop. I'd expect the same to hold for someone running the loop this tight, though I don't have a study to show you.

The nights, as in chapter 13.

The throat and the cough that you've come to call normal.

The money. A third of smoking, the NHS says, which still comes to a figure over a year that would surprise you if you worked it out. Do work it out. Coils, liquid, the device you replaced when it was dropped.

The hand that's never free. You don't hold your child's hand and the vape at the same time. You don't carry the shopping and vape. In practice you do, by juggling, and the juggling is the habit deciding your day for you.

The not knowing. Not knowing the day's number. Not knowing whether you've cut down or not. Not knowing what would happen at forty minutes because you've never let forty minutes happen. A habit you can't measure is a habit you can't judge, and this one has arranged itself so that it can't be measured.

And the child watching, if there is one. The NHS says not to vape around babies and children as a precaution, and that under-eighteens shouldn't vape. Beyond the precaution, there's what they see. They see that an adult's hand goes to their pocket every few minutes and comes out with something that makes them calm. They'll want one. Some of them will get one.

None of this is the cost of smoking. I said that at the start and I'll keep saying it. But it isn't nothing, and most of it is the cost of a habit that lost its ending, and the ending can be put back.

Putting the ending back

The method has three stages, and the first is the one everyone does, whatever they decide about the other two. It's putting the ending back. Nothing in this chapter is stopping. It's making the vape a thing you use instead of a thing that uses your hand.

It lives somewhere, and the somewhere isn't you. A drawer at home. A bag at work, zipped, not the jacket pocket. The glovebox, not the cup holder. The point is that a draw requires you to go and get it, and going and getting it is a decision, and a decision is the ending put back. The pocket is where the loop lives. Empty it.

One draw, then it goes back. When you decide to have one, have one, or two, and then put the vape back where it lives. Not on the desk. Not on the sofa arm. Back. This is the single change that does most of the work, because it means every draw has a start and an ending again, and the gaps come back on their own.

Places and times where it doesn't come. The NHS suggests vape-free spaces, places or times where you won't vape, expanded slowly. I'd pick three to begin with. The bedroom, from an hour before bed, as in chapter 13. The car. And the first hour of the working day. Those three cover the bedside draw, the traffic-light draw and the desk draw, which between them are most of the day's number for most people. Nothing about the rest of the day changes yet.

Keep the tally going. The day's number is your instrument. Keep marking it. You'll see it fall in the first week of this stage without having tried to reduce anything, because the reach kept finding nothing and the decision kept not being made. Write the number down each evening. It's the only measure of the habit that exists, and until now it hasn't existed.

Do this for a week before anything else. Don't change the strength. Don't try to stop. Just the drawer, the one draw, the three places and the tally. This is the week that shows you what the vape is, because for the first time there'll be gaps, and in the gaps you'll feel the fall, and you'll find out its size. Most people, and this is my expectation, find that the number roughly halves and that the falls are smaller than they feared. If you're an ex-smoker and a gap produces a pull towards a cigarette, go back to chapter 11 and ring a stop smoking service. That's not a failure of this week. It's what the week was for.

The breath. When the reach finds nothing, do the breath from chapter 8. Twice, slowly. Then decide whether you're going to the drawer. Often you will, in the first week. Sometimes you won't, and the reach will pass while you're deciding, and that's the first evidence that it can.

Bringing the line down

Once the ending is back and the number is known, you can bring the line down. This is the gradual route, and it suits people who want the vape to fade rather than stop, and ex-smokers who want the insurance to stay in the drawer to the end. The NHS describes it under three headings, and I'll follow them with what chapter 6 adds.

Strength and number together. The NHS says to check the milligrams per millilitre on your liquid and lower it gradually, paying attention to how you feel. Chapter 6 says why that on its own won't do it. Dawkins's vapers on the weak liquid doubled their consumption and ended the hour just as comfortable. If you drop from twelve to six and let the hand do what it likes, the hand will make up the difference and the line won't move. So drop the strength and hold the number. The tally from the week before is your ceiling. If yesterday was forty draws at twelve, today is forty or fewer at six, and the drawer and the one-draw rule are what hold it there.

If you're vaping more, you've cut too fast. That's the NHS's own line, and it's a good one. The number going up after a strength change means the fall is bigger than you can hold, and the answer is to go back a step, not to fight it. Only cut down when you're ready, the page says. Ready means the number's steady at the current strength.

Longer gaps. The NHS example is that if you vape every twenty minutes, try forty. I'd put it in terms of the day. Once the strength is down a step and the number is steady, stretch the three vape-free places to four, then five. Add the hour after meals. Add the walk. Each place you take back is a gap, and each gap is one the loop can no longer run through.

What the fall feels like now. As the line comes down, the falls get slightly bigger, because there's less on the line to hide them. You'll feel more of what chapter 5 described. Restlessness, an edge, the thought that keeps returning. Hughes's finding for tobacco is that the reliable withdrawal symptoms peak in the first week of stopping and last two to four weeks. Bringing the line down spreads that thinner. Each step down is a small first week. You won't get the full size of it, because you're not stopping, but you'll get a version, and it's the same version each time, and it passes each time, which is worth noticing.

The walk and the breath. When a fall arrives and you've decided not to go to the drawer, the two things that reliably help are the breath, twice, and moving. The NHS lists going for a walk among ways to manage cravings, and it works because a craving is a few minutes long and a walk is longer than that. You don't have to outlast the fall by will. You have to be somewhere else when it peaks.

A date. Bringing the line down has one weakness, which is that without a date it becomes a place to live. Six milligrams, twenty draws a day, for three years. So set a date, before you start, for the day the line reaches zero. Two months from now is reasonable for most people. A date turns the fade into a plan.

Zero, and after. At the bottom of the fade there's a choice. Some people go to a zero-nicotine liquid for the hand and the mouth, and then let the device die. Some go straight to nothing. Some, especially ex-smokers, keep the drawer stocked for a while as insurance and never open it. Any of those is fine. What's not fine is a zero that never arrives, and the date is what stops that.

Stopping in one step

The other route is to stop on a day. It suits people who find the fade a place to live, people who never smoked and have no insurance question, and people who've done the week in chapter 16 and found the falls smaller than they feared. I'll say what the evidence is, honestly, because there's less of it than for stopping smoking.

What the NHS suggests. For stopping in one step, the NHS page says to ask a pharmacist or a stop smoking adviser about switching to a nicotine replacement product, and that one of the most effective ways to stop vaping is to switch to another fast-acting nicotine product, which eases the cravings as you stop. It names a mouth spray as the only replacement product currently approved for stopping vaping, and suggests combining it with a patch for steady background. I'm not recommending a product. I'm telling you what the NHS says so that you can have the conversation with someone who can.

What the trials show. A Cochrane review of ways to stop vaping, updated in November 2025 by Ailsa Butler and colleagues, found fifteen trials with five thousand eight hundred people, nearly all in the United States. The medicine varenicline may help, on low-certainty evidence from two trials. Text message support programmes may help people aged thirteen to twenty-four, again on low-certainty evidence. Combination nicotine replacement, the patch plus a fast-acting product, showed no clear effect in the two small trials that tested it, and the reviewers said the evidence was too uncertain to draw a conclusion either way. Gradual reduction was tested in one tiny study and was inconclusive. The largest

single trial, by Amanda Graham and colleagues in 2021, gave two and a half thousand American young adults either a text programme or nothing, and at seven months twenty-four in a hundred of the text group had stopped against nineteen in a hundred of the others.

I'd draw three things from that. First, nobody has a strong answer yet, and anyone who tells you there's a proven method for stopping vaping is ahead of the evidence. Second, what evidence there is points at support of some kind, medicine or messages, over going it alone. Third, the absence of evidence for combination nicotine replacement doesn't mean it doesn't work. It means two small trials couldn't tell, and the NHS still suggests it because it's safe and it works for tobacco. Talk to an adviser.

Stop smoking services take vapers. They're called stop smoking services and their job is tobacco, but the NHS how-to-stop-vaping page sends readers to them and to pharmacists, and they know the products. If you used to smoke, they're the right people. If you never smoked, ask. The page doesn't distinguish.

The day. Pick one, a week or two out. Do the week in chapter 16 first, so that the ending is back and the number is known. On the day, the vape goes from the drawer to somewhere less reachable, or to the bin if you never smoked and you're sure. The mouth spray or whatever the adviser suggested is in your pocket instead. The falls will be the full size for the first week and gone within two to four, on Hughes's timings and the NHS's list. You'll feel more restless, more irritable, hungrier, and sleep worse for a few nights. It passes. The breath and the walk are for the peaks.

Not one draw. Once the line is at zero, a single draw restarts the loop, because a single draw sets up a fall. The NHS says of cigarettes that even one can restart the cycle, and I'd expect the same of a draw. If you're an ex-smoker keeping the vape as insurance, that's different, and the insurance is for a cigarette and not for a bad afternoon. Chapter 21 is for the day the draw happens anyway.

The decision

You've got the argument and the three stages. What's left is to decide, and I'd like the decision to fit in one sentence.

The vape lives in a drawer, not on me. I decide each draw. And I'm bringing the line down to nothing by a date I've set.

Three parts.

The first is the ending. Drawer, bag or glovebox. One draw, put it back. Three places where it doesn't come. The tally. A week of this before anything else.

The second is the decision. Every draw is one you want and got, and before you go you do the breath twice and ask whether you're going. Sometimes yes. The habit is in the asking.

The third is the date and the route. Either the fade, strength and number together, longer gaps, the date for zero. Or the day, with an adviser and a fast-acting product. Choose one before you start, and write the date down.

There's a form of planning that helps with rules like this, and it's been tested many times. Peter Gollwitzer and Paschal Sheeran reviewed ninety-four studies of it in 2006. You decide in advance what you'll do and when, in the form "when this happens, I'll do that", and people who plan that way follow through much more often than people who only hold the intention. So write three.

When my hand goes to my pocket and finds nothing, I'll breathe out slowly twice and then decide whether I'm going to the drawer.

When I've had a draw, I'll put the vape back in the drawer before I do anything else.

When a fall arrives and I've decided not to go to the drawer, I'll get up and walk for five minutes.

If you're an ex-smoker, add a fourth. When a gap makes me want a cigarette rather than a draw, I'll go to the drawer and have the draw, and I'll ring the stop smoking service that week.

What to expect. This is my expectation and not a finding. The first two days of the drawer will be irritating, because the reach will happen every few minutes and find nothing, and each time you'll have to decide. By the end of the first week the reach will have thinned, because the hand learns quickly when there's nothing there. The tally will have dropped by about half without your having tried to cut anything. Somewhere in that week you'll have the forty-minute experience from chapter 5, and you'll know the size of the fall. If you go on to the fade, each step down will bring a smaller version of the first week, and each will pass. If you go on to the day, the first week will be the hardest and the third will be mostly ordinary. Sleep will be worse for a few nights and then better than it was. The three o'clock draw will go early. The calm you've been getting from the vape will, some weeks in, turn out to be what you feel all the time when there's no line to hold, and that's the point at which most people stop thinking about it.

Ex-smokers, never-smokers, partners, teenagers, pregnancy and when to get help

The rule is the same for everyone, but the situations differ, and a few deserve their own paragraph.

Ex-smokers. Chapters 11 and 12 are yours. The short version is that the first stage is safe, the vape stays as insurance for as long as you want it, and a gap that wants a cigarette is a reason to ring a stop smoking service and not a reason to buy cigarettes. Don't set a date for zero until the falls in the first week have shown you their size. If you want the patch alongside the vape while you bring the line down, the NHS says that's fine and an adviser can help with strengths.

Never-smokers. You've no insurance question and no switch to protect, which makes the whole thing simpler. It also means the NHS position applies to you directly, which is that non-smokers shouldn't vape at all. You can go straight through the three stages, and the day route in chapter 18 is open to you without the caution. The one thing to watch is that never-smokers often started young and often started on strong liquid, so the line may be higher than you'd guess. Count first.

People who smoke and vape. If you do both, the vape isn't the problem yet. The cigarettes are, and the NHS advice is to use the vape as much as you need to get the cigarettes to zero, and to worry about the vape later. This book is for later. Come back to it when you've been smoke-free for a couple of months.

Partners and housemates. If you're reading this because someone you live with vapes all day and you'd like them to stop, the honest advice is that the drawer works for the person who chose it and not for the person it was chosen for. What you can do is not mind less. Ask that it doesn't happen in the car or the bedroom, which are two of the three places in chapter 16, and say why. Beyond that, leave the book where they'll find it.

Teenagers. If the vaper is your child, the NHS has a page for parents on young people and vaping, and their GP or school nurse can help. This book's argument, that the vape calms a state it causes, is one a teenager can follow, and the forty-minute test in chapter 5 is something they can try. But the plan in chapters 16 to 19 assumes an adult with a drawer of their own, and a teenager needs someone alongside them.

Pregnancy. Talk to your midwife. The NHS says vaping is likely to be less harmful than smoking in pregnancy, that licensed nicotine replacement products like patches and gum are the recommended option, and that if vaping is what keeps you off cigarettes, it's safer for you and the baby than smoking. It also says to avoid liquorice-flavoured nicotine products in pregnancy. None of the steps in this book should be taken without that conversation.

Nicotine pouches. Some readers will have moved from a vape to pouches, or use both. That's a book of its own. I'd say only that a pouch has an ending, which a vape doesn't, and that the same loop runs through it.

Side effects. If the reason you want to stop is a cough, a dry throat or headaches, the NHS says to get advice from an adviser or a specialist retailer before you stop using the vape as your way of staying off cigarettes, because small changes to the product usually fix them. Stopping over a side effect and ending up on cigarettes is the wrong trade.

Low mood. Hughes's list includes low mood among the withdrawal symptoms, and it should lift within two to four weeks. If it doesn't, or if it was there before you changed anything, or if nothing has felt good for a fortnight, that's health and not nicotine. The NHS two-week guide applies. See a GP.

Fear. If the falls frighten you, in the sense that a gap brings panic rather than restlessness, don't push through on your own. An adviser or a pharmacist can put a steady product alongside, and a GP should know if panic is new.

When you've had a puff

It will happen. You'll be at a party and someone will hand you theirs, or you'll find one in a coat, or a bad afternoon will send you to the drawer that was supposed to be insurance. You'll have a draw, or six. Then the thought will arrive, and the thought does more damage than the draws.

The thought is "I've blown it". It's the sentence that turns one draw into a day of them and a day into the old pattern, because if it's blown, there's no reason not to. I'd like you to see the sentence coming and not believe it.

One draw isn't the day. It's one draw. The line went up a fraction and will come down again in a couple of hours, and what happens next is decided by what you do next and not by the draw. If you put the vape back in the drawer, or hand it back, and do the breath, then what happened was a slip, and a slip is information.

Work out which gap failed. Was it a place you hadn't made vape-free yet? A person, a drink, a row? A fall that arrived bigger than usual because you'd stepped the strength down too fast? Each of those has an answer in chapters 16 and 17, and the answer is a small adjustment and not a fresh start. If you've been counting, the tally will tell you exactly where the slip sits in the day, and that's worth more than any amount of resolve.

If you used to smoke, the NHS line is the one to hold on to. Going back to a vape is much better than starting to smoke again. A draw on a vape on a bad day is the insurance being claimed, and you can

claim it and carry on. The thing to avoid is the second step, from the draw to the cigarette, and the draw was there to prevent it.

No streaks. Don't count days since the last draw, because a streak makes the first slip feel like losing everything. Count draws in the last week, or vape-free days in the last thirty, and let a slip be one mark in a long row of empty ones. That's what it is.

And carry on the same day. Not tomorrow, not Monday. The drawer, the one-draw rule, the three places, that evening. The habit that came back for an hour goes back in the drawer with the vape.

The hand in the pocket, again

It's ten past nine, some weeks on. You've been at your desk for forty minutes. Your hand goes to your pocket and finds your keys. It rests there for a second, and you notice it, and you breathe out slowly, and then you read the first line of the thing you're meant to be doing. The vape is in a drawer at home. You haven't thought about it since you left the house, and you notice that too.

At eleven you go to the bathroom and come back. At the lights on the way home you look at the car in front. On the sofa there's a glass of water on the arm. In bed there's a lamp and a book, and when you wake at three, which you mostly don't now, there's nothing to reach for, so you turn over.

If you went the fade route, there's a bottle of six milligram in the drawer, and the tally says eleven yesterday, and the date is three weeks off. If you went the day route, the drawer has a mouth spray in it that you've used twice this week, and a vape you charged on the day you stopped in case you ever needed to claim it, and haven't. If you used to smoke, the vape's still there, and it'll stay there until you're sure, and you're getting sure.

The calm is still there. That's the thing you'd most want to know. The settling you used to get from the draw turns out to be what the morning feels like when there's no line to hold, and you get it for free now, all day, without your hand having to move. A colleague goes outside for a cigarette and comes back, and you notice the smell and don't want one, and don't want a draw either, and the not wanting is quieter than you expected.

None of this is a transformation. The reach still happens sometimes, especially at the lights. The hand still likes something in it. There was a bad Thursday two weeks ago with six draws in it, and you put the vape back and counted them and carried on. The difference is that the habit has an ending again, and you decide each part of it, and the day has a number, and the number is going down.

If you take one thing from this book, take this. Tonight, put the vape in a drawer, and tomorrow, when your hand goes to your pocket and finds nothing, breathe out slowly and then decide. That's the whole method. Everything else is detail.

Notes

This book gives general information about an everyday habit. It isn't medical advice and it's no substitute for a GP, a pharmacist, a midwife or a stop smoking adviser who knows you. The NHS guidance I mention is for England as I found it in September 2026. Vaping law in the UK is changing, and the NHS page notes that disposable vapes can no longer be sold. Nothing here recommends a device or a product.

I've kept sources out of the chapters where I could so they read easily. Here they are by chapter, with the limits I'm aware of. Unless I say otherwise, I read the published summary of each paper and not the full text. I checked each paper for a retraction or correction notice in September 2026 and found none. Where a chapter isn't listed, it rests on my own reasoning. That includes chapters 7, 8, 9, 15 apart from the NHS lines, 16, 19 and 22. The desk, the car, the bedside table and the colleague are invented.

Before you start. The lines on under-eighteens, pregnancy and only stopping if you're confident you can do it without smoking are from the NHS pages "Vaping to quit smoking" and "How to quit vaping". The two-week guide for low mood is from the NHS pages on depression.

Chapter 1. Graham, Amato, Cha, Jacobs, Bottcher and Papandonatos, "Effectiveness of a vaping cessation text message program among young adult e-cigarette users: a randomized clinical trial", JAMA Internal Medicine 181, 2021, pages 923 to 930.

Of 2,588 American vapers aged eighteen to twenty-four, 82.3 per cent vaped within thirty minutes of waking. The count exercise is mine.

Chapter 2. The NHS "Vaping to quit smoking" page, for less harmful, roughly twice as likely to quit as with other nicotine replacement, about a third of the cost, and the 2022 UK review's phrase "a small fraction of the risks of smoking".

Chapter 3. Hajek, Pittaccio, Pesola, Myers Smith, Phillips-Waller and Przulj, "Nicotine delivery and users' reactions to Juul compared with cigarettes and other e-cigarette products", *Addiction* 115, 2020, pages 1141 to 1148. Twenty people who both smoked and vaped, five minutes of use after overnight abstinence, the American version of the product at 59 milligrams per millilitre, which is above the UK limit. The argument about the ending is mine.

Chapter 4. Benowitz, Hukkanen and Jacob, "Nicotine chemistry, metabolism, kinetics and biomarkers", *Handbook of Experimental Pharmacology* 192, 2009, pages 29 to 60. I read the full text of this one for an earlier book in the series. Hughes, "Effects of abstinence from tobacco: valid symptoms and time course", *Nicotine and Tobacco Research* 9, 2007, pages 315 to 327, a review based on the author's judgement of 120 papers, about tobacco and not vapes. Parrott, "Does cigarette smoking cause stress?", *American Psychologist* 54, 1999, pages 817 to 820. Three comments were published in October 2000, followed by Parrott's reply. I didn't read the comments, and the chapter says only that parts were disputed. The extension from cigarettes to vapes, and the hundred small falls, are mine.

Chapter 5. Hughes as above. The NHS "How to quit vaping" page, for the list of what to expect. The forty-minute test and what I expect it to show are mine.

Chapter 6. Dawkins, Kimber, Doig, Feyerabend and Corcoran, "Self-titration by experienced e-cigarette users: blood nicotine delivery and subjective effects", *Psychopharmacology* 233, 2016, pages 2933 to 2941. Eleven experienced male vapers, one hour at 6 and one hour at 24 milligrams per millilitre, in a laboratory.

Chapter 7. The NHS "Vaping to quit smoking" page, for using the vape as much as needed when switching and for aiming to stop eventually. The reading of that as advice for the switch and not a permanent licence is mine.

Chapter 9. The NHS "Vaping to quit smoking" page, for the hand-to-mouth action and throat hit, and "How to quit vaping" for keeping your hands busy. The zero-strength test is mine and I know of no study of it.

Chapter 10. The NHS "Vaping to quit smoking" page, for everything in the chapter, including the side effects and the advice to get help before stopping over them.

Chapters 11 and 12. The NHS "How to quit vaping" page, for only stopping when confident, for relapse advice, and for the mouth spray and patch. The NHS "Vaping to quit smoking" page, for patches alongside a vape. The distinction between a vape you use and a vape you carry is mine.

Chapter 13. Benowitz and colleagues as above, for the half-life and overnight persistence. Hughes as above, for insomnia. The NHS "How to quit vaping" page, for difficulty sleeping. The reading of the three o'clock draw is mine.

Chapter 14. The NHS "Vaping to quit smoking" page, for non-smokers and under-eighteens.

Chapter 15. Parrott as above. The NHS "Vaping to quit smoking" page, for cost and for not vaping around children.

Chapter 17. The NHS "How to quit vaping" page, for lowering the strength, vaping more meaning you've cut too fast, stretching twenty minutes to forty, vape-free spaces, and walking as a distraction. Dawkins and colleagues as above. Hughes as above. The rest of the method is mine.

Chapter 18. The NHS "How to quit vaping" page, for the one-step advice, the mouth spray and patch, and pharmacists and advisers. Butler, Lindson, Livingstone-Banks, Notley, Turner and Rigotti, "Interventions for quitting vaping", Cochrane Database of Systematic Reviews 2025, issue 11, CD016058. Fifteen trials, 5,800 participants, fourteen in the United States. Varenicline, risk ratio 2.71, low certainty. Text programmes for thirteen to twenty-four year olds, risk ratio 1.32, low certainty. Combination nicotine replacement, risk ratio 0.96 with a wide interval, very low certainty. It's a living review and the figures may have changed by the time you read this. Graham and colleagues as above, 24.1 against 18.6 per cent thirty-day abstinence at seven months.

Chapter 19. Gollwitzer and Sheeran, "Implementation intentions and goal achievement: a meta-analysis of effects and processes", *Advances in Experimental Social Psychology* 38, 2006, pages 69 to 119. The rule hasn't been tested as a package, and what I say to expect is my expectation and not a finding.

Chapter 20. The NHS "Vaping to quit smoking" page, for dual use, pregnancy, liquorice flavours, side effects, and the parents' page on young people and vaping. Hughes as above, for low mood. The NHS pages on depression as above.

Chapter 21. The NHS "How to quit vaping" page, for going back to a vape being much better than smoking. The rest is mine.