

# Why Singapore needs more safe ways out for vape-addicted youth

Counselling over punishment is a good start, but expanding confidential, empathetic care is critical as more cases of addiction emerge.

## Helplines

### MENTAL WELL-BEING

- National helpline: 1771 (24 hours) / 6669-1771 (via WhatsApp)
- Samaritans of Singapore: 1767 (24 hours) / 9151-1767 (24-hour CareText via WhatsApp)
- Singapore Association for Mental Health: 1800-283-7019
- Silver Ribbon Singapore: 6386-1928
- Chat, Centre of Excellence for Youth Mental Health: 6493-6500/1
- Women's Helpline (Aware): 1800-777-5555 (weekdays, 10am to 6pm)
- The Seniors Helpline: 1800-555-5555 (weekdays, 9am to 5pm)

### COUNSELLING

- TOUCHline (Counselling): 1800-377-2252
- TOUCH Care Line (for caregivers): 6804-6555
- Counselling and Care Centre: 6536-6366
- We Care Community Services: 3165-8017
- Shan You Counselling Centre: 6741-9293
- Clarity Singapore: 6757-7990

### ONLINE RESOURCES

- mindline.sg/fsmh
- eC2.sg
- tinkfriend.sg
- chat.mentalhealth.sg
- carey.carecorner.org.sg (for those aged 13 to 25)
- limitless.sg/talk (for those aged 12 to 25)

## Yvette van der Eijk

In March, Minister of State for Health Rahayu Mahzam announced that children reported by their parents for vaping would no longer be fined but instead offered counselling and referred to the Health Promotion Board (HPB).

One early case of self-reporting led to counselling rather than prosecution, signalling a new model that prioritises rehabilitation over retribution.

This approach has immense promise, but success hinges on broad public awareness, trust and system-wide support. Too many parents and youth remain unaware of these safe pathways or fear legal punishment.

Schools and community stakeholders must clearly understand that referrals can and should lead to help. Given the scale and severity of the vaping crisis among youth, how do we build a system of safe pathways that can cater to a large number of affected young people?

### SAFE PATHWAYS FORWARD

In the past five years, Singapore has witnessed a worrying rise in youth vaping. This mirrors a global trend where young people are drawn in by social media influencers, appealing flavours, and vape devices designed to resemble sleek tech gadgets.

As vaping products evolve and the target demographic becomes younger and more vulnerable, it is essential that knowledge and regulations evolve alongside. It also calls for a response that goes beyond enforcement – one that meets young people where they are, and supports rather than punishes.

Mainstream smoking cessation



Health Sciences Authority officers on an anti-vaping blitz. Singapore's firm stance has kept vaping products off retail shelves. But enforcement alone cannot resolve a crisis driven by vulnerability, mental health distress and exploitation by profit-seeking sellers. What is needed is enforcement tempered with compassion, says the writer.

programmes, such as HPB's I Quit campaign, may not meet the complex needs of youth battling a vaping addiction alongside mental health or family issues.

Youth-specific addiction services that integrate psychological care, family therapy, academic counselling, and legal or social support are essential.

To build capacity, we need more trained counsellors in schools and community settings, outreach to engage hard-to-reach youth, and peer-led initiatives that speak their language.

Services must also be age-appropriate, trauma-informed and easily accessible, especially for younger children who may not recognise their behaviour as harmful or addictive.

Schools, institutions and parents must work in tandem to create a coordinated safety net that offers not just discipline, but also understanding, guidance and support.

Confidential, non-punitive referral channels for schools, healthcare providers and parents are necessary, especially where drug use is suspected or youth fear discipline. This requires a cultural shift towards empathy and early intervention, not merely



policy change. The health risks the young face are immediate yet still unfolding. And behind every missed opportunity for intervention lies the risk of irreversible harm.

### THE URGENCY

Vaping is linked to lung injuries and cardiovascular disease. Many vapes contain nicotine at higher potencies than in cigarettes. Nicotine is highly addictive, and when ranked alongside other drugs in terms of addictiveness, ranks similarly to crack cocaine and heroin.

Vapes containing etomidate, known as "Kpods" or "zombie juice", have gained popularity in the region. With etomidate, effects can include sedation, slurry speech (or "zombie"-like behaviour), respiratory suppression, adrenal dysfunction,

seizures and loss of consciousness.

Kpods are a relatively new phenomenon and etomidate was designed for intravenous use, not inhalation. It is unclear how etomidate interacts with nicotine or e-liquid additives in the lungs.

Youth are especially vulnerable because their brains are not fully developed. The prefrontal cortex, a brain region critical for impulse control, memory, attention and emotional regulation, does not develop fully until around age 25. Addiction can develop alarmingly fast in youth.

Research links vaping to anxiety, depression, suicidal ideation and attention disorders in young people. Early nicotine exposure primes the brain's reward pathways, increasing the likelihood of using or becoming addicted to other substances which further compounds mental health issues.

### VULNERABLE YOUTH REMAIN EXPOSED

Despite Singapore's strict vaping ban, backed by hefty fines and enforcement operations, vape sellers continue to target youth on Telegram, Instagram and other

social media platforms. These sellers operate with no age verification, make false safety claims and promise discreet same-day delivery.

Front-line health workers report that many young people caught vaping are already facing emotional instability, academic challenges or family dysfunction. This vulnerability was tragically illustrated in two recent cases involving teenagers aged just 14 and 19 who died after using Kpods. Both had struggled with their mental health before they started using Kpods.

International studies reveal similar patterns.

Adolescents who vape, especially with drugs, are more likely to have untreated mental health conditions. They are also more likely to live in poverty or have a parent who was incarcerated, abusive, or struggling with substance abuse or mental health issues.

Youth from such high-adversity backgrounds are also more likely to suffer in silence due to fear of punishment, stigma or strained family relationships.

In Singapore, the punishment for vaping offences may include a \$2,000 fine and jail term if the vapes contain drugs such as etomidate. Those on a low income or with incarceration histories may be especially reluctant to come forward.

It is critical to understand that these young people are not simply lawbreakers. They are being exploited by unscrupulous sellers and left unsupported in their vulnerability. Their continued vaping despite the laws signals distress and a need for help.

The severity of the problem is clear. The question now is how we choose to respond.

Singapore's firm stance has kept vaping products off retail shelves and sent a clear message that vaping is harmful. But enforcement alone cannot resolve a crisis driven by vulnerability, mental health distress, and exploitation by profit-seeking sellers. What is needed now is enforcement tempered with compassion.

By embedding empathy into enforcement, Singapore can protect its next generation. The key is to build capacity.

These teenagers are not criminals but young people in pain, seeking relief, misled into harm. It is our responsibility to look out for them and build pathways for healing and growth.

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