Written evidence submitted by the Royal College of Paediatrics and Child Health (RCPCH) to the Tobacco & Vapes Bill (TVB72)

About RCPCH

1. The Royal College of Paediatrics and Child Health (RCPCH) is responsible for training and examining paediatricians, setting professional standards and informing research and policy. RCPCH has over 24,000 members in the UK and internationally. We work to transform child health through knowledge, research and expertise, to improve the health and wellbeing of infants, children and young people across the world.
2. Our key areas of work include:
    2.1. Training, exams and professional development – we are responsible for the postgraduate training of paediatrics in the UK, provide career support and run the membership (MRCPCH) and Diploma of Child Health examinations.
    2.2. Improving child health – we aim to improve outcomes through research, standards, quality improvement and policy in the UK and globally. We aim to ensure the voice of children, young people and families in our programmes.
    2.3. Member services – we support our members with a package of unique benefits. These include access to multidisciplinary educational programmes, including face-to-face courses and e-learning resources.
    2.4. News and campaigns – we engage with the media, government, NHS, charities and other stakeholders, working across the UK (Scotland, Wales, Ireland and England).

RCPCH's Support for the Bill

3. The College welcomed the reintroduction of the Tobacco & Vapes Bill. We strongly support its proposals and believe this type of legislation is a once in a generation opportunity to safeguard the health and wellbeing of children and young people as well as that of future generations.
4. The College's policy recommendations to prevent uptake and protect young people from the harms of vaping are:
    4.1. UK Government to strengthen legislation on non-nicotine e-cigarettes by extending coverage of the Tobacco and Related Products Regulations (TRPR) to cover nicotine and non-nicotine containing products.

4.2. UK Government should revise the TRPR regulations for e-cigarettes and e-liquids to:
    4.2.1. require plain packaging of e-cigarettes and nicotine and non-nicotine e-liquids packs
    4.2.2. include prohibiting free samples of nicotine products
    4.2.3. Restrict e-cigarette flavours to tobacco only.
4.3. UK Government should transition advertising of vaping products so they are only advertised for their medicinal purpose as a smoking aid rather than a lifestyle product.
4.4. UK Government should implement a ban of disposable vapes to reduce their accessibility to young people and harm to the environment.

5. This submission summarises the evidence to support proposals to reduce the appeal and access of vapes to young people, raise the age of sale for tobacco products and expand smokefree and vape free outdoor public spaces. We believe these are crucial measures to help create the first smokefree generation and tackle the rise in youth vaping in the UK.

Prevalence of youth vaping

6. It is illegal to sell vapes to under 18s in the UK, however data shows that the number of children and young people using vapes is rising, highlighting a growing trend of young people engaging in a behaviour with no recorded health benefits and evidence instead indicating harm caused to CYP:
    6.1. In 2024, 18% of 11–17-year-olds had tried vaping, compared to 20% in 2023, 16% in 2022 and 11% in 2021, rising steadily from 3.8% in 2013.
    6.2. Current use of vapes doubled from 3.2% in 2021 to 6.9% in 2022 and increased to 7.2% in 2024.
    6.3. There is variation between age groups: 4.6% of 11–15-year-olds are current users, 14% for 16-17 and 17% for 18-year-olds.
    6.4. On frequency of vaping for 11–17-year-olds, regular use has steadily increased from 1.2% in 2021, to 3.1% in 2022, 3.7% in 2023 and 4.2% in 2024. Trying once or twice grew significantly from 7.7% in 2022 to 11.6% in 2023 but this increase has not continued into 2024 (9.5%).

6.5. 7.2% of 11–17-year-olds currently vape compared to 5.1% who currently smoke and 2.8% are dual users.

6.6. The proportion of never smokers who have tried vaping was 8.7% in 2024.

6.7. On reasons for vaping, 51% said 'just to give it a try' and 18% said 'I like the flavours'

6.8. Most frequently used device in 2024 was a disposable vape at 54%, compared to 38% using rechargeable vapes. Disposable vapes use was lower than in 2022 (69%) but higher than in 2021(7.7%). The easy access and cheaper price point of disposables compared to reuseable is driving youth uptake of vaping.[1]

Access to vapes

7. Vapes are currently regulated by the Tobacco and Related Products Regulations (TRPR) in the UK. In 2015, it became illegal to sell vapes containing nicotine to under 18s or to purchase them on their behalf. Non-nicotine containing vape liquids are available, which are usually flavoured, and are not regulated by the TRPR but by the General Product Safety Regulations (GPSR). Advertising or promotion of vapes and re-fill containers on a number of media platforms is prohibited, as regulated under the EU Tobacco Products Directive (TPD). The only advertising still allowed is at point of sale and other local advertising. However, despite these existing regulatory frameworks, evidence shows that CYP are still able to readily access vapes therefore a more consistent legislative framework and strengthened enforcement powers are needed to prevent this:

7.1. The most frequent source of vapes is being given them (54%), shops (48%),the internet (13%).

7.2. While selling nicotine vapes to U18s is illegal, it is currently legal for retailers to give free vape samples of nicotine and nicotine vapes to U18s.

7.3. Despite the existing promotion legislation, 55% were aware of vapes being promoted in shops, up from 37% in 2022, and 29% were aware of online promotion. Only 19% said they have never seen vapes promoted.

[1] ASH (2024) Use of vapes (e-cigarettes) among young people in Great Britain. Available at https://ash.org.uk/uploads/Use-of-vapes-among-young-people-in-Great-Britain-2024.pdf

7.4. Alongside brightly coloured packaging, flavours have been introduced to deliberately be promoted to appeal to young people. The most popular vape flavours are fruit (59%), sweet (16%) and mint (6.9%).[2]

Evidence on health impacts of e-cigarette use on children and young people

8. Vapes are a relatively new product; they aren't risk free and their long-term impacts are not known. However, there is a growing evidence base that highlights the adverse health impacts of vaping use amongst young people which demonstrates a strong need to introduce measures as proposed in the Bill to restrict the access and reduce the appeal of vapes to children and young people. Scoping searches of evidence conducted by RCPCH in 2023 and 2024 found the following:
   8.1. An association between e-cigarette use and increased risk of asthma in young people [3] [4]
   8.2. E-cigarette use was linked with increased odds of smoking; the addictive nature of nicotine in these products can lead to a lifelong dependency, serving as a gateway to traditional cigarette use amongst young people who have never smoked. A prospective study found ever use of e-cigarettes was robustly associated with initiation and modestly related to escalation of cigarette use.[5] A second prospective study found e-cigarette use by age 14 is associated with increased odds of tobacco cigarette initiation and frequent smoking at age 17.[6] A cross sectional study found e-cigarette use was associated with smoking intention in never, experimental and former smokers.[7] Another study's results indicated that lifetime e-cigarette use increased the prevalence of subsequent conventional cigarette use by 1.86 times and the prevalence of conventional cigarette use in the last month by 2.38 times,

[2] ASH (2024) Use of vapes (e-cigarettes) among young people in Great Britain. Available at https://ash.org.uk/uploads/Use-of-vapes-among-young-people-in-Great-Britain-2024.pdf
[3] Alnajem A, Redha A, Alroumi D, Alshammasi A, Ali M, Alhussaini M, et al. Use of electronic cigarettes and secondhand exposure to their aerosols are associated with asthma symptoms among adolescents: a cross-sectional study. Respiratory Research. 2020;21(1):16.
[4] Cho JH, Paik SY. Association between Electronic Cigarette Use and Asthma among High School Students in South Korea. PLoS ONE [Electronic Resource]. 2016;11(3).
[5] Conner M, Grogan S, Simms-Ellis R, Flett K, Sykes-Muskett B, Cowap L, et al. Do electronic cigarettes increase cigarette smoking in UK adolescents? Evidence from a 12-month prospective study. Tobacco Control. 2017;17:17.
[6] Staff J, Kelly BC, Maggs JL, Vuolo M. Adolescent electronic cigarette use and tobacco smoking in the Millennium Cohort Study. Addiction. 2022;117(2):484-94.
[7] Wang MP, Ho SY, Leung LT, Lam TH. Electronic cigarette use and its association with smoking in Hong Kong Chinese adolescents. Addictive Behaviors. 2015;50:124-7.

independently of whether the e-cigarette contains nicotine or not. Dual users showed a higher percentage of daily smokers, and a greater number of cigarettes per day, a higher use of e-cigarettes with nicotine, and an earlier age of smoking onset.[8] An additional study found those aged 12, 13, and 14 bear an alarmingly disproportionate burden of the elevated risk.[9]

8.3. Gastrointestinal findings as a symptom of EVALI (e-cigarette or vaping product use associated lung injury).[10] [11] [12] One study stated that gastrointestinal symptoms were found in 85% of patients.[13] A case report of a 13 year old boy describes a history of abdominal pain, nausea, and emesis after a 12-month history of significant e-cigarette use.[14]

8.4. Three studies reported on the link between e-cigarette use and mental health. Two studies suggested that adolescents with depressive symptoms[15] or anxiety sensitivity[16] are more likely to engage in e-cigarette use. One study found that e-cigarette use directly increased the risk of suicidal ideation. [17] Another study reported that an increased risk of suicide attempts extends to a range of emerging tobacco products, which includes vapes, and manifests amongst primary school aged children. [18]

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[8] Aonso-Diego, G., et al. (2024). "Association between e-cigarette and conventional cigarette use among Spanish adolescents." Adicciones 36(2): 199-206.

[9] Egger, S., et al. (2024). "The association between vaping and subsequent initiation of cigarette smoking in young Australians from age 12 to 17 years: a retrospective cohort analysis using cross-sectional recall data from 5114 adolescents." Australian and New Zealand journal of public health: 100173.

[10] Carroll BJ, Kim M, Hemyari A, Thakrar P, Kump TE, Wade T, et al. Impaired lung function following e-cigarette or vaping product use associated lung injury in the first cohort of hospitalized adolescents. Pediatric Pulmonology. 2020;55(7):1712-8.

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[13] Rao DR, Maple KL, Dettori A, Afolabi F, Francis JKR, Artunduaga M, et al. Clinical Features of E-cigarette, or Vaping, Product Use-Associated Lung Injury in Teenagers. Pediatrics. 2020;146(1):07.

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[17] Wilkinson, A. V., et al. (2024). "Use of cigarettes and e-cigarettes, impulsivity and anxiety: Influences on suicidal ideation among youth and young adults in Texas." Nicotine & tobacco research : official journal of the Society for Research on Nicotine and Tobacco. 19.

[18] Lee, P. H., et al. (2024). "Use of Tobacco Products and Suicide Attempts among Elementary School-Aged Children." JAMA Network Open 7(2): E240376.

8.5. One study was included that reported on nicotine dependence, which had conflicting findings. [19]

8.6. One study reported on oral health outcomes. Adolescents self-reported on their e-cigarette use and a provider diagnosis on dental problems. Findings suggest that dual use of e-cigarettes and conventional cigarettes is associated with poor oral health outcomes among adolescents. However, no association can be made as the finding was not statistically significant.[20]

8.7. 15 studies reported on respiratory concerns (excluding asthma).[21] [22] [23] [24] [25] [26] [27] [28] [29] [30] [31] [32] [33] [34] [35]. Reported features included lung injury/EVALI, pneumothorax, and pneumonia.

8.8. Three studies reported on the association between e-cigarettes and drug use, all three studies found e-cigarette use to be associated with drug use. Initial use of marijuana, marijuana in electronic nicotine devices, Ritalin/Adderall, and

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[22] asamento Tumeo C, Schiavino A, Paglietti MG, Petreschi F, Ottavianelli A, Onofri A, et al. E-cigarette or Vaping product use Associated Lung Injury (EVALI) in a 15 year old female patient - case report. Italian Journal of Pediatrics. 2022;48(1):19.

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[33] Wang MP, Ho SY, Leung LT, Lam TH. Electronic Cigarette Use and Respiratory Symptoms in Chinese Adolescents in Hong Kong. JAMA Pediatrics. 2016;170(1):89-91.

[34] Brose, L. S., et al. (2024). "Associations between vaping and self-reported respiratory symptoms in young people in Canada, England and the US." BMC Medicine 22(1) (no pagination)(213).

[35] Kurdys-Bykowska, P., et al. (2024). "Respiratory Symptoms among Adolescents in Poland: A Study on Cigarette Smokers, E-Cigarette Users, and Dual Users." Pediatric Reports 16(3): 530-541.

polysubstance use were linked to e-cigarette use but not painkillers, sedatives, or tranquilizers. [36] High and low levels of e-cigarette use patterns were found to be associated with increasing use of other substances (alcohol and marijuana use) over time.[37] E-cigarette use in early adolescence was associated with higher odds of cocaine use later in adolescence. [38]

8.9. One study reported sleep-related complaints. E-cigarette use was significantly associated with greater odds of reporting sleep-related complaints among adolescents. [39]

8.10. One study reported on traumatic injuries. A retrospective study reported facial burns, loss of multiple teeth, thigh and groin burns, hand burns, ocular burns, a radial nerve injury, a facial laceration, and a mandible fracture as injuries related to e-cigarette use. [40]

8.11. A systematic review conducted on the health outcomes of vaping during pregnancy concluded that while more studies found no evidence of increased risk for people who vape exclusively compared with non-users, and evidence that risk from exclusive vaping is comparable with exclusive smoking, the quality of evidence in the review is not strong enough to be able to conclude whether vaping during pregnancy is harmful to child health. [41]

Phasing out sale of tobacco products to those born in or after 2009

9. Smoking is detrimental to the health of young people throughout their lives, with earlier initiation linked to increased levels of smoking and dependence, a lower chance of quitting and higher mortality.

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10. Most adult smokers have had their first cigarette or were already addicted to nicotine by the age of 18, and 90% of lifetime smoking is initiated between the ages of 10 and 20 years in the UK.[42]
11. It is therefore important to ensure a continued reduction in the proportion of young people that smoke and their exposure to tobacco smoke by creating barriers to smoking initiation to safeguard their health and that of future generations.

Expand indoor smokefree legislation to outdoor public areas and extend to include vapefree

12. Second-hand smoke exposure is responsible for numerous child health issues, including chest infections, meningitis and sudden infant death syndrome (SIDS).[43] In 2024, the most common contributory factor identified in infant deaths which was modifiable was smoking by a parent or carer.[44] The introduction of smoke free public spaces led to improved child health outcomes, including fewer premature births and reduced asthma admissions for under five-year-olds[45].
13. The evidence base on the impacts of secondhand exposure to e-cigarette vapour is growing and three studies were included in the recent RCPCH scoping search that examined the impact of secondhand exposure to aerosols from e-cigarettes. Two studies found that exposure was associated with asthma symptoms among adolescents [46] [47], while the third study reported that exposure to second-hand vapour is associated with tobacco susceptibility in youth.[48]
14. In light of the growing evidence and our view that CYP should be protected from any known and unknown harms, we support proposals in the Bill to make more outdoor public spaces smokefree and vape free.

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[43] Academy of Medical Royal Colleges (2024) Academy position statement: Tobacco and Vapes. Available at https://www.aomrc.org.uk/publication/academy-position-statement-tobacco-and-vapes/
[44] National Child Mortality Database (2024) Child Death Review Data Release: Year ending 31 March 2024. Available at https://www.ncmd.info/publications/child-death-review-data-release-2024/
[45] Academy of Medical Royal Colleges (2024) Academy position statement: Tobacco and Vapes. Available at https://www.aomrc.org.uk/publication/academy-position-statement-tobacco-and-vapes/
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