BRITISH PAEDIATRIC RESPIRATORY SOCIETY

# BPRS Policy Statement for the House of Lords: Tobacco and Vapes Bill (Oct 2025)


## Summary

Vaping among children has risen fast. Nicotine is highly addictive and harms the developing brain; inhaled aerosols irritate and inflame young lungs. The Tobacco and Vapes Bill is the opportunity to fix this. BPRS's position is simple: change the environment, enforce the rules, and support the young people who are already dependent.

We welcome the UK ban on single-use (disposable) vapes, but law without enforcement will not protect children. This statement sets out the minimum legislative package and practical steps needed now.


BPRS is a UK-wide paediatric society. We align our paediatric stance with WHO's precautionary approach. We do not endorse vaping or nicotine pouches for under-18s. Where cessation is needed, young people should receive behavioural support and licensed nicotine replacement therapy (NRT). We recognise NICE's adult cessation materials but keep our focus firmly on children. We also recognise that some powers are reserved (e.g. product standards, advertising) and others devolved (e.g. health, environment, local enforcement). Our recommendations set a UK baseline; nations may go faster and further.

## What must be in the Bill and secondary regulations

### 1) Comprehensive flavour controls

- **In general retail:** allow tobacco or unflavoured only. Remove fruit, dessert, "ice" and menthol characterising flavours, and ban flavour accessories/identifiers and descriptors across vapes, nicotine pouches and heated tobacco.
- **Adult cessation safety-valve (controlled access):** where a non-tobacco flavour is genuinely needed to support quitting, access should be through a controlled clinical channel (e.g. pharmacy/stop-smoking services) with robust age-checks and brief advice, plain/clinical packaging and basic data return to regulators.
- **Plain, standardised packaging:** dull colours, large health warnings, no cartoons or youth cues across all nicotine products.
- **No flavour names/imagery** that imply sweetness, coolness or health benefits.
- **Why:** Flavours, packaging, advertising and display drive youth appeal. Removing these cues from shops reduces trial and repeat use, while controlled clinical access avoids unintended consequences for dependent adult smokers.

**2) Disposable vapes: ban and close the loopholes**

- The UK ban on single-use vapes is welcome.
- **Close workarounds** explicitly: "rechargeable disposables", oversize tanks/"big-puff" devices, sealed pod variants and USB-chargeable single-use formats.
- **Define by function** (single-use nicotine delivery), not only by technical specs.
  **Why:** Disposables have driven youth uptake. Without tight drafting, the market will re-badge them.

**3) Full legislative parity with tobacco**

- **SAFE places:** extend smoke-free laws to include vaping and use of heated tobacco/herbal products across indoor public places, workplaces, health/education settings, public transport and transport hubs.
- **Private vehicles:** Extend existing smoke-free car laws to include vaping and use of heated tobacco/herbal products- prohibit vaping in any private vehicle carrying a person under 18 (and in any vehicle used as a workplace). Cabin exposure is very high in cars; aligning the rules makes enforcement simple and protects young children.
- **Advertising and promotion:** prohibit all forms (including influencers, sponsorship and "earned" social content).
- **Point-of-sale (PoS) and outlet density:** remove PoS displays from public view; restrict outlet density and proximity to schools and youth settings.
  **Why:** What worked for tobacco will work here: normalisation drives use. If it's cheap, visible and everywhere, children will use it.

## Enforcement that turns law into protection

**National licensing of all vape/nicotine retailers (on- and offline)**

- Make a licence a legal prerequisite to sell; breach = suspension or revocation.
- Public register; mandatory staff training; robust online age-verification standards.

**Ring-fenced funding for trading standards and test-purchasing**

- Routine undercover checks (including delivery drivers and online marketplaces); border/parcel checks for illicit/grey imports.
- Penalty matrix that deters: escalating fines, product seizure, closure orders and licence loss for repeat offences.
  **Why:** Announcements don't protect children- visible enforcement does.

**Digital platform accountability**

- Platforms must proactively remove UK-accessible vape promotion to minors; introduce age-gating that works.
- Turnover-linked fines for failure to act, with a named UK compliance contact.

## Product content and access controls that matter

- **Nicotine limits and delivery rate:** tighten upper limits (including salts) and delivery; cap refill volumes; require tamper-proof, child-resistant formats.
- **Ingredient controls:** prohibit inhalation-toxic flavour chemicals and high-risk thermal degradation profiles; require full disclosure to regulators.
- **Retail minimum age:** align and enforce across all nicotine products; mandate ID checks and Challenge 25.

**Treatment and support for CYP already dependent**

- No role for vapes or pouches in under-18 cessation.
- Commission a clear CYP pathway: rapid access to behavioural support (brief advice, motivational support, family engagement) and licensed NRT, with safeguarding where needed.
- Provide schools with a simple "what to do on Monday morning" toolkit (education, referral routes, consistent SAFE/confiscation policies).
- Gather routine data on youth nicotine dependence, quit attempts and outcomes.
  **Why:** Some young people are already addicted. They need practical, evidence-based help now.

**Four-nation delivery**

Regulatory authority is split: some powers are reserved (e.g. product standards, advertising) and others are devolved (e.g. health, environment, local enforcement). Scotland, Wales and Northern Ireland have often acted earlier or gone further (e.g. Scotland's early smoke-free leadership and tighter PoS limits; Wales's smoke-free hospital grounds). The Bill should set a firm floor, while enabling nations to move faster and close local gaps.

**Our paediatric stance**

Nicotine is a highly addictive substance which harms the **developing brain**; aerosols irritate and inflame young lungs. E-cigarettes contain chemicals that are **carcinogenic, pro-inflammatory and immunosuppressive**. Evidence links youth vaping with respiratory symptoms/exacerbations, dependence, and progression to tobacco smoking. Given the acute toxicity of e-cigarettes and unknown long-term effects, policy should take a precautionary approach.

**Call to action**

The Tobacco and Vapes Bill and the disposable-vape ban are welcome, but they will only work with robust enforcement and broader measures: full flavour bans, advertising/packaging restrictions, public education and service investment. This is the moment to protect a generation. Law that changes the environment, is enforced, and is matched with support will cut youth nicotine dependence and protect young lungs- now and for adult life.

Dr Julian Legg,
President BPRS,
22nd October 2025