

ASH Year 10 Snapshot Survey 2025

Youth Vaping in Aotearoa New Zealand

Vapes heat a liquid, turning it into a vapour that the user breathes in. Some look like pens or USB sticks. Vaping is different to smoking, which burns tobacco leaf creating smoke that is inhaled. It is the inhalation of tobacco smoke that is most harmful to health. Vaping is significantly less harmful than smoking, however, it is not completely harmless. Smoking delivers nicotine, and most vapes deliver nicotine in various strengths. Nicotine is the chemical in tobacco that creates dependence. There is high certainty scientific evidence that vaping can help adult smokers to quit tobacco, however it is not for young people or never smokers.¹

The ASH Year 10 Snapshot Survey first asked participants about trying vaping in 2014, and additional questions were added in 2021. The Survey was not carried out in 2020 due to COVID-19. Some smoking results have been included to give context to the vaping results. All graphs are shown with 95% confidence intervals and all differences mentioned are statistically significant.

2025 Key findings

- Daily and regular vaping decreased by statistically significant amounts to 7.1% and 11.2% respectively, continuing recent trends; daily and regular smoking remained low, stable at 1.1% and 2.5% respectively
- Daily, regular, and ever tried vaping decreased by statistically significant amounts for Māori and European/Pākehā students; regular vaping decreased by a statistically significant amount for Pacific students
- Daily, regular, and ever tried vaping decreased by statistically significant amounts for students with moderate and fewer socioeconomic barriers to achievement (medium and high socioeconomic status); regular vaping decreased by a statistically significant amount for students with more barriers (low socioeconomic status)
- Daily and regular vaping among students who have never smoked decreased by statistically significant amounts
- Prevalence of correctly identifying vaping as relatively less harmful than cigarettes decreased by statistically significant amounts for students of all groups
- The main sources of vapes for Year 10 students continued to be friends and family

Background

Vapes first appeared on the Aotearoa New Zealand (NZ) market in the mid-2000s and have become more commercially widespread in the last decade. ASH began monitoring youth vaping from 2014. Our trend data covers the period in which adult smoking has continued to decline and vaping increased. The Survey was not carried out in 2020 due to COVID-19.

In 2021 New Zealand introduced legislation to regulated vape products, sales and marketing. In response to a rapidly changing regulatory environment and increased public profile of teen vaping concerns, ASH expanded the vaping questions further, giving it similar emphasis to smoking in the questionnaire.

Questions on vaping have been sourced from tried and tested international survey examples and with the input of the New Zealand Youth Tobacco Monitor (NZYTM) Expert Advisory Group. Data is collected in the last six weeks of Term 2. More information on methods can be found in the 2025 ASH Year 10 Snapshot Survey: Information and Methods factsheet on the [ASH website](#).

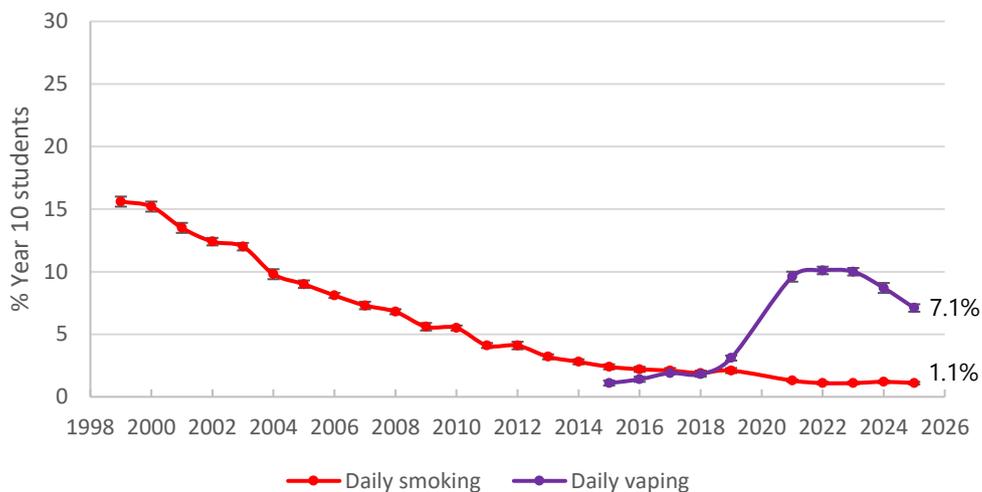
Daily, regular, and ever tried vaping decrease; daily and regular smoking remain low, never smoking increases

Daily use

Daily use is defined as vaping or smoking at least once a day. **There was a statistically significant decrease in daily vaping** (8.7% in 2024 to 7.1% in 2025). See Figure 1.

Daily smoking remained low (stable at 1.1% in 2025). See Figure 1.

Figure 1: Daily vaping (2015–2025) and daily smoking (1999–2025) for Year 10 students (14–15 years)

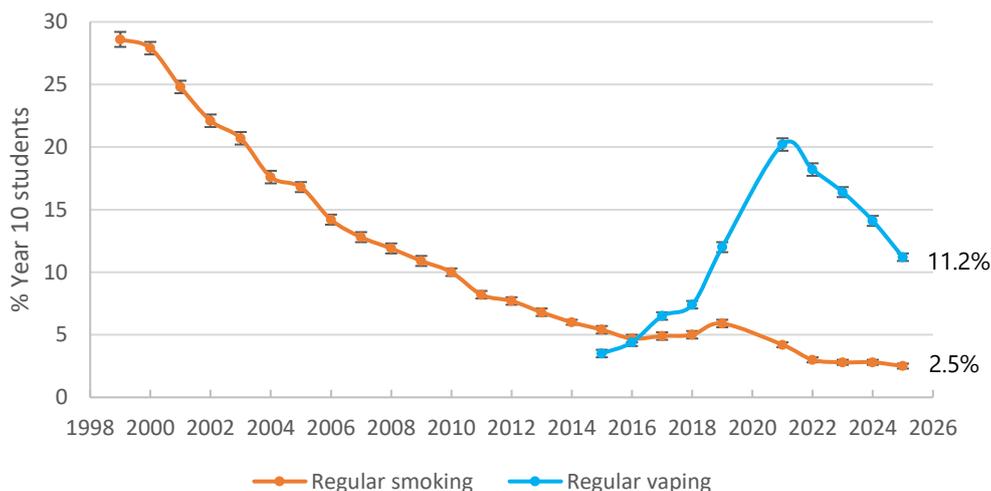


Regular use

Regular use is defined as vaping or smoking either daily, weekly, or monthly. **There was a statistically significant decrease in regular vaping** (14.1% in 2024 to 11.2% in 2025) for the fourth consecutive year. Regular vaping peaked at 20.2% in 2021 and has steadily decreased since then. See Figure 2. More than 60% of the “regular vaping” group are daily users (62.8% in 2025), a statistically larger portion than weekly (20.5%) or monthly users (16.7%) (data not shown).

Regular smoking remained low (stable at 2.5% in 2025). See Figure 2.

Figure 2: Regular vaping (2015–2025) and regular smoking (1999–2025) for Year 10 students (14–15 years)

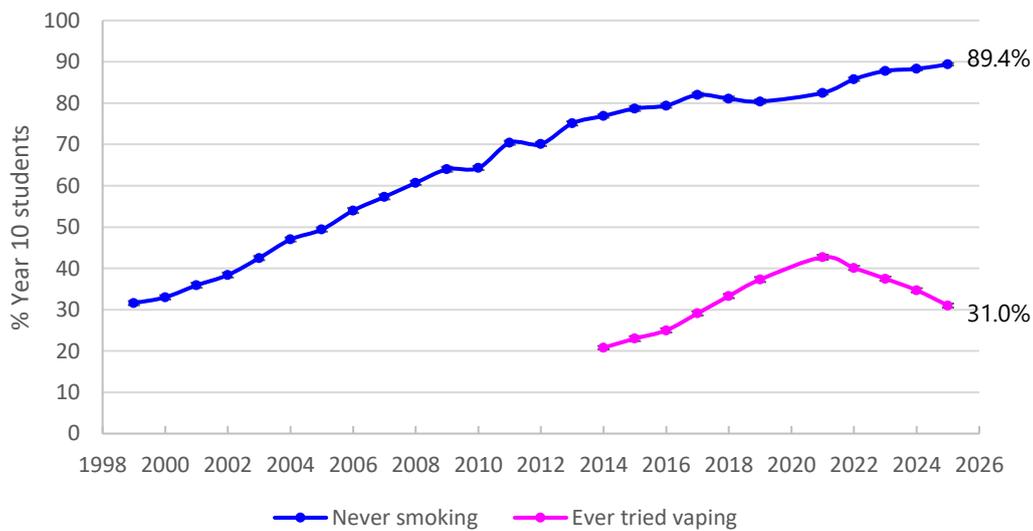


Ever tried vaping and never smoking

Ever tried vaping is defined as having ever tried a vape, even just a few puffs. It is a measure of overall experimental use and includes both current vapers and one-off experimental use. **There was a statistically significant decrease in ever tried vaping** (34.7% in 2024 to 31.0% in 2025) for the fourth consecutive year. Ever tried vaping peaked at 42.7% in 2021 and has steadily decreased since then. See Figure 3.

Never smoking prevalence measures the percentage of students who have never smoked a cigarette, even just a few puffs. **There was a statistically significant increase in never smoking** (88.3% in 2024 to 89.4% in 2025). See Figure 3.

Figure 3: Ever tried vaping (2014–2025) and never smoking (1999–2025) for Year 10 students (14–15 years)



Results by ethnicity: Daily, regular, and ever tried vaping decrease for Māori and European/Pākehā students; regular vaping decreases for Pacific students

Daily use by ethnicity

There were statistically significant decreases in daily vaping for Māori students (20.9% in 2024 to 16.5% in 2025) **and European/Pākehā students** (5.7% to 4.7%). There were no statistically significant changes in daily vaping for Pacific students or Asian students between 2024 and 2025. Daily smoking and vaping prevalences were highest for Māori students, followed by Pacific, European/Pākehā, and Asian students – all differences between ethnicities were statistically significant in 2025. See Figure 4.

There were no statistically significant changes in daily smoking prevalence by prioritised ethnicity² between 2024 and 2025. See Figure 5.

Figure 4: Daily vaping by prioritised ethnicity (2015–2025) for Year 10 students (14–15 years)

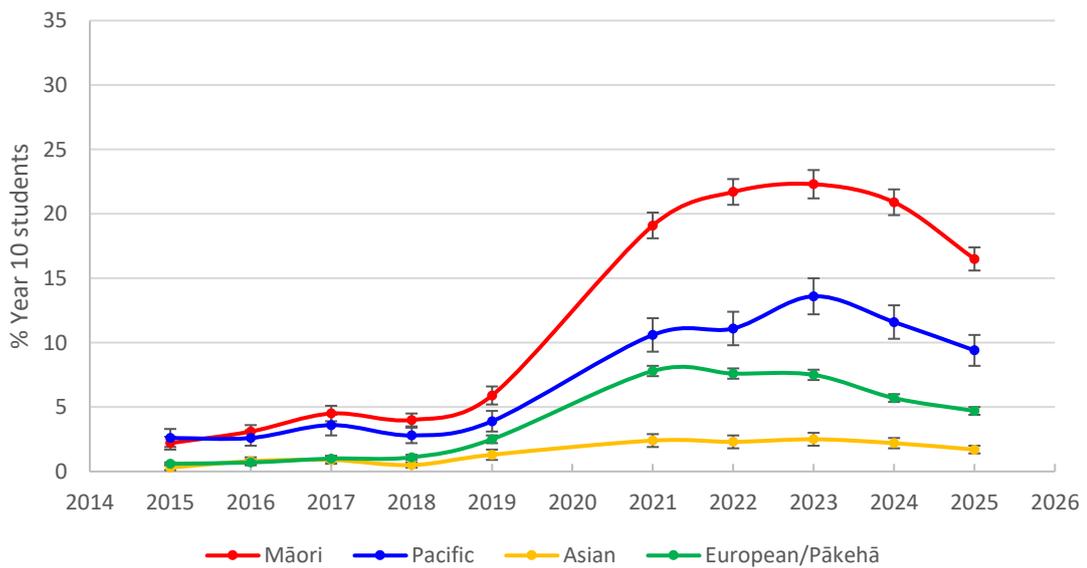
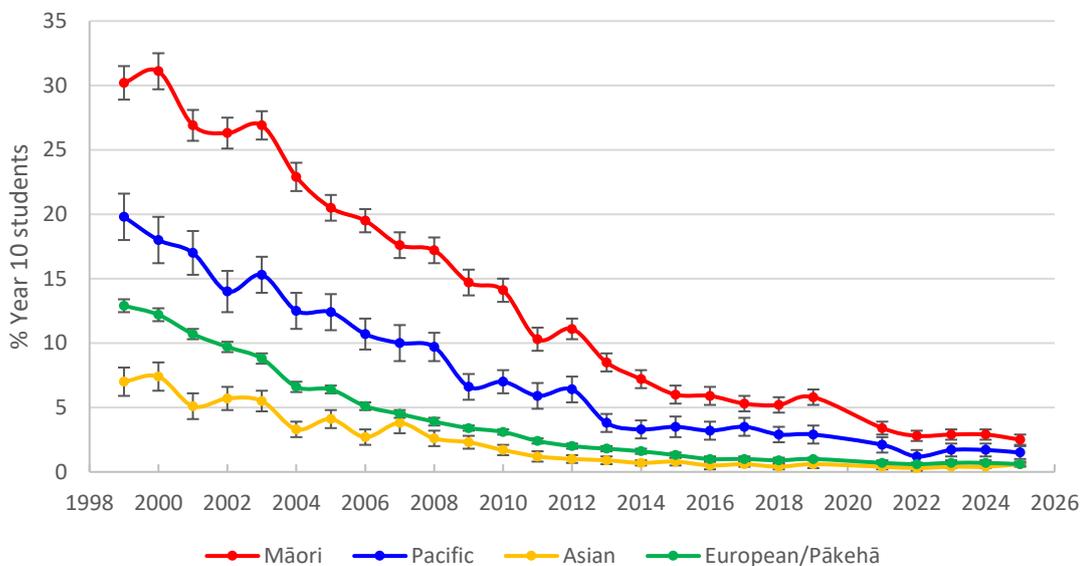


Figure 5: Daily smoking by prioritised ethnicity (1999–2025) for Year 10 students (14–15 years)



Regular use by ethnicity

There were statistically significant decreases in regular vaping for Māori students (29.4% in 2024 to 23.9% in 2025), **Pacific students** (19.2% to 14.2%), and **European/Pākehā students** (11.2% to 8.7%). There was no statistically significant change in regular vaping for Asian students (stable at 3.2% in 2025). Regular vaping was highest for Māori students, followed by Pacific, European/Pākehā, then Asian students – all differences between ethnicities were statistically significant in 2025. See Figure 6.

There were no statistically significant changes in regular smoking prevalence by prioritised ethnicity between 2024 and 2025. There have been large decreases in regular smoking for all ethnicities since 1999, but there are still statistically significant differences in regular smoking between the four major ethnic groups. Regular smoking was highest for Māori students (5.2% in 2025), followed by Pacific (2.6%), European/Pākehā (1.9%), and Asian (0.9%) students. See Figure 7.

Figure 6: Regular vaping by prioritised ethnicity (2015–2025) for Year 10 students (14–15 years)

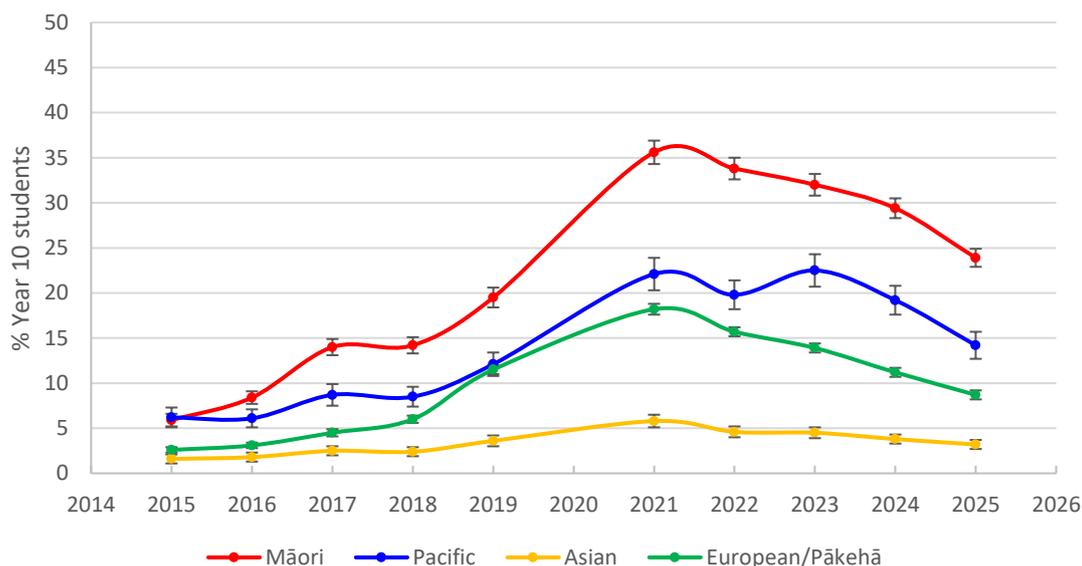
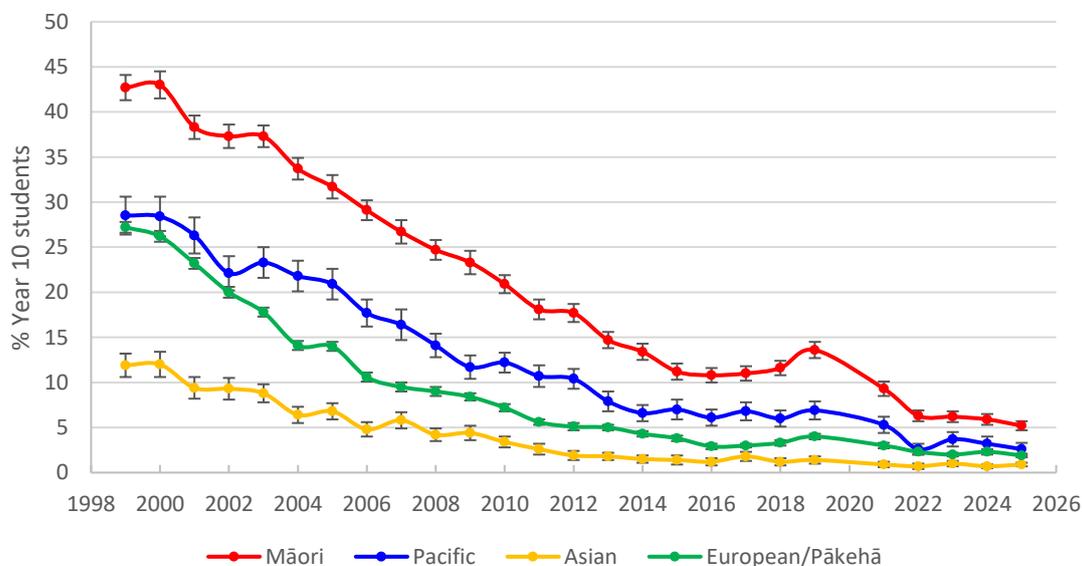


Figure 7: Regular smoking by prioritised ethnicity (1999–2025) for Year 10 students (14–15 years)



Ever tried vaping and never smoking by ethnicity

There were statistically significant decreases in ever tried vaping for Māori students (57.8% in 2024 to 53.2% in 2025) **and European/Pākehā students** (32.1% to 27.1%). There were no statistically significant changes in ever tried vaping for Pacific students or Asian students between 2024 and 2025. Māori students reported the highest prevalence (53.2% in 2025), followed by Pacific students (40.6%), then European/Pākehā students (27.1%), and Asian students (13.2%). All differences between ethnicities were statistically significant in 2025. See Figure 8.

There were statistically significant increases in never smoking for Māori students (78.1% in 2024 to 80.3% in 2025) **and European/Pākehā students** (90.0% to 91.1%). There were no statistically significant changes in never smoking for Pacific students or Asian students between 2024 and 2025. The never smoking prevalence for Māori students remains lowest (80.3% in 2025), followed by Pacific students (89.0%), then European/Pākehā students (91.1%), and Asian students (95.8%). All differences between ethnicities were statistically significant in 2025. See Figure 9.

Figure 8: Ever tried vaping by prioritised ethnicity (2014–2025) for Year 10 students (14–15 years)

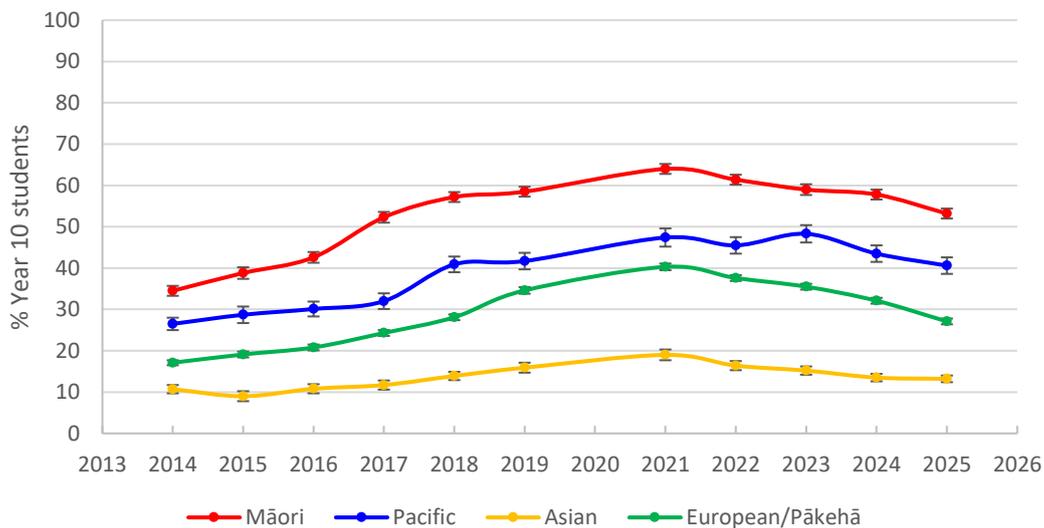
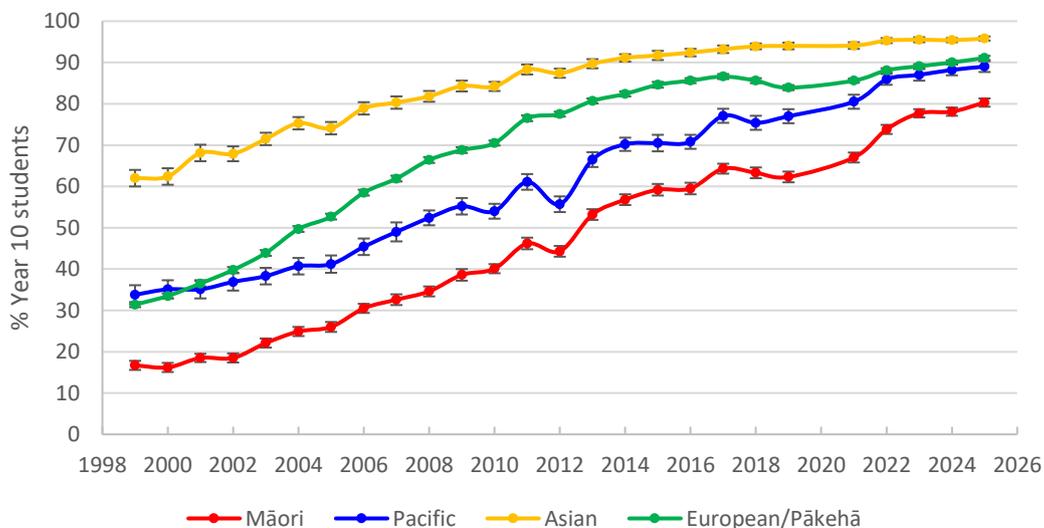


Figure 9: Never smoking by prioritised ethnicity (1999–2025) for Year 10 students (14–15 years)



Results by ethnicity & gender: Daily, regular, and ever tried vaping decrease for Māori and non-Māori non-Pacific boys and girls; regular vaping decreases for Pacific girls

Daily use by ethnicity & gender

There were statistically significant decreases in daily vaping for Māori boys (16.0% in 2024 to 12.7% in 2025) and girls (25.3% to 19.9%), and non-Māori non-Pacific boys (4.2% to 3.3%) and girls (5.3% to 4.2%). There were no statistically significant changes in daily vaping for Pacific boys (8.0% in 2025) or girls (10.3% in 2025). Māori girls and non-Māori non-Pacific girls reported statistically higher daily vaping prevalence than Māori boys and non-Māori non-Pacific boys in 2025. See Figure 10.

There were no statistically significant changes in daily smoking prevalence by prioritised ethnicity & gender between 2024 and 2025. See Figure 11.

Figure 10: Daily vaping by prioritised ethnicity & gender (2015–2025) for Year 10 students (14–15 years)

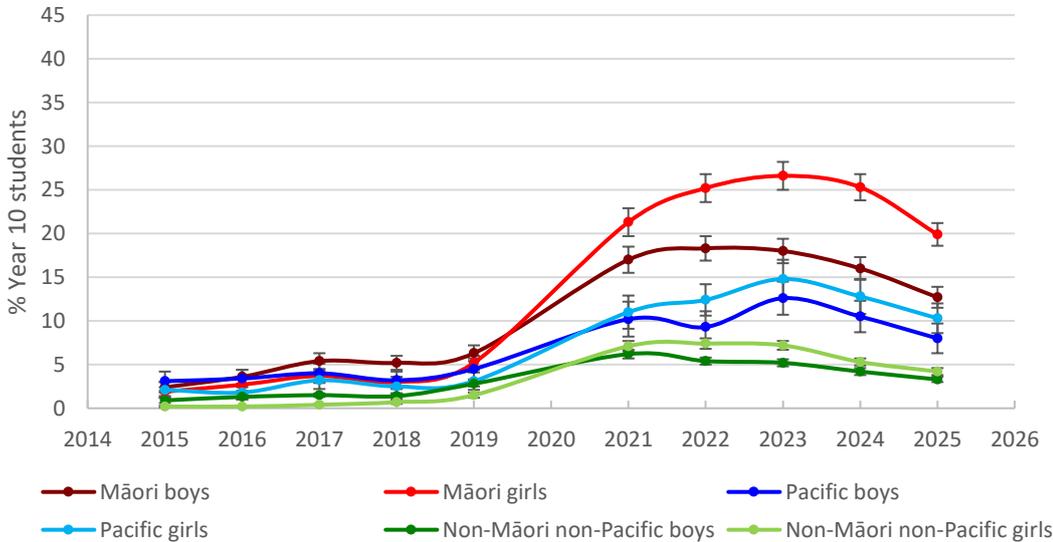
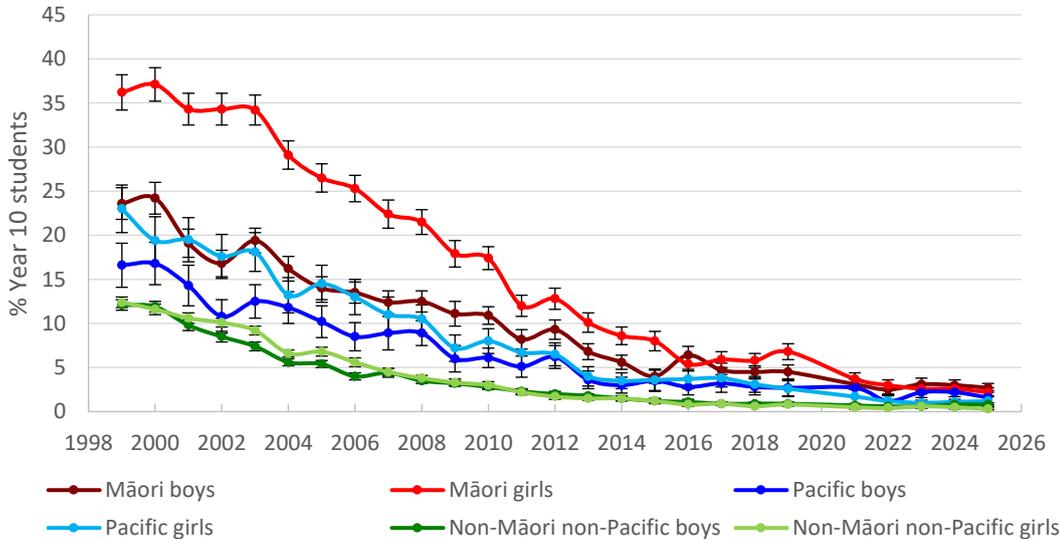


Figure 11: Daily smoking by prioritised ethnicity & gender (1999–2025) for Year 10 students (14–15 years)



Regular use by ethnicity & gender

There were statistically significant decreases in regular vaping for Māori boys (23.4% in 2024 to 18.5% in 2025) **and girls** (34.9% to 28.7%), **Pacific girls** (23.0% to 16.0%), **and non-Māori non-Pacific boys** (7.6% to 5.9%) **and girls** (10.4% to 7.9%). There was no statistically significant change in regular vaping for Pacific boys (11.9% in 2025). Girls reported statistically higher regular vaping prevalence than boys for all three groupings in 2025. See Figure 12.

There was a statistically significant decrease in regular smoking for non-Māori non-Pacific girls (1.8% in 2024 to 1.3% in 2025). There were no other statistically significant changes in regular smoking between 2024 and 2025. There have been large decreases in regular smoking prevalence for Māori girls and boys in recent years, with Māori girls reporting statistically similar levels of regular smoking (5.3% in 2025) to Māori boys (5.1%). There were also no statistically significant differences in regular smoking between boys and girls for Pacific and non-Māori non-Pacific in 2025. See Figure 13.

Figure 12: Regular vaping by prioritised ethnicity & gender (2015–2025) for Year 10 students (14–15 years)

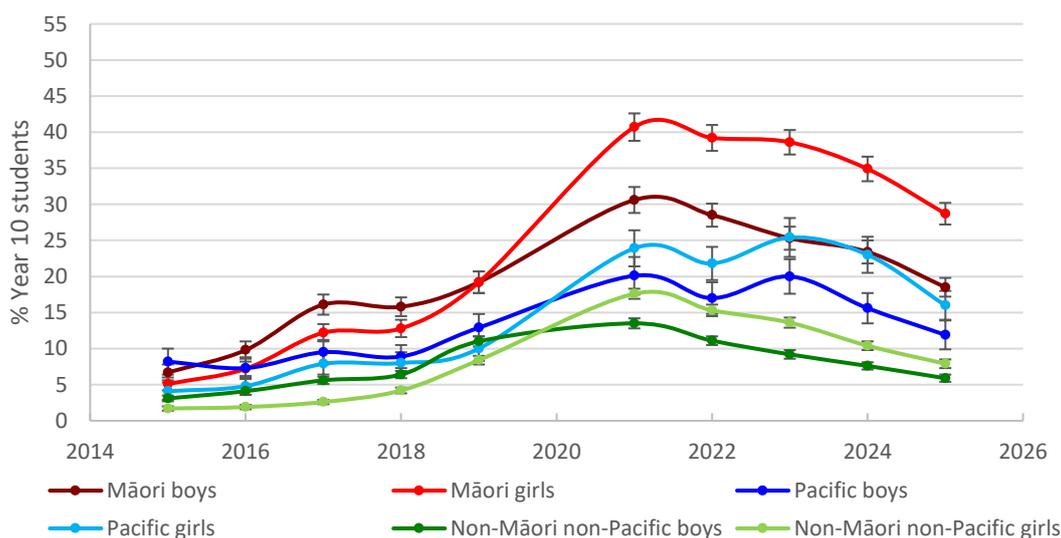
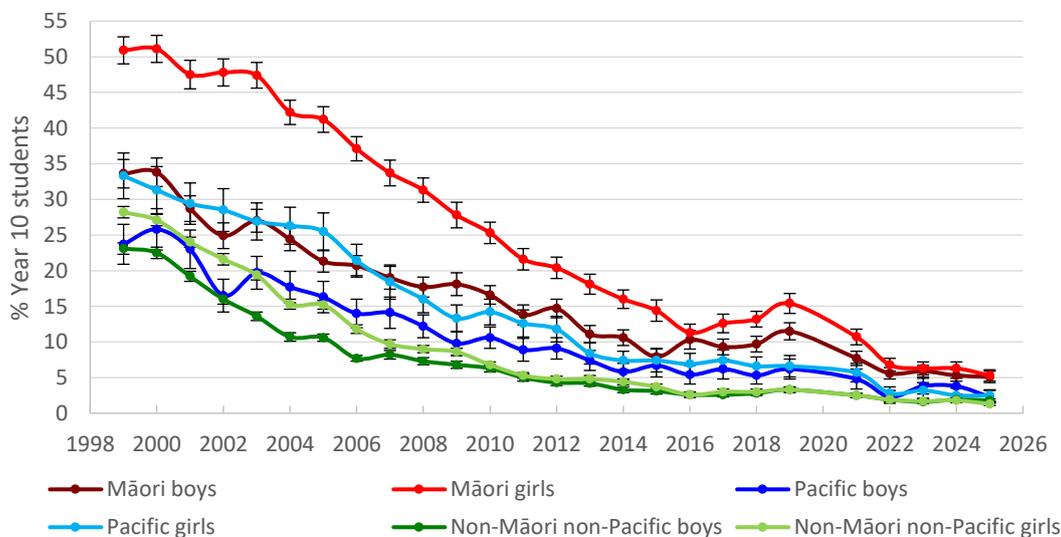


Figure 13: Regular smoking by prioritised ethnicity & gender (1999–2025) for Year 10 students (14–15 years)



Ever tried vaping and never smoking by ethnicity & gender

There were statistically significant decreases in ever tried vaping for Māori boys (52.4% in 2024 to 48.1% in 2025) **and girls** (62.6% to 57.6%), **and non-Māori non-Pacific boys** (25.0% to 21.7%) **and girls** (28.9% to 24.0%). There were no statistically significant changes in ever tried vaping for Pacific boys (36.9% in 2025) and girls (43.9% in 2025). Ever tried vaping prevalence was highest for Māori girls, and lowest for non-Māori non-Pacific boys. Girls reported statistically higher ever tried vaping than boys for all ethnicity groupings in 2025. See Figure 14.

There was a statistically significant increase in never smoking for non-Māori non-Pacific boys (91.2% in 2024 to 92.4% in 2025). There were no other statistically significant changes in never smoking by prioritised ethnicity & gender between 2024 and 2025. There were no statistically significant differences in never smoking between boys and girls for all three groups in 2025. Never smoking prevalence was lowest for Māori boys and girls, followed by Pacific boys and girls, and non-Māori non-Pacific boys and girls – all differences between ethnicity groupings were statistically significant in 2025. See Figure 15.

Figure 14: Ever tried vaping by prioritised ethnicity & gender (2014–2025) for Year 10 students (14–15 years)

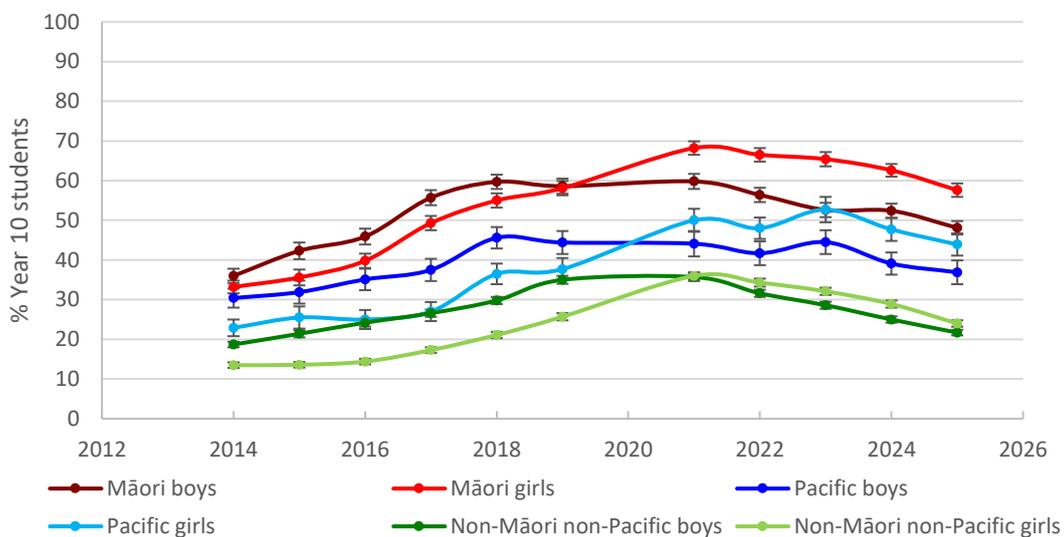
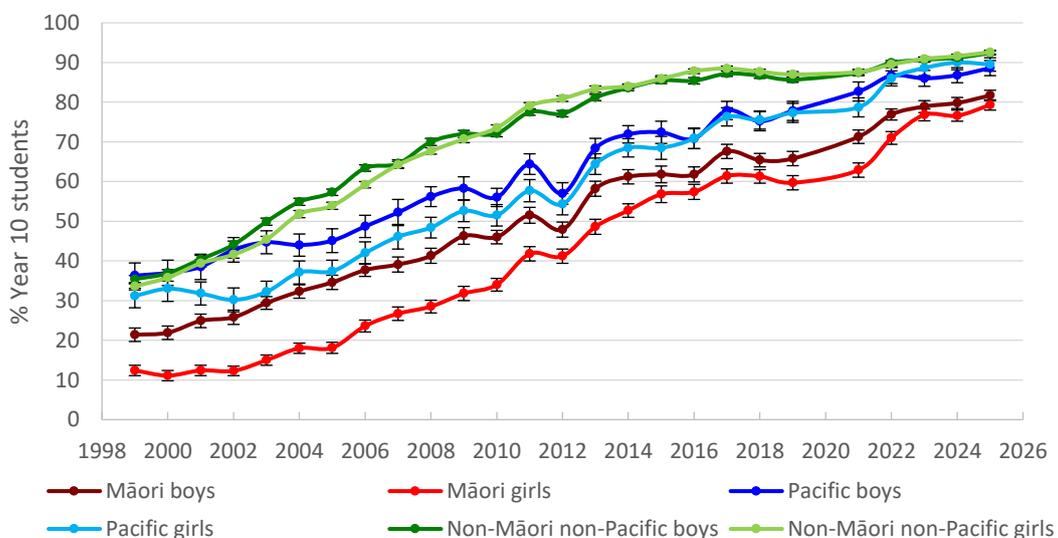


Figure 15: Never smoking by prioritised ethnicity & gender (1999–2025) for Year 10 students (14–15 years)



Daily, regular, and ever tried vaping decrease for students with moderate and fewer socioeconomic barriers to achievement; regular vaping decreases for students with more barriers

Daily use by socioeconomic status (SES)

There was a statistically significant decrease in daily vaping for students with moderate socioeconomic barriers to achievement (medium SES) (10.0% in 2024 to 8.1% in 2025) and fewer barriers (high SES) (4.4% in 2024 to 3.2% in 2025). There was no statistically significant change for students with more barriers to socioeconomic achievement (low SES) between 2024 and 2025. Daily vaping prevalence is related to SES; students with more socioeconomic barriers to achievement (low SES) were most likely and students with fewer barriers (high SES) were least likely to report daily vaping. All differences between SES levels were statistically significant in 2025. See Figure 16.

There were no statistically significant changes in daily smoking between 2024 and 2025, when analysed by SES. Despite daily smoking being low in all SES levels, there are still statistically significant differences between the SES levels in 2025, with students with more socioeconomic barriers to achievement (low SES) being most likely and students with fewer barriers (high SES) least likely to report daily smoking. See Figure 17.

Figure 16: Daily vaping by socioeconomic status (SES) (2023–2025) for Year 10 students (14–15 years)

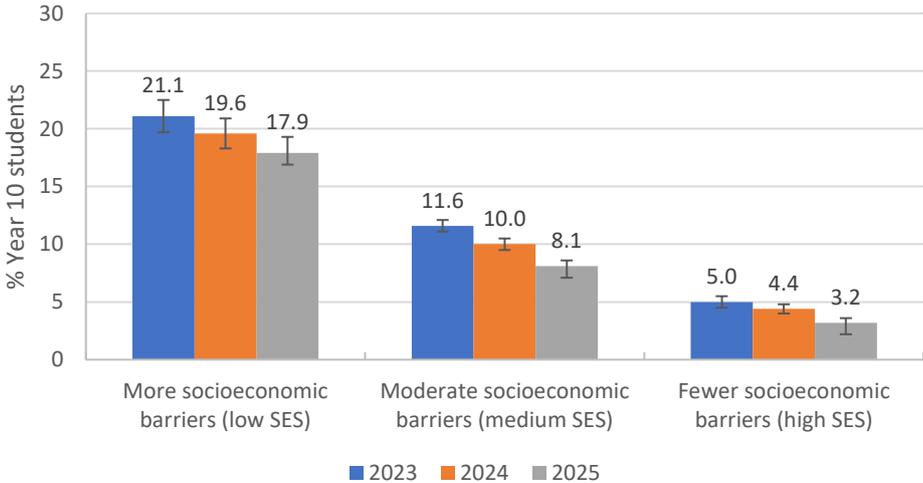
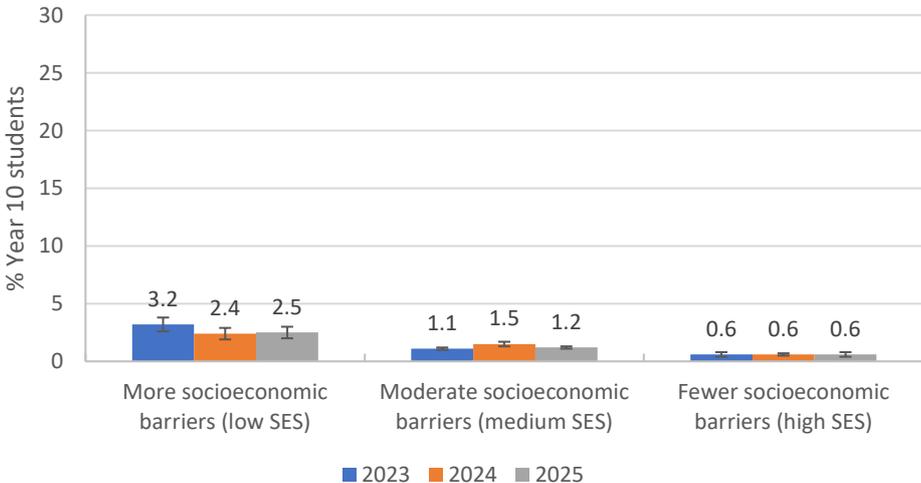


Figure 17: Daily smoking by socioeconomic status (SES) (2023–2025) for Year 10 students (14–15 years)



Regular use by socioeconomic status (SES)

There was a statistically significant decrease in regular vaping for students of all SES levels. There was a statistically significant decrease in regular vaping for students with more socioeconomic barriers to achievement (low SES) (28.8% in 2024 to 24.8% in 2025), students with moderate barriers (medium SES) (15.7% to 12.5%), and students with fewer barriers (high SES) (8.7% to 6.4%). Regular vaping prevalence is related to SES; students with more socioeconomic barriers to achievement (low SES) were most likely and students with fewer barriers (high SES) were least likely to report regular vaping. All differences between SES levels were statistically significant in 2025. See Figure 18.

There were no statistically significant changes in regular smoking between 2024 and 2025, when analysed by SES. Regular smoking prevalence is related to SES; students with more socioeconomic barriers to achievement (low SES) were most likely and students with fewer barriers (high SES) were least likely to report regular smoking. All differences between SES levels were statistically significant in 2025. See Figure 19.

Figure 18: Regular vaping by socioeconomic status (SES) (2023–2025) for Year 10 students (14–15 years)

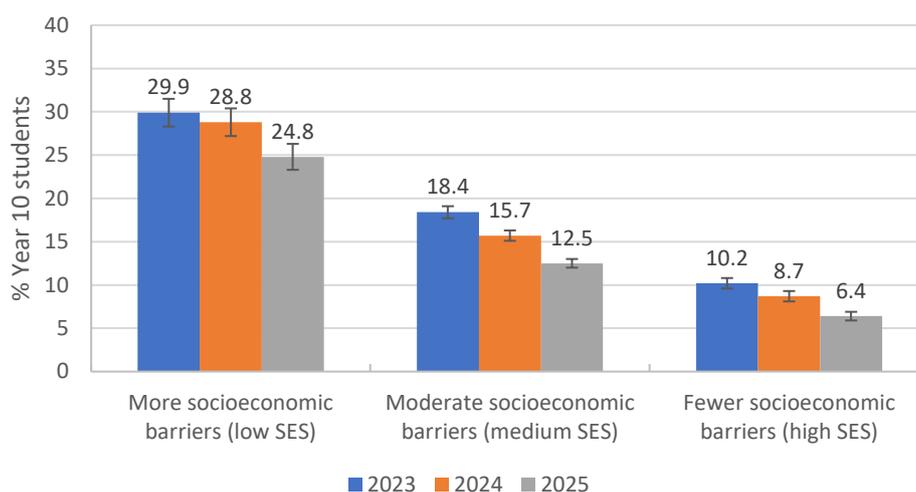
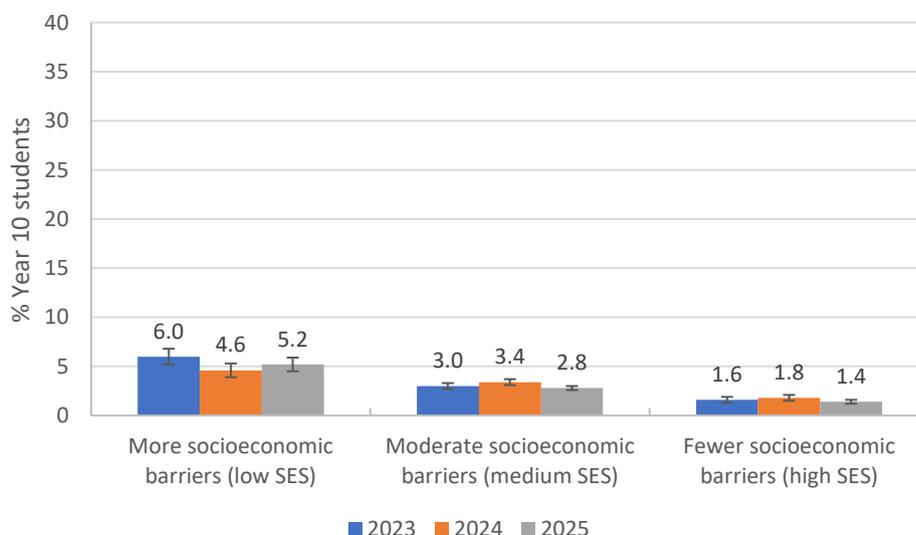


Figure 19: Regular smoking by socioeconomic status (SES) (2023–2025) for Year 10 students (14–15 years)



Ever tried vaping and never smoking by socioeconomic status (SES)

There was a statistically significant decrease in ever tried vaping for students with moderate socioeconomic barriers to achievement (medium SES) (38.3% in 2024 to 34.2% in 2025) and students with fewer barriers (high SES) (26.1% in 2024 to 21.5% in 2025). There was no statistically significant change for students with more barriers (low SES) between 2024 and 2025. Ever tried vaping prevalence is related to SES; students with more socioeconomic barriers to achievement (low SES) were most likely and students with fewer barriers (high SES) were least likely to report trying vaping. All differences between SES levels were statistically significant in 2025. See Figure 20.

There was a statistically significant increase in never smoking for students with moderate socioeconomic barriers to achievement (medium SES) (86.8% in 2024 to 88.5% in 2025) and students with fewer barriers (high SES) (91.7% in 2024 to 92.9% in 2025). There was no statistically significant change for students with more barriers (low SES) between 2024 and 2025. Never smoking prevalence is inversely related to SES; students with more socioeconomic barriers to achievement (low SES) were least likely and students with fewer barriers (high SES) were most likely to report never smoking. All differences between SES levels were statistically significant in 2025. See Figure 21.

Figure 20: Ever tried vaping by socioeconomic status (SES) (2023–2025) for Year 10 students (14–15 years)

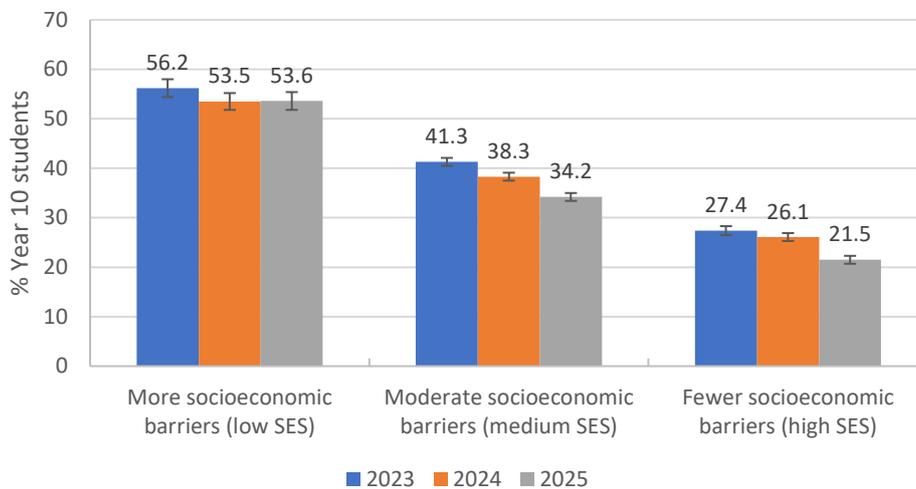
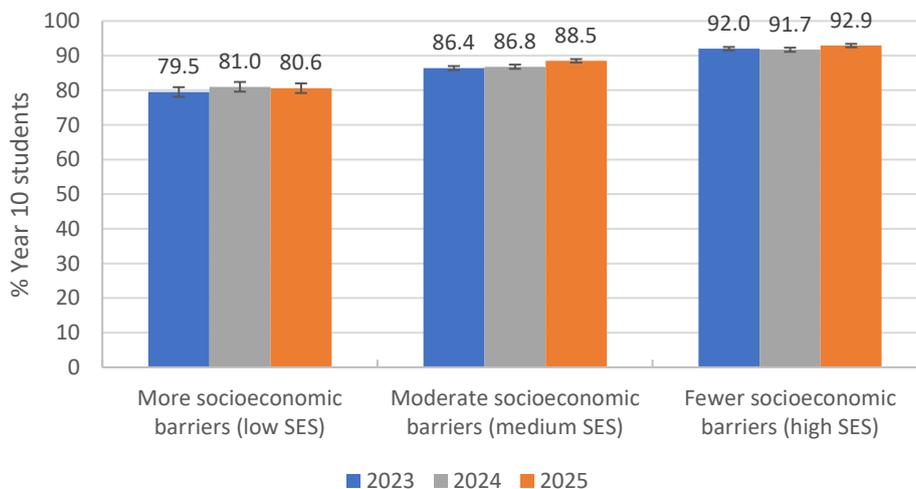


Figure 21: Never smoking by socioeconomic status (SES) (2023–2025) for Year 10 students (14–15 years)



Daily and regular vaping among students who have never smoked decreases

Vaping by smoking status

Daily vaping among students who have never smoked showed a statistically significant decrease (3.7% in 2024 to 3.0% in 2025). Of the 27,342 students who reported never smoking, 3.0% also reported vaping daily. There was no statistically significant change in daily vaping prevalence among students who smoke daily (82.8% in 2025). See Figure 22.

Regular vaping among students who have never smoked also showed a statistically significant decrease (7.6% in 2024 to 5.7% in 2025). There was also no statistically significant change in regular vaping prevalence among students who smoke daily (93.2% in 2025). See Figure 23.

Figure 22: Daily vaping by smoking status (2015–2025) for Year 10 students (14–15 years)

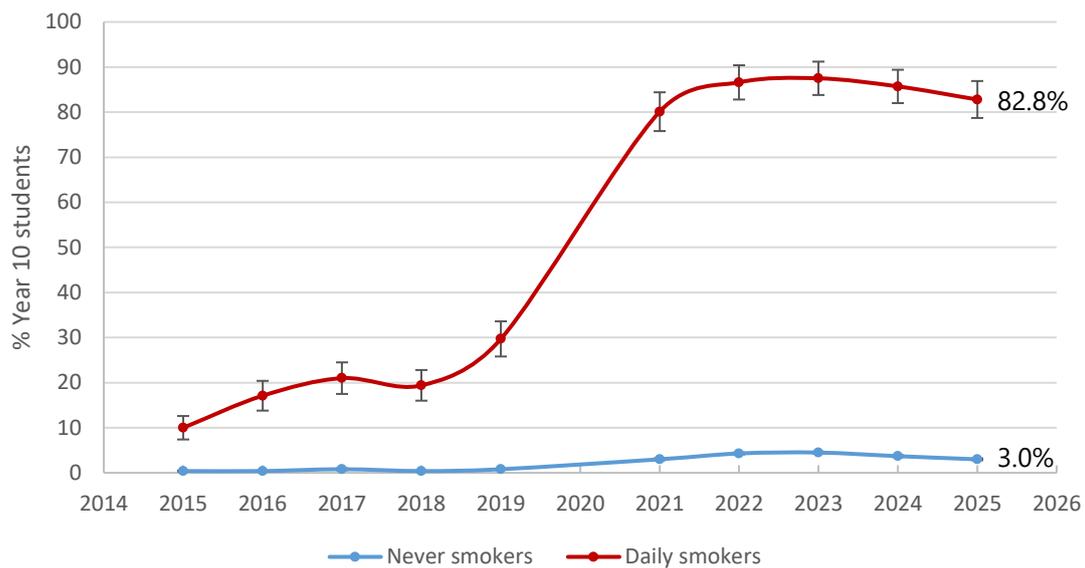
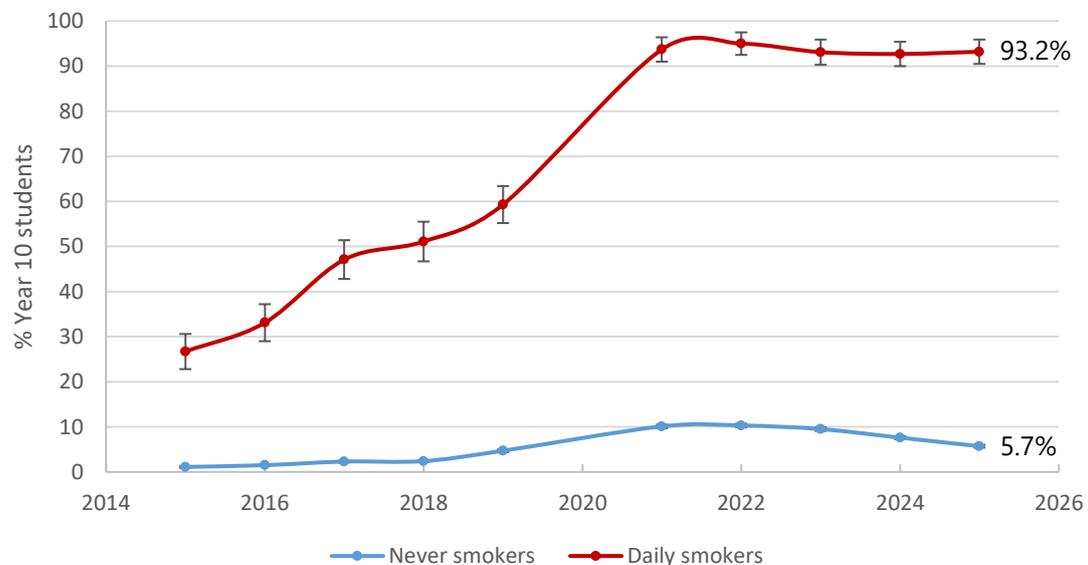


Figure 23: Regular vaping by smoking status (2015–2025) for Year 10 students (14–15 years)



Perception of relative harm

Students were asked their level of agreement with the statement “Vapes are less harmful than cigarettes” on a Likert scale from 1 to 5, where 1 was “completely disagree” and 5 was “completely agree”.

Only 14.7% of students who had never vaped correctly identified vaping as relatively less harmful than cigarettes in 2025. 22.9% of students who had ever tried vaping correctly identified vaping as relatively less harmful than cigarettes, statistically more than students who had never vaped. 29.9% of students who vaped daily correctly identified vaping as relatively less harmful than cigarettes, statistically more than students who had tried vaping. There was a statistically significant decrease in correctly assessing the relative harm of vapes for all three groups – never vaped (16.2% in 2024 to 14.7% in 2025), ever tried vaping (27.7% to 22.9%), and daily vaping (40.4% to 29.9%). See Figure 24 and Figure 25.

In 2025, 43.1% of students who had never vaped thought that vapes were relatively more harmful than cigarettes, more than the percentage of students who had ever tried vaping (31.7%) and students who vaped daily (25.3%) – all differences between groups were statistically significant. This was a statistically significant increase from 2024 for all three groups. See Figure 24 and Figure 25.

Figure 24: Perception of relative harm (vapes vs cigarettes) by student vaping status (2025) for Year 10 students (14–15 years)

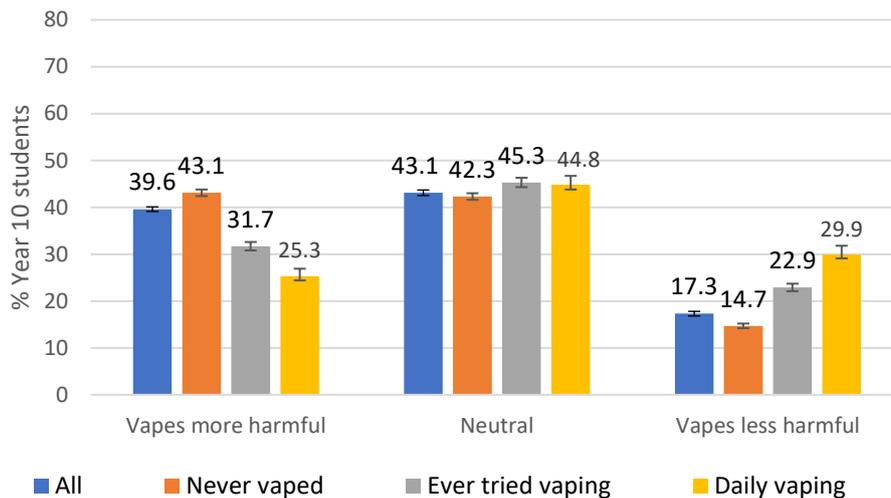
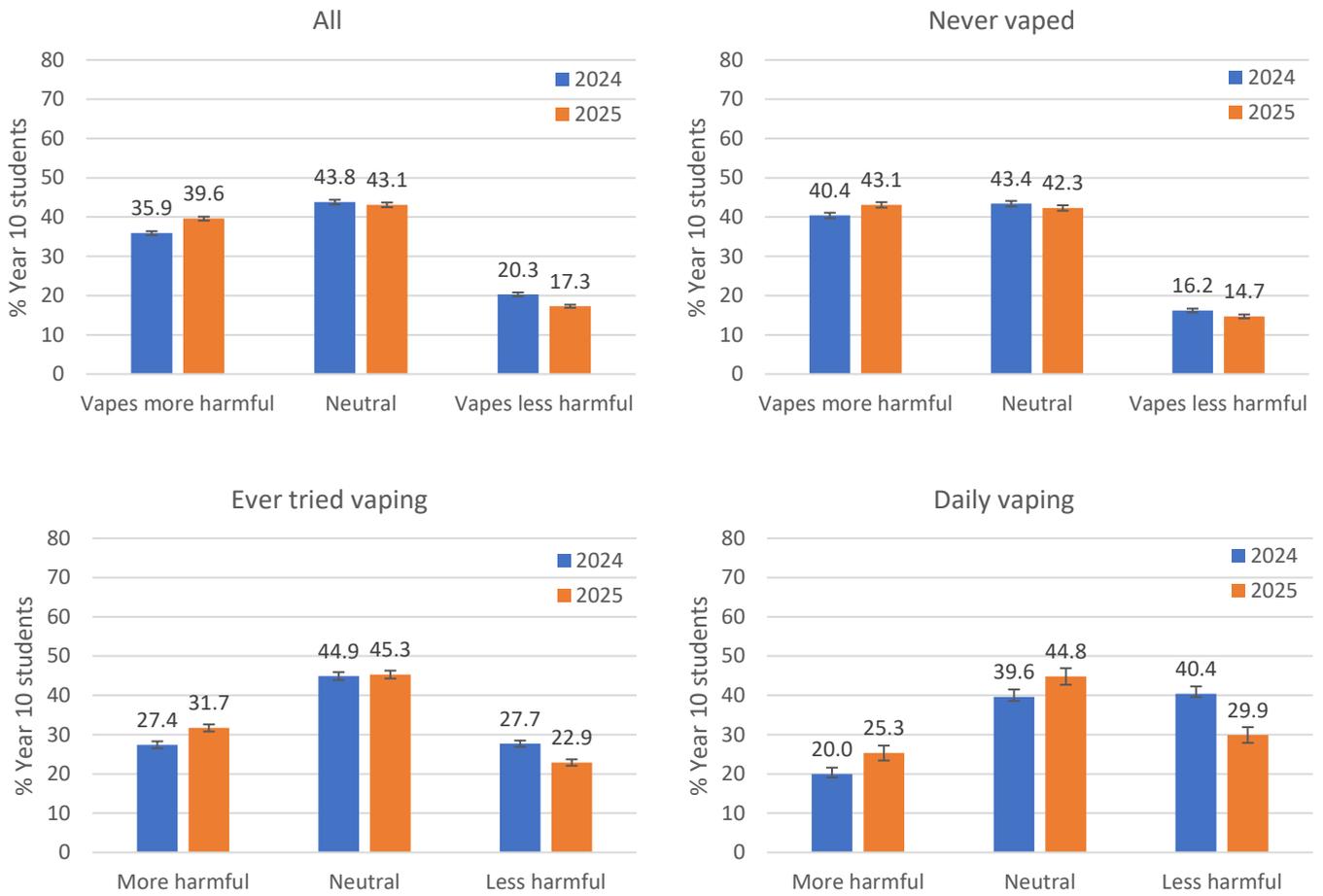


Figure 25: Perception of relative harm (vapes vs cigarettes) by student vaping status (2024–2025) for Year 10 students (14–15 years)



Main reasons for vaping

Ever tried vaping

For students who had ever tried vaping, the most common answers for all vape users was “Just to give it a try” (45.3% in 2025), followed by “Like the flavours” (11.5%) and “I enjoy it” (11.2%) (no statistically significant difference between the latter two). There was a statistically significant decrease for “Other people use them so I join in” (9.3% in 2024 to 6.5% in 2025). There were no other statistically significant changes between 2024 and 2025. See Figure 26.

Daily vaping

For daily vapers “I enjoy it” was most common (26.2% in 2025) followed by “Like the flavours” (18.3%), then “Stress relief/calms me down/coping mechanism” (13.1%) and “Don’t know” (10.9%) (no statistically significant difference between the latter two). There were statistically significant decreases for “Other people use them so I join in” (6.1% in 2024 to 3.9% in 2025), “Addiction” (4.6% in 2024 to 2.3% in 2025), and “Head spins/rush” (2.3% in 2024 to 0.9% in 2025), but no statistically significant changes for the others. See Figure 27.

Categories that had a statistically higher prevalence for daily vapers (compared to ever tried vaping) in 2025 included “I enjoy it”, “Like the flavours”, “Cigarette-related reasons”, “Addiction”, “Stress relief/calms me down/coping mechanism”, “Anxiety/depression/other mental health reason”. Ever tried vapers were statistically more likely to give “Just to give it a try” and “Other people use them so I join in” and “Peer pressure” as their main reason than daily vapers.

Daily smokers were statistically more likely to choose “Cigarette-related reasons” (15.4%) than ever tried vapers (3.1%) or daily vapers (6.8%) (data not shown).

Figure 26: Main reason for vaping for Year 10 students (14–15 years) who ever tried vaping (2021–2025)

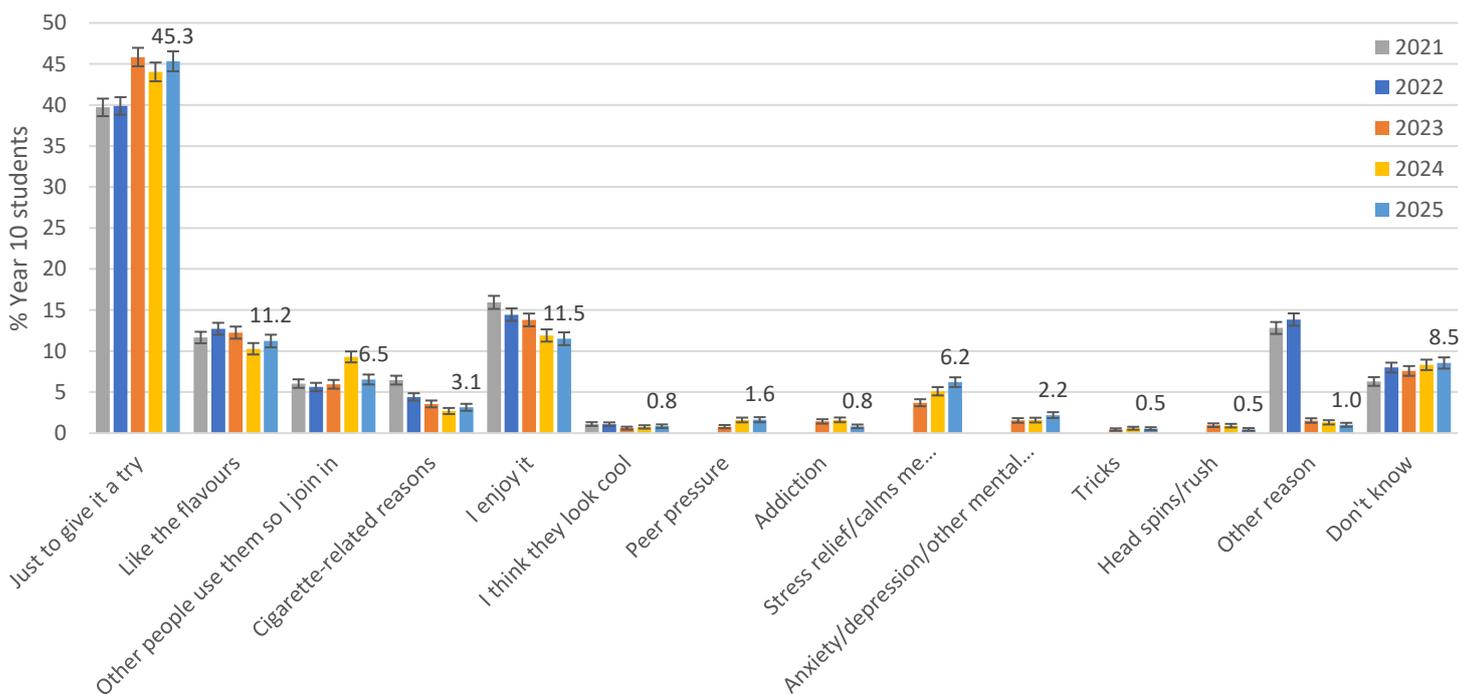
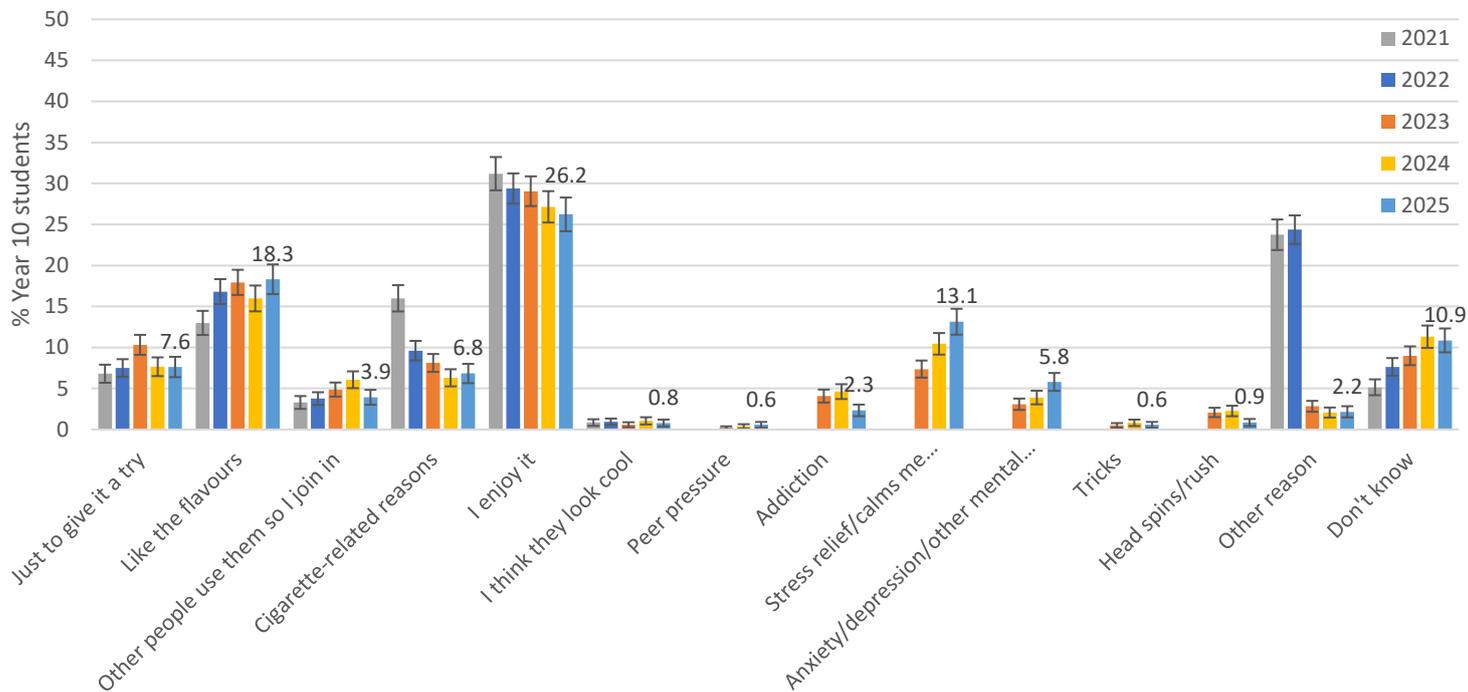


Figure 27: Main reason for vaping for Year 10 students (14–15 years) who vape daily (2021–2025)



Quit behaviour

Ever tried vaping

In 2025, 38.8% of students who had ever tried vaping answered that they had tried to quit vaping in the past year, a statistically significant decrease from 2024 (40.7%). 42.9% of students who had ever tried vaping answered that they did not vape in the past year, a statistically significant increase from 2024 (37.6%), and statistically higher than the percentage of those who had tried to quit vaping. 18.3% had not tried to quit vaping in the past year, a statistically significant decrease from 2024 (21.7%). See Figure 28.

Daily vaping

In 2025, 59.7% of daily vapers answered that they had tried to quit vaping in the past year, statistically higher than for ever tried vapers. 36.1% of daily vapers had not tried to quit vaping in the past year, statistically lower than the percentage that had tried to quit vaping. There were no statistically significant differences from the 2024 results. See Figure 29.

Figure 28: Past-year quit attempts for Year 10 students (14–15 years) who ever tried vaping (2024–2025)

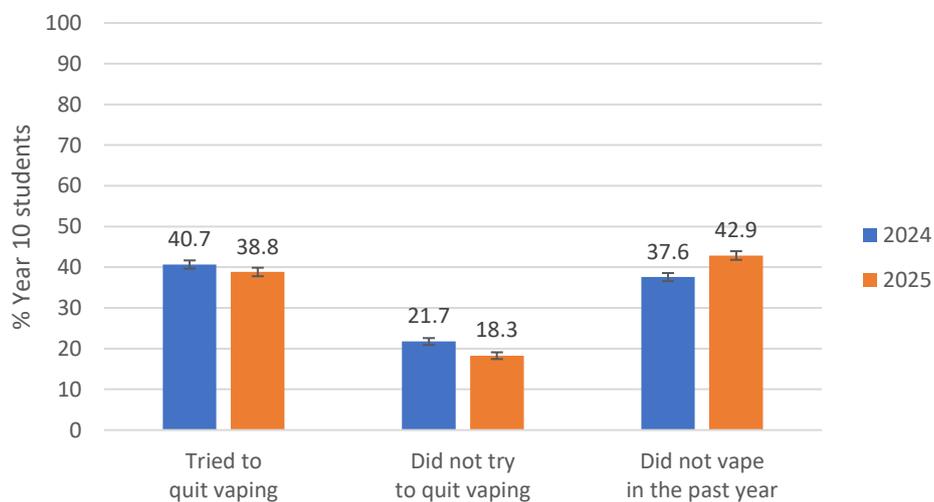
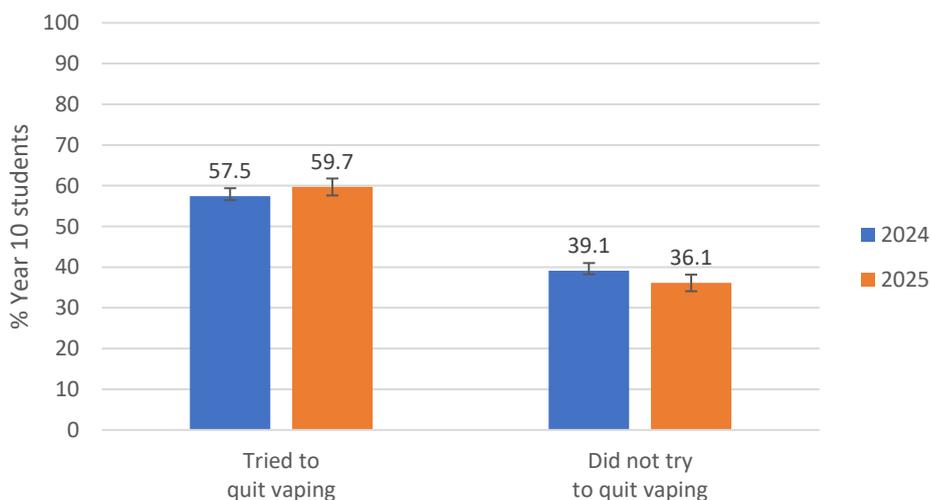


Figure 29: Past-year quit attempts for Year 10 students (14–15 years) who vape daily (2024–2025)



Usual source of vapes

The main sources of vapes for Year 10 students continue to be friends and family

For students that had ever tried vaping, the most common source of vapes in 2025 was friends (57.0%), followed by family (17.2%). There was a statistically significant decrease in the prevalence of “Bought from supermarket, dairy, petrol station, convenience store or other shop” between 2024 (3.0%) and 2025 (1.9%). There were no other statistically significant changes between 2024 and 2025. See Figure 30.

The most common source of vapes for daily vapers in 2025 was also friends (39.7%), followed by family (21.4%). Daily vapers were statistically less likely to get their vapes from friends and statistically more likely to get their vapes from family compared to students who had ever tried vaping. Daily vapers also showed a statistically significant decrease in the prevalence of “Bought from supermarket, dairy, petrol station, convenience store or other shop” between 2024 (4.3%) and 2025 (2.8%). There were no other statistically significant changes between 2024 and 2025. See Figure 31.

Figure 30: Usual source of vapes for Year 10 students (14–15 years) who ever tried vaping (2021–2025)

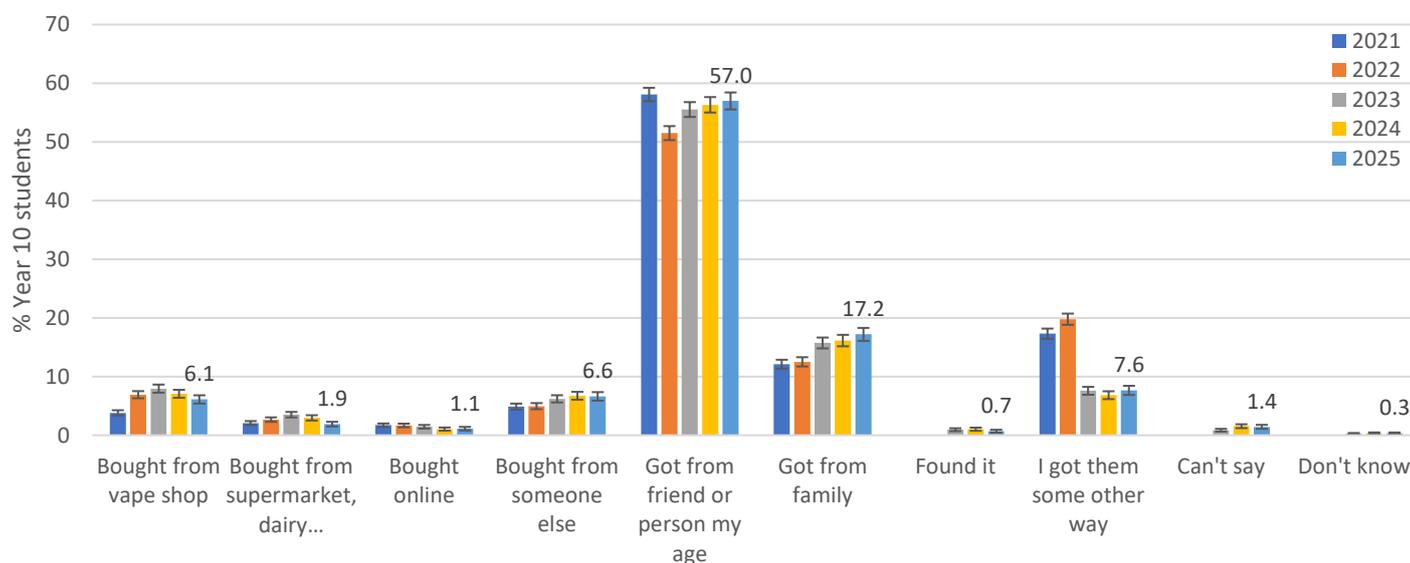
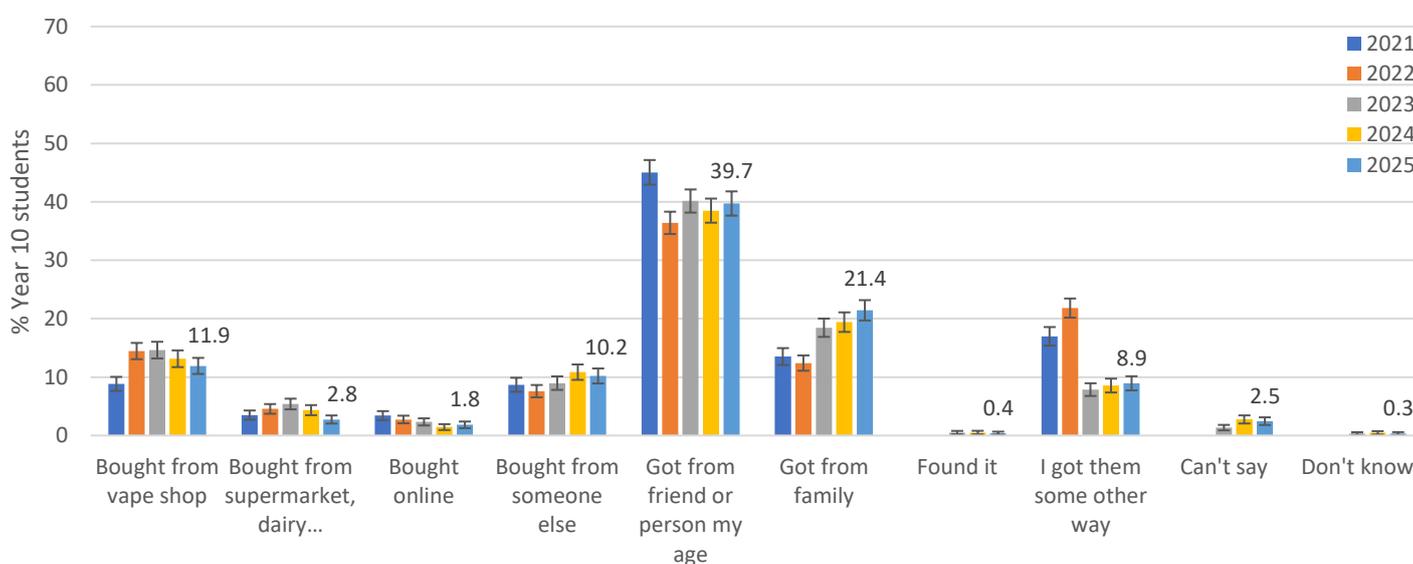


Figure 31: Usual source of vapes for Year 10 students (14–15 years) who vape daily (2021–2025)



Family and friends who vape

Likelihood of having family and friends who vaped increased with student vaping frequency. In 2025, students who had never vaped were statistically less likely to have family and close friends who vaped, compared with students who had tried vaping and daily vapers. Students who had tried vaping were statistically more likely to have family and close friends who vaped, and daily vapers were statistically the most likely to have family and close friends who vaped. See Figure 32.

Similarly, daily vapers were statistically more likely to report one or both parents vaping than ever tried vapers, who were statistically more likely to report one/both parents vaping than never vapers. See Figure 33.

Figure 32: Family and friends who vape by student vaping status (2025) for Year 10 students (14–15 years)

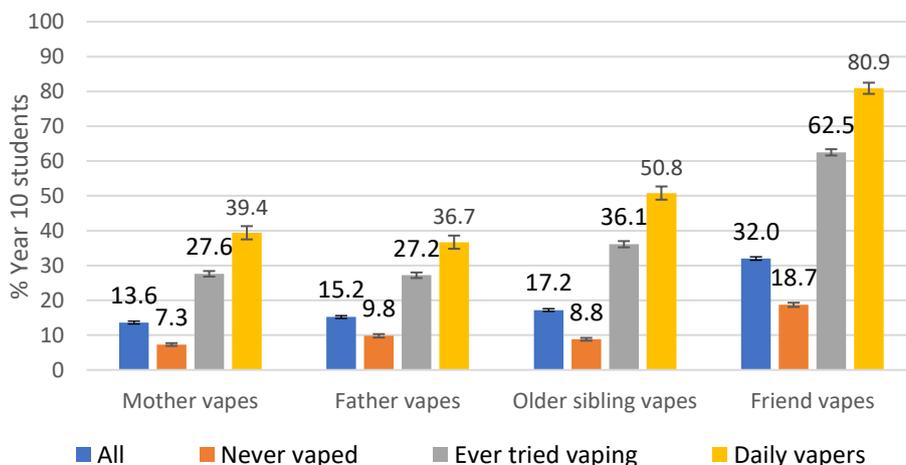
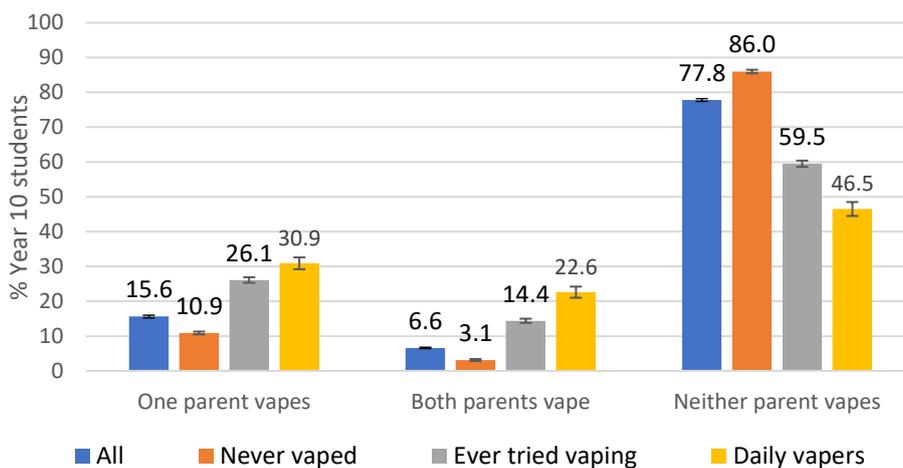


Figure 33: Number of parents who vape by student vaping status (2025) for Year 10 students (14–15 years)



Device type

Ever tried vaping

For students who had ever tried vaping, the most often used device in 2025 was a reusable vape with pods (47.0%), with almost half choosing this option. This was a statistically significant increase in use of pod vapes for the second year in a row (6.8% in 2023, 31.3% in 2024, 47.0% in 2025). The second most common answer was “Don’t know” (26.5%), followed by disposable vapes (20.0%). Disposable vape use statistically decreased in 2024 (30.8%) and 2025 (20.0%), from the peak in 2023 (58.1%). There was also a statistically significant decrease in reusable tank vape use between 2024 (9.1%) and 2025 (6.4%). See Figure 34.

Daily vaping

Similar to students who had ever tried vaping, students who vaped daily also used a reusable vape with pods most often in 2025 (68.8%) – a statistically significant increase from 2024 (49.3%). This was followed by disposable vapes, which statistically decreased from 28.0% in 2024 to 14.8% in 2025. There was also statistically significant decrease in reusable tank vape use (14.8% in 2024 to 9.5% in 2025). See Figure 35. Daily vapers were still statistically more likely to report using a reusable pod or tank vape than those that had tried vaping in 2025. 26.5% of ever tried vapers were uncertain as to the type of device they used most often, compared to 6.9% of daily vapers.

Figure 34: Vaping device used most often for Year 10 students (14–15 years) who ever tried vaping, 2021–2025

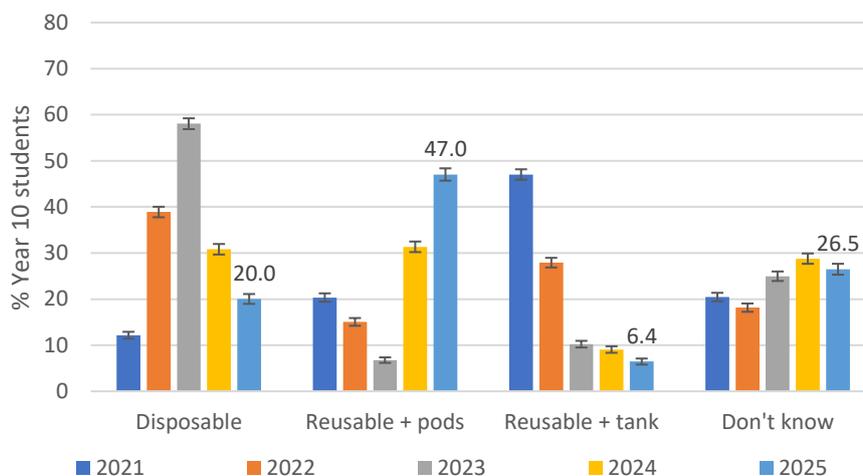
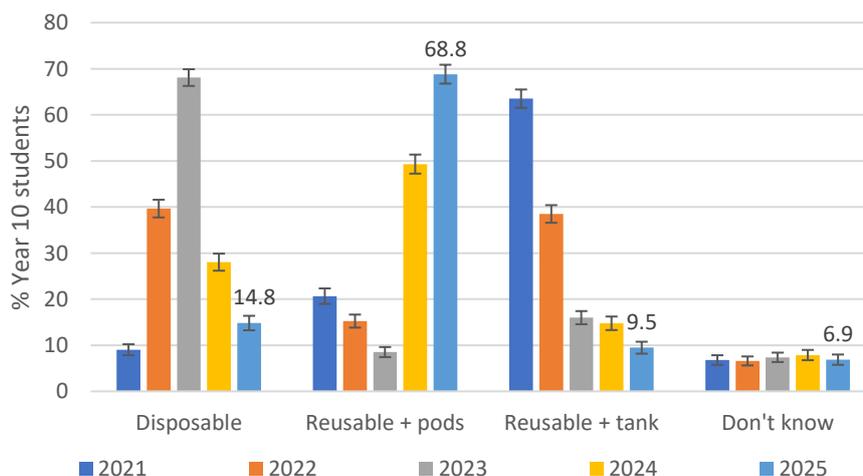


Figure 35: Vaping device used most often for Year 10 students (14–15 years) who vape daily, 2021–2025

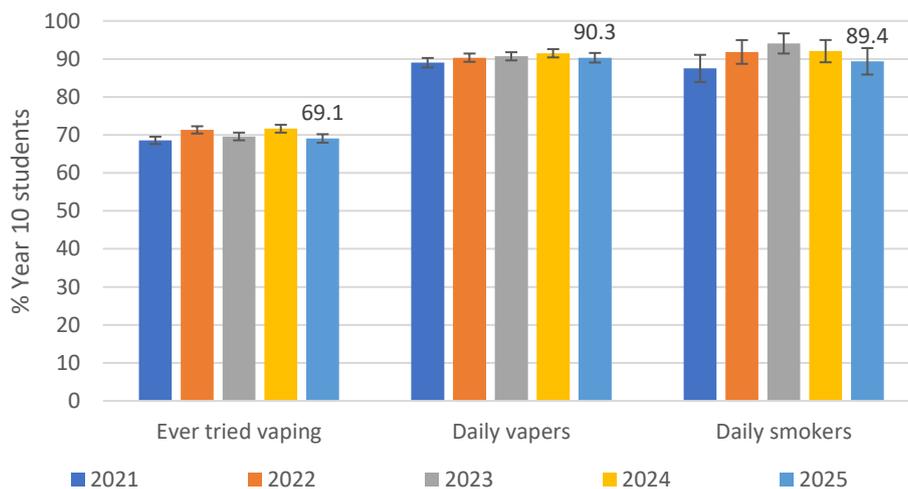


Vaping with nicotine

The majority of students reported that they usually vaped with nicotine, though it was statistically more common for daily vapers (90.3%) and daily smokers (89.4%) than all vape users (69.1%). There was no statistically significant difference between vaping with nicotine by daily vapers and daily smokers in 2025. See Figure 36.

For students who had ever tried vaping, there was a statistically significant decrease in reporting vaping with nicotine (71.6% in 2024 to 69.1% in 2025) (see Figure 36), which was accompanied by a statistically significant decrease in non-nicotine vaping and a statistically significant increase in answering “Don’t know” (data not shown).

Figure 36: Year 10 students (14–15 years) who report usually vaping with nicotine, for ever tried vapers, daily vapers, and daily smokers, 2021–2025



About the ASH Year 10 Snapshot Survey

The ASH Year 10 Snapshot surveys Year 10 students (aged 14–15 years) in Aotearoa New Zealand every year on their smoking and vaping behaviours and attitudes. It is one of the largest ongoing youth smoking and vaping surveys in the world, with 31,402 students participating in 2025. It has been carried out every year since 1999, except for 2020 due to COVID-19.

The Survey uses tried and tested measures and is conducted to a high methodological standard, that has been subject to peer review and ethics approval. It is available in English and Te Reo Māori. For more information on methods, see the 2025 ASH Year 10 Snapshot Survey: Information and Methods factsheet on the [ASH website](#).

The ASH Year 10 Snapshot Survey is funded by Health New Zealand | Te Whatu Ora as part of the New Zealand Youth Tobacco Monitor. All waves of the Survey have been approved by the Multiregional Health and Disability Ethics Committee for use in schools (MEC/07/10/141).

ASH appreciates the valuable time and effort of the schools, teachers, and students across Aotearoa NZ that took part in the 2025 Survey.

Suggested citation

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