New Zealand House of Representatives
Te Whare Māngai o Aotearoa

Health Committee
Komiti Whiriwhiri Take Hauora

54th Parliament
November 2024

Briefing on the implementation of regulations to limit youth vaping

Petition of Charlotte Christie: Ban the sale of vaping products in non-vape store premises, such as dairies

Presented to the House of Representatives
by Sam Uffindell, Chairperson

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Recommendation

The Health Committee has considered a briefing on the implementation of regulations to limit youth vaping, and recommends that the House take note of its report.

The committee has also considered the petition of Charlotte Christie—Ban the sale of vaping products in non-vape store premises, such as dairies—and recommends that the House take note of its report.

About this report

This report discusses first a briefing we have carried out about youth vaping, and then a petition about the sale of vaping products. We have combined them in one report given the close affinity in the subject matter.

We opened this briefing on the recommendation of the Health Committee of the 53rd Parliament. It was reporting on a petition from a group of young people called The Hashtags, who wanted licensing of vape retailers and restrictions on their density and location.[1] The committee's report noted that regulations would come into effect in September 2023, and recommended that the Health Committee of the 54th Parliament open a briefing to monitor the implementation.

We sought evidence for our briefing from the Ministry of Health | Manatū Hauora and academic researchers Dr Jude Ball and Professor Janet Hoek. We also sought information about enforcement activity from Health New Zealand | Te Whatu Ora. We heard from the Vaping Industry Association of New Zealand. We asked the Parliamentary Library to provide information on Māori organisations working in the vaping area.

Comments from Ministry of Health | Manatū Hauora

We invited the Ministry of Health to make a written and oral submission. We heard from the ministry on 10 April 2024, and sought information in the written submission regarding:

- the ministry's views on the harms and benefits of vaping
- epidemiology of vaping in New Zealand
- vape stores and the supply of vapes
- effectiveness of the current regulations and any options for future regulation
- enforcement of vaping regulations
- consideration of banning the supply of disposable vapes

[1] You can read the earlier committee's report on the Parliament website: *Petition of The Hashtags: Require licences for all vape retailers and restrict their density and location,* presented on 24 August 2023.

- consideration of moving to a prescription-only or similar basis for vapes.

While the ministry supports the use of vaping products in aid of smoking cessation, it recognises that vaping may pose a risk to the health and wellbeing of young people. The ministry asserted that the "best thing" for health is to be both smoke-free and vape-free. Combustible tobacco remains the most harmful nicotine delivery product. Scientific and medical communities around the world are largely in agreement that vaping is much less harmful than cigarette smoking. However, the ministry is taking a cautious approach as the long-term risks of vaping are still unknown.

Current trends in vaping

The Ministry of Health reported that the 2022/23 New Zealand Health Survey shows that the adult (age 15+) daily vaping rate is 9.7 percent compared to 8.3 percent in 2021/22. The ministry highlighted the vaping rate of 15 to 17-year-olds, which has increased to 15.4 percent from 8.1 percent the year before. It clarified that the survey takes a random representative sample of the population and seeks information about other aspects of health as well.

Youth vaping

The ministry said that the best measures for youth vaping are through the Action for Smokefree 2025 (ASH) survey. Schools are invited to participate. Students of the schools that elect to do so are offered the survey to fill out. About 30,000 students fill out the survey without supervision from teachers, which the ministry said can result in "more honest responses". The survey commenced in 1999 and employs a consistent method, so it is useful for assessing trends over time.

In 2023, according to the ASH survey, most 14 to 15-year-olds reported having never smoked, and 62.5 percent had never vaped. After sharp increases in vaping from 2019 to 2021, there is now a levelling off for most vaping measures, and in some cases, decreases. However, daily vaping amongst students from low socioeconomic communities is still increasing. The survey found that there are still inequities in smoking and vaping rates. Rates for smoking and vaping remain higher for Māori and Pacific students compared to European students, and for students from low socioeconomic communities compared to medium and high. Across all demographics, Māori boys have the highest rate of daily smoking, at 3.1 percent, and Māori girls have the highest rate of daily vaping, at 26.6 percent.

A report produced in New Zealand found that vaping can serve as a coping mechanism for young people.[2] Two of the top three reasons why young people use vapes are "it helps me to relax/chill out on my own" and "it's a way to connect/relax with my friends". Some young people have indicated that vaping seems like a less harmful option than other coping mechanisms or forms of risk-taking behaviour such as using alcohol or other drugs, or self-harming. We are concerned that this explanation minimises the extent of harm that vaping can cause, and implies that the Ministry is taking a permissive approach to vaping. We consider that vaping is the result of substance addiction and is not merely a coping

[2] Hā Collective Vaping Survey, Summary Report, July 2022.

mechanism for the youth. While we acknowledge that these findings are the experiences of some young people, we are critical of the Ministry's approach in providing this evidence.

Cessation services for youth vaping

We asked the ministry what youth-focused cessation services for cigarettes and vaping are available in schools and communities. Although no school-based smoking or vaping cessation programmes are funded by Health New Zealand, community-based services can support young people with smoking cessation. We learnt that there is very limited evidence on successful cessation measures for vaping, especially with regards to young people.

The Tūturu programme, led by the New Zealand Drug Foundation, addresses health issues within secondary schools. Funded by Health New Zealand and the Ministry of Education, it has a wide wellbeing scope, including alcohol, vaping, and mental health. After a pilot that included 11 schools, Tūturu has expanded to 30 schools that work regularly with the programme and access its resources. At present, there are four regional coordinators (based in Auckland, Otago, Christchurch, and Waikato). They are contracted to provide support to schools and promote Tūturu in new regions.

We were particularly interested in what the programme looks like in practice. Secondary schools can opt in or out of the Tūturu programme, choosing between a whole-school approach, or accessing Tūturu resources independently. Resources on vaping include webinars and learning units. The "Let's Clear the Air" resource, published in March 2024, offers information on youth vaping and ways to support vape-free and smoke-free policies in schools.

Supply of and access to vapes

Vaping products are sold in general retail stores and through specialist vape retailers (SVRs) and associated online stores. Those who sell vape products must notify the Vaping Regulatory Authority (part of the Ministry of Health) that they sell them.

While general retailers, such as dairies, supermarkets, and petrol stations, can only sell three flavours (mint, menthol, and tobacco), SVRs can sell a wider range of flavoured vapes. SVRs must meet specific requirements to be approved: the shop must be a fixed, permanent premise, and 70 percent of the overall turnover must be from vaping products. Since September 2023, SVRs may not open within 300 metres of a school or marae.

As of May 2023, at least 6,749 stores sold vape products in New Zealand. This included 989 SVRs and at least 5,760 GVRs (general vape retailers). The ministry noted that GVRs are only required to notify their business once, regardless of the number of stores operating under that business. Therefore, the number of GVRs is likely to be an underestimate. By May 2024, the number of SVRs had increased to 1,280, which indicates there are now over 7,000 physical vape retailers.

The ministry notes that the density of vape stores is greater in areas of higher deprivation and higher smoking prevalence. Social supply is the main route for access to vapes among young people.

In addition to physical stores, there are 146 SVRs selling vapes online.[3] Any online retail business must be connected to a physical specialist vape retailer. Online sales account for nearly a third of vape sales in New Zealand, though some of those sales are to Australian customers. Online purchasing among youth is low: 2.3 percent of daily vapers, and 1.5 percent of those who have ever tried vaping. We expressed concern that there is no age verification process for online purchases of vapes. Customers are required to tick a box confirming that they are 18 or over. The ministry told us it is considering ways to tighten the regulatory framework around vapes. It commented that a large proportion of these sales are to Australia, where import regulations have recently been tightened.

Enforcement and non-compliance activities

We asked about the enforcement of penalties in cases of breaches of regulation. In March 2024, Cabinet agreed to substantial increases in penalties for sales to minors, with the maximum fine for retailers found selling those products to underage people now $100,000.

The ministry and Health New Zealand support the Director-General of Health in administering and enforcing the Smokefree Environments and Regulated Products Act 1990. The New Zealand Police and the New Zealand Customs Service are engaged to support the ministry and Health New Zealand in discharging legislative and stewardship responsibilities. While the ministry is responsible for prosecutions, enforcement officers are employed by Health New Zealand. We address Health New Zealand's role in enforcement activities later in this report.

The ministry told us that infringement notices (issued for sales to minors) totalled 113 in 2023 and 44 in the first half of 2024 (to the end of June). In 2023, eight charges were filed against one individual in relation to vaping products, three of which were for sales to a minor.

We queried the ministry's policy in applying prosecutorial discretion. The Ministry of Health has been able to take prosecutions since 2020 as a result of legislative amendment. We heard that, before filing charges, the ministry must meet the public interest test in the Solicitor-General's prosecution guidelines. This helps determine whether a prosecution is justified. Subsequent considerations include weighing up whether the cost is justified, and the seriousness of the offending. We cited the ministry's submission which said that in 2023, around 10 percent of GVRs and 17 percent of SVRs sold to minors in controlled purchase operations. However, to date, only one prosecution that included vape sales to minors has commenced.

We were told that the ministry's overall approach is to focus on cases of persistent non-compliance. In some cases, sellers did not know that they were participating in illegal sales, which prompted an educative approach. The ministry told us that repeated infractions could then lead to infringement notices and prosecutions for repeated offences. The ministry expects an increase in prosecutions. It added that on-the-spot fines and infringement notices can be executed quickly, but that prosecutions take longer.

[3] Regulatory Impact Statement: Visibility of vape products and proximity of Specialist Vape Retailers – reducing youth vaping, 11 June 2024.

We are concerned that, at present, there seems to be lax enforcement and prosecutorial activity, which could be a reason for the high rates of youth vaping. Our concerns are outlined in the concluding section of this report.

Current regulations and options for future regulations

New vaping regulations that came into force in September 2023 require new SVRs to be at least 300 metres from a school or marae. The regulations also brought in new requirements covering flavour descriptions and nicotine levels, and new product safety requirements (such as removable batteries and child safety mechanisms).

In March 2024, Cabinet deferred to 1 October commencement of the requirements that reusable vaping products must have a child safety mechanism and removable battery. Cabinet confirmed that the regulations pertaining to flavour descriptions and nicotine levels would come into force on 21 March 2024 for all reusable vaping devices. It also confirmed that the new requirements will continue to apply to disposable (single-use) vaping devices.

We expressed concern about the definition of disposable devices, and about the evolving products available in the market. The ministry confirmed that rapid production of new varieties of devices is a possibility and advised care when defining this in legislation.

Comments from Health New Zealand | Te Whatu Ora

We learnt from Health New Zealand that there are currently 43 smokefree enforcement officers (SFEOs), three of whom are dedicated solely to smokefree compliance and enforcement activity. We understand that Health New Zealand is working to recruit an additional 16 SFEOs to increase compliance activity across the country. All of the newly recruited officers will be solely dedicated to smokefree compliance and enforcement activity.

We heard that, as of 31 March 2024, a total of 1,012 compliance visits to vape retailers had been conducted nationally. We asked about the process for conducting enforcement visits, and whether they are in response to a complaint or proactive. Health New Zealand told us that SFEOs undertake a range of compliance activities and conduct visits to monitor compliance and gather evidence if breaches of the Smokefree Environments and Regulated Products Act 1990 (SERPA) are identified.

Complaints regarding vape sales to minors are followed up by an SFEO who investigates the complaint to assess whether the legislation has been breached, and what systems and training the retailer has in place. Investigation may take the form of a Controlled Purchase Operation (CPO) for complaints relating to sale to a minor, or a compliance visit for other alleged breaches.

SFEOs also routinely check on tobacco retailers to ensure they comply with the SERPA. Commonly recorded information includes what products were focused on and any recorded breaches. SFEOs focus on retailers that are close to schools or marae, and in areas of high deprivation or vulnerable communities. They also carry out visits to new retailers in the market to ensure compliance.

Comments from Dr Jude Ball and Professor Janet Hoek

We invited oral and written submissions from Dr Jude Ball and Professor Janet Hoek, who research smokefree policy and tobacco and nicotine regulation.

According to Dr Ball and Professor Hoek, people who use vaping products are more likely to stop smoking than those who use nicotine replacement therapy (NRT) or who try to stop without support. However, they noted that the overall effectiveness of all approaches is low. Around 8 to 10 percent of people who use vaping products—and around 6 percent of people who use NRT—successfully quit smoking. Further analysis is needed to ascertain the exact connection between vaping and a decline in smoking prevalence. Therefore, they caution against the proliferation of nicotine products until there is more information on their effectiveness as cessation tools.

Dr Ball and Professor Hoek note that there is no New Zealand evidence that youth smoking rates have increased following the increase in vaping prevalence. However, they are alert to data from Australia and England, where there have been recent increases in smoking. Equally, they contend that existing policies have not been effective in reducing vaping uptake among children and adolescents, noting that decreases in vaping have been very modest. They advocate comprehensive monitoring of data on nicotine use by young people.

Dr Ball and Professor Hoek outlined components of a comprehensive approach:

- tighten regulatory controls to reduce the affordability, visibility, appeal, and availability of vaping products
- increase enforcement efforts
- provide youth-specific vaping cessation guidelines and supports and strengthen engagement with young people to ensure these supports are appropriate, work as intended, and have the desired outcomes
- invest in demand-reduction measures, such as public education and social marketing campaigns
- reduce exposure to wider determinants of youth vaping (such as untreated mental health problems) and increase exposure to protective factors (caring and supportive home, school, and community environments; clearly communicated expectations of vape-free and smokefree lifestyles)
- exclude tobacco and vaping companies from influence on policy making.

In addition, they emphasised flavour restrictions, noting that their recent research found that fruity flavours appeal to young people in New Zealand. Some fruit flavoured e-liquids are named sweet watermelon, peach raspberry, and honey peach. They observed that restriction of flavours may have contributed to recent decreases in youth vaping in the USA.

Harms to physical health from vaping

Dr Ball and Professor Hoek agree with the Ministry of Health that research indicates that vaping products are less physically harmful than smoked tobacco. However, they show that the evidence for the harmfulness of vaping is compelling. They pointed to studies that have researched developmental effects on the brain and lungs.

Brain

Dr Ball and Professor Hoek note that it is now well established that the brains of children and adolescents are more vulnerable to nicotine and other neurotoxins than adults' brains. Exposure to nicotine can negatively affect brain development and there is substantial evidence that nicotine can have long-term effects on the brain and behaviour. A study conducted on rats found that even a brief period of continuous or intermittent exposure to nicotine during adolescence can elicit lasting changes in biomarkers associated with damage to cells and nerves.[4]

Lungs

Dr Ball and Professor Hoek assert that the negative impact of vaping on the lungs and on respiratory function is substantiated in scientific literature. A scientific statement from the American Heart Association notes that adolescents who vape will likely experience lower lung function. They are likely to be more susceptible to asthma, chronic obstructive pulmonary disease, pneumonia, or interstitial lung disease. Adolescents who vape are also at risk of stunting their lung development, which may mean that they do not reach their full lung potential.

Harms to mental health from vaping

Dr Ball and Professor Hoek note increasing evidence that vaping imposes a mental health burden on young people. They observe that there is some evidence of a bidirectional relationship: young people with mental health issues are more likely to take up vaping, and those who take up vaping are more likely to report mental health issues.

In their study, Dr Ball and Professor Hoek found that young people moved rapidly from vaping socially to feeling addicted. This change typically happened within weeks or months, or sometimes more gradually. Participants in their study reported feelings of reduction in control once they obtained their own device. The study also noted that participants reported daily disruption, intense cravings, and strong emotional responses when they needed to vape.

Other studies have shown that mental health is, on average, worse among young people who vape compared to young people who do not vape. Youth e-cigarette use is associated with a range of mental health conditions, including depression, eating disorders, and suicidality. Vaping dependence, in one study, was associated with increased depressive symptoms among people who never smoked cigarettes.[5]

Comments from the Vaping Industry Association

We received oral and written submissions from the Vaping Industry Association of New Zealand (VIANZ). It clarified that it has no "links to the tobacco industry", and stated that it wants to work with Government to help remove bad operators. It is concerned about the number of young people who are vaping, and supports effective regulation and robust enforcement to limit youth vaping.

4 This study is available to read on the ScienceDirect website.

5 This study is available to read on the ScienceDirect website.

VIANZ notes that vaping products have an important public health function. It suggests that, in order to supplant cigarettes to help smokers quit, vaping products must:

- emulate the nicotine hit of a cigarette
- be easy to use
- have flavours that help diminish the appeal of smoked tobacco.

VIANZ suggests that a lack of enforcement may be responsible for the growth of irresponsible industry participants. It emphasised that SVRs should not be permitted to sell anything other than vaping products, and maintained that some currently sell drug paraphernalia.

VIANZ finds that limiting sales of vaping products to SVRs, having a removable battery requirement, and reducing the maximum nicotine strength in vaping products are “ineffective regulations”. Instead, it suggests that regulations should ban the sale of single-use vaping products, reduce the number of SVRs, and require online retailers to use ID-verification software. VIANZ suggests that reducing the number of SVRs could be achieved by tightening the criteria for eligibility, prohibiting the store-within-a-store model, and ensuring that SVRs strictly sell vaping products only.

We sought further information about instances of conflicting advice provided to the industry by the Vaping Regulatory Authority. VIANZ outlined issues pertaining to advice about the description of flavour names, acceptable advertising practices, and allowable nicotine limits in vaping products.

Inconsistent advice on flavour names

VIANZ detailed instances where the Vaping Regulatory Authority (VRA) provided erroneous or misleading advice to vape providers. It cited an instance where Alt, a vape brand, queried whether vape products sold at general retailers could be called “sweet mint”, as both “sweet” and “mint” were included in the recent regulation’s list of acceptable flavour names. VRA confirmed that this was possible, and Alt subsequently ordered significant stock of vapes with variant names like “sweet mint”, “sweet tobacco”, and “sweet menthol”.

The day after the new regulations came into effect, VRA emailed Alt to advise a change in position, and that the brand could no longer sell products with the name “sweet mint”. VIANZ asserted that the commercial cost of this conflicting advice was substantial.

The Ministry of Health acknowledged that conflicting advice has been provided on flavour variant names. It affirmed that it continues to work with retailers to clarify the requirements of new regulations when describing flavour variants.

Advertising

VIANZ noted that the advertising of vape products is largely prohibited by the SERPA legislation. Health New Zealand produced a pamphlet advising the industry that SVRs can display advertising posters only if they contain the price of the products advertised. Posters without prices, HNZ advised in the pamphlet, were prohibited. In April 2023, VRA directed one of VAPO’s shops to remove all posters and confirmed that HNZ’s advice was incorrect.

The ministry acknowledged that this information was incorrect, and said it continues to work with HNZ to ensure consistent interpretation of the SERPA.

Nicotine strength

VIANZ notes that when regulations took effect in 2021, the maximum nicotine strength for nicotine salt vaping products was set at 50mg/ml. This limit was set after advice from independent experts, commissioned by the Ministry of Health.

VIANZ reported that on 27 October 2022, without any engagement with industry, the VRA advised that the 50mg/ml limit applied to the nicotine salt in the vaping product, rather than to the nicotine. As a result, VIANZ notes, the maximum nicotine strength of nicotine salt vaping products was effectively halved to 28.5mg/ml. It was argued that an adverse effect of this change was that ex-smokers could not access vaping products that would emulate the "nicotine hit" of a cigarette, making them vulnerable to a relapse to smoking. Also, VIANZ submits, about 80 percent of the products in the market could no longer be sold. VIANZ notes that in August 2023 the ministry confirmed that the limit applied to the nicotine strength of the product, not to the nicotine salt, and that the industry was right. Alt estimates that this error resulted in a $6 million loss, excluding the cost of bringing judicial proceedings.

In its response, the ministry notes that VIANZ references a previous judicial review. This relates to previous regulatory settings that have since been superseded by the amended regulations. The making of the amended regulations was upheld by the High Court, but the plaintiffs have appealed that decision, which is set down to be heard at the Court of Appeal on 26 and 27 November 2024. The ministry observed that the requirements specified in the 2023 amendments remain in force and clearly outline the legal obligations of notifiers of vaping substances and products. These include the requirements that the concentration of nicotine in reuseable vaping products containing nicotine only in salt form must not exceed 28.5mg/ml. Nicotine concentration in other vaping products must not exceed 20mg/ml.

Our conclusion

We recognise the importance of limiting youth vaping, but also the use of vapes as a smoking-cessation device. We see it as vital that both smoking and vaping rates reduce, especially among adolescents and young people. We appreciate the efforts and work conducted by researchers, the Ministry of Health, and Health New Zealand to address youth vaping. However, we consider that the current approach taken by the ministry, especially with regards to regulation and enforcement, appears to be confused, inadequate, and slow to adjust to the changing patterns of vaping.

We consider that the ministry needs to take a stronger stance in regard to non-compliance. We agree that increased fines are a step in the right direction, but we expect the ministry to hold non-compliant businesses and sellers accountable through increased compliance activity and prosecution. We also hope to see improved communication to the industry by VRA and the ministry so that the regulations around the sale of vaping products are clear and understandable to retailers.

We would like to see a greater appreciation of the consequences of nicotine addiction in the ministry's view of the overall harm caused by vaping. We understand that the prevailing scientific view is that vaping can pose mental health harms for young people, including

addiction. We note that Professor Hoek and Dr Ball have cited studies that show the physical harms of nicotine on the brain and lungs. We are disappointed that the Ministry of Health has been unable to take a stronger stance on the issue of vaping and are concerned about the seriousness of its advice. We intend to follow up with the ministry to seek assurance that the implications of vaping are being dealt with to enable better health outcomes.

Shortly before this report was written, we heard evidence and produced a commentary on the Smokefree Environments and Regulated Products Amendment Bill (No 2). This bill is currently awaiting its second reading and seeks to better protect children and young people by reducing their access to vape products. Our commentary, including our recommendations, is available on the Parliament website.[6]

[6] Our final report is available on the Parliament website.

Petition of Charlotte Christie

Request to ban the sale of vaping products in non-vape stores

This petition was presented to the House on 15 August 2023. It requests:

> That the House of Representatives ban the sale of vaping products in non-vape store premises such as dairies, supermarkets, and service stations; and improve regulations on Specialist Vape Retailers; and note that 8,746 people have signed similar petitions online and in person.

Comments from the petitioner

The petition maintains that vaping products need stronger regulation to reduce their appeal to young people. It notes that while vaping may be less harmful than tobacco smoking, it poses serious risks for young people. The petitioner urges Parliament to implement:

- a complete ban on the sale of vapes and vape products from non-SVR (specialist vape retailer) premises, such as dairies and convenience stores
- plain packaging with warnings on all vape products
- no visible displays of products or vape advertising
- flavours restricted to “tobacco” and “menthol” only
- a “sinking lid” on SVRs within one to two kilometres of school and marae, including those approved since June 2023
- stronger enforcement against stores found to be selling to minors, including higher fines and a suspension of trading licences
- more support for schools and families around vaping education and cessation.

Additionally, the petitioner asks that a long-term plan be set up to achieve the ultimate goal of restricting vapes to pharmacy-only sales.

The petition cites long-term health effects as a pressing concern, suggesting that vaping can adversely affect brain development in adolescents and cause coughing, wheezing, and bronchial trauma. It also notes that studies have established a link between vaping and negative mental health in young people.

The effects of vaping on children, families, and educational institutions are also concerning to the petitioner. She stresses that the normalisation of vaping products, their widespread prevalence, and their attractive packaging make vapes enticing for young people. The public misconceptions about the safety of vapes and lack of education and awareness about the harms of vaping are further causes of the proliferation of vaping habits in young people, Ms Christie suggests. The petition quotes parents and young people speaking of their experiences with vaping addiction and adverse mental health outcomes.

The petitioner also notes that a surge in youth crime, with a “notable increase” in ram raids, has raised alarm within communities and law enforcement agencies. Some grocery store owners, after stopping the sale of nicotine products, have experienced a lowering in the risk of ram-raids and other crimes. The petitioner expresses serious concern about the lack of enforcement and cessation-support.

The petitioner, a member of Vape-Free Kids NZ, appended a position statement from the organisation. Vape-Free Kids NZ advocates on behalf of children, parents, families, and educators who are experiencing adverse impacts of vaping. The petitioner describes the organisation as a grassroots group of more than 2,000 members. The group includes researchers, scientists, medical professionals, parents, teachers, and community members. The comments from Vape-Free Kids NZ echo the concerns of the petitioner.

As a part of her submission, the petitioner also included posts from the Vape-Free Kids NZ Facebook group. Posts such as the one below, the petitioner notes, show the effects of vaping on young people and their families:

> I am a father of a teenager. He was a typical teenage boy but a good student before getting involved with vaping kids at the local secondary school. Then he started lying, stealing, being rude to teachers and being involved in fights.
>
> We are very "hands on" parents, but no matter how we restricted and watched him at home, we had no control over his school time. He managed to find vapes from kids that stole them from families, kids that bought them in the local dairy (he was there while it happened—the owner told them to keep their heads down doing so the security camera won't record their faces and age) and kids that ordered them online. The school knew about the issue (a dean told me they were confiscating 2–3 vapes every day) but would not take steps such as installing vape detectors in the toilet (known as "vape central" to students and parents).
>
> We ended up having to pull him out of school and switch to homeschooling, which meant I had to give up working. Now he is doing better, but I'm still dreading him going to a dairy without supervision.

Comments from the Ministry of Health | Manatū Hauora

The ministry acknowledges that youth vaping is a concern for many in New Zealand's communities. It acknowledges the work of Charlotte Christie and Vape-Free Kids NZ to protect youth from the harms of vaping.

The ministry noted that changes to regulations have come into force since the petition was presented. The ministry's position on vaping and enforcement is addressed earlier in this report. In addition, it stressed that vaping is not intended for young people or non-smokers.

The ministry notes that campaigns like "Protect Your Breath" are intended to reduce the uptake of vaping by encouraging young people to think critically about vaping and its impact on them and on communities. Research behind this digital campaign looked at what role vaping plays in young people's lives, school communities, and homes, and where efforts should be focused to reduce the harm from youth vaping. To help address these questions, the campaign was co-designed with the Hā Collective, a core group of young people. The ministry also pointed to the "Vaping Facts" website, which is a reliable source of information

for young people.[7] The work of Tūturu, discussed earlier in this report, also works within school environments to support the health of young people.

We sought further information from the ministry on the connection between the density of retail outlets and uptake of vaping, as the petition focuses on retail outlets. We learnt that there is limited evidence about the connection at this stage. The ASH survey did not show a correlation between a high density of SVRs near a school and youth vaping levels in that school. The ministry added that the visibility of vape products compared to tobacco products has contributed to the normalisation of vaping.

Our response to the petition

We thank the petitioner and Vape-Free Kids NZ for their work in seeking to protect young people from the harms of vaping. We found their detailed explanation of vaping's effects on families and schools both enlightening and helpful. We commend their advocacy and educational work to raise awareness about the risks of vaping.

In addition to this briefing, we are undertaking work to improve regulations in this area. At the time this report was written, we were considering the Smokefree Environments and Regulated Products Amendment Bill (No 2). The bill addresses some of the matters raised in the petitioner's submission. We aim to continue our work to improve vaping legislation, and thank the petitioner for their ongoing efforts and continued advocacy to improve the health of our youth.

7 You can find the "Vaping Facts" website here: https://vapingfacts.health.nz/

Appendix

Committee procedure

We met between 13 December 2023 and 20 November 2024 to consider this briefing. We heard evidence from the Ministry of Health, Health New Zealand, Action for Smokefree 2025, Vaping Industry Association NZ, Dr Jude Ball and Professor Janet Hoek, and the petitioner. We received advice from the Parliamentary Library.

The petition was referred to the Health Committee of the 53rd Parliament in August 2023, and was reinstated with the Health Committee of the 54th Parliament.

Committee members

Sam Uffindell (Chairperson)
Dr Hamish Campbell
Dr Carlos Cheung
Ingrid Leary
Cameron Luxton
Hūhana Lyndon
Jenny Marcroft
Debbie Ngarewa-Packer
Hon Dr Ayesha Verrall

Related resources

The documents we received as advice and evidence for this briefing are available on the Parliament website, along with recordings of our meetings.

The documents we received as advice and evidence for the petition are available here on the Parliament website.