

Vaping in Taranaki Schools: A need for local policies to prohibit the use and possession of vaping devices in schools.

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ABSTRACT

The use of vaping products (e-cigarettes) has grown dramatically worldwide and their increasing popularity with New Zealand youth has been reported. Most vaping products now contain nicotine which is uniquely harmful to adolescents, effecting memory, learning and attention. The Smoke-free Environments Act (SFEA) does not currently apply to vaping in public places, including schools. This project examines vaping use in schools in the Taranaki region.

Objectives: The primary objective of this project is to determine the relevance of vaping in school-age children in Taranaki intermediate and secondary schools and if there is a need for school vaping policies. The secondary objective is to determine if positions held by key stakeholders lead to a consensus on policy making.

Methods: The number and types of vaping incidents were determined via telephone interviews with schools teaching secondary school-aged children in the Taranaki region during 2018. National and local stakeholders were queried regarding policies or positions regarding vaping in this age group. Site visits were conducted at mobile and static retail vaping shops.

Results: 59% (10/17) of schools surveyed reported at least one incident of vaping and all schools reported concerns about the use of these products by students. Fewer than 30% had an official policy. Local retailers are advertising and displaying vaping products but deny selling to minors. Stakeholders all agreed that schools need not delay the implementation of their own policies even though governmental regulations are forthcoming.

Conclusion: Vaping by school-aged children is occurring in Taranaki schools. International literature suggests that vaping in children is a health hazard and is not recommended. At present, the SFEA does not prohibit vaping in public places such as schools. Therefore, it is recommended that all Taranaki secondary schools develop a policy prohibiting vaping on school property, when children are wearing school uniform, and during school-related activities.

INTRODUCTION

A relatively new nicotine delivery system, in the form of vaping devices, is rising dramatically. Popular worldwide these products are also gaining traction in New Zealand among adult smokers, but they also appeal to adolescents.^{1,2,3,13} According to several national New Zealand surveys experimentation and regular use is increasing among school-aged children.^{4,5,6,7} Newer vaping products are high tech, sleek and novel; many resembling pens and flash drives. There are hundreds, if not thousands, of flavours that can be added to vaporizing liquids including “cotton candy”, “mango”, “vampire blood,” and “lemonade”. While some liquids are nicotine-free, most now contain varying concentrations of nicotine.

There is consensus that these products are unhealthy for adolescents and school-age children. Their developing brains are more susceptible to the effects of nicotine and addiction occurs faster, even at low levels.^{8,9,10,24} Nicotine affects learning, memory and attention in young people. Vapours also contain many of the known toxins of traditional cigarettes, such as formaldehyde, cadmium, and lead, though at a much reduced levels. The vapours can be irritating to lungs and cause more bronchitis symptoms in young users.^{10,11} The New Zealand Ministry of Health states vaping is not intended for non smokers and those under the age of 18.¹² The WHO and CDC as well as the Asthma and Respiratory Foundation of New Zealand warn that nicotine and vapours from heated tobacco products are harmful to the health of young people.^{1,2,14,15,16,17}

At this writing, the Courts have ruled that vaping and heated tobacco can be legally sold and regulated under the New Zealand Smoke-free Environments Act (SFEA).^{26,28} However, Parliament is not expected to formally amend the Act regarding vaping until 2020.²⁷ Proposals for product safety, sale and advertising restrictions, as well as public use regulations are being considered for the new amendment.^{26,27} Tobacco control policies for indoor places, such as schools, restaurants, and worksites, do not apply to vaping, only smoked tobacco.¹² Therefore, a policy gap currently exists for both retailers and smoke-free institutions such as schools.^{12,18,26}

The objectives of this project are to determine whether or not adolescent use of vaping devices is occurring in Taranaki schools and if there is a need for local school policies addressing vaping and vaping devices. Secondly, the project will elicit guidance from and positions held by local and national stakeholders.

METHODS

The Taranaki Region is comprised of both urban and rural environments and schools varied enrolment sizes. Those schools serving intermediate and/or secondary year students (Y7-13) and composite schools (Y1-13) were chosen for inclusion. Schools serving predominately younger children in combined primary and intermediate years (Y1-8) were not included in the study.

Principals and/or Deputy Principals from each campus were designated as “school contacts”. An introductory letter from the Taranaki District Health Board’s public health unit notifying the school contact about the project was emailed prior to phone interviews. The definition of vaping included use of electronic cigarettes and inhaling any substance in any type of vaping device. School contacts were queried about the following during the 2018 school year: 1. General vaping issues. 2. The number and types of incidents surrounding vaping on school grounds. 3. The existence of a written school policy on vaping. 4. Barriers in policy making.

Exposure and potential access to vaping products by youth was investigated through onsite visits and queries at 4 dairies, a dedicated “vape shop”, and a mobile retail vehicle. The owners and/or managers were questioned about types of products sold and company policies regarding sales to minors. Product displays and advertisements were observed.

Local stakeholders and national agencies influencing or regulating school policy development were identified. Key positions and policy guidelines were documented following phone interviews or in person meetings.

FINDINGS

Incidents of Vaping in Taranaki Schools

20 schools met the criteria for inclusion and 17 were successfully contacted; 3 intermediate schools (Y7-8), 11 secondary schools (Y9-13), 3 composite schools (Y7-Y13), and 3 alternative education schools (ages 13-16).

1. Overall, 10 of 17 (59%) of schools reported at least 1 incident of vaping on school property.
2. Of the non-alternative education schools 8 of 14, (57%), reported at least 1 incident.
3. The number of incidents ranged from 1-10, the average was 5, at the non alternative education schools the majority were groups of students sharing a single device.
4. 4 schools confirmed at least 1 known additional incident of student vaping beyond school property: walking home, riding the bus, or before school.
5. One school reported 5 regular vape users who were “non smokers” and 1 student was suspected as being dependent on the device.
6. All devices were confiscated but the contents were unknown. None of the devices were returned without parental involvement.
7. There were 2 reports of “possible reactions to vaping” in students who admitted use before school. These required an assessment by a staff member but no medical care.
8. 2 out of 3 alternative education schools reported vaping on immediate school grounds (in designated smoking area or at front entrance).
9. The 3 alternative education schools reported strict bans on smoking and vaping describing these products as “contraband” and out of reach during in class time, 9-3pm.
10. A large number of students attending secondary alternative education schools (ages 13-16) either smoked or vaped on immediate school grounds. Many are nicotine dependent.

Existing School Policies and General Concerns

1. Only 5 schools (29%) had a written policy prohibiting vaping on school grounds. Several schools reported they were in the process of creating a vaping policy and planned to educate parents that vaping would be addressed like smoking, i.e. not allowed.
2. Schools considered adding vaping to existing Smoke-free/Tobacco-free, Drug and Alcohol, or Wellness policies.
3. Reasons for not having a written policy banning vaping varied. Some assumed vaping was already prohibited under the current Smoke-free Act, some chose to wait for clear legislation, the others were required to abide by the school board approval process for new policies and their future meeting schedule.
4. General concerns voiced by school contacts included: vaping near school, such as on the bus or at school-sponsored activities, requests for guidance on policy making, and appropriate key messages for students and staff. Additionally, possible nicotine

addiction, adverse health effects, and the perceptions of of parents and care givers regarding vaping were discussed by several contacts. For example, schools reported that parents of students using vaping devices expressed “ambivalence” because they perceived them to be safer than cigarettes.

5. At least 1 school described a mobile retail van that frequently parked within 400m of the school entrance.

Access to Vaping Products:

Numerous retailers in New Plymouth, Taranaki sell vaping products. Inquiries were conducted in 4 diaries, a vape shop, and a mobile van. All but 2 of the diaries sold nicotine containing liquids. Devices were easily viewed on shelves behind the cash register or at a front display at all locations except 1 diary. The attendants or owners at all establishments stated no one under age 18 was allowed to purchase the products directly. However, the vape shop admitted that an accompanying adult could purchase a device with the knowledge that it was intended to be used by the minor.

The business owner of mobile retail van was interviewed at the New Plymouth District Council during a meeting with city personnel. The owner denied selling products to minors but admitted to parking on a weekly basis at 2 locations within approximately 500 m to 1000 m of schools. The van was observed at 2 locations within 500 m of schools during mid-day break.

Stakeholder Positions

1. NZ Ministry of Education:

Vaping is a new phenomenon and this issue is timely. Presently schools are subject to anti-smoking legislation but vaping use is not included. Therefore, schools could be challenged if they do not address vaping specifically in their school policies.

2. NZ Ministry of Health:

Vaping is not considered safe but is less harmful than combustible cigarettes. It is not for non-smokers or those under age 18. The Smoke-free Environments Act 1990 for public spaces (indoor workplaces, early childhood centres, and schools) does not apply to vaping products

because they are not smoked, instead the heated nicotine is inhaled. Until the SFEA is amended, school should implement their own policies and key messages.

3. Hapai Te Hauroa, Maori Public Health Group. Mihi Blair, General Manager of National Tobacco Control Advocacy, Wellington.

Advocate vaping devices as quit tools for smokers but they do not intend for youth to start vaping. There are plans to collaborate with schools for policies but no guidelines as of yet.

2. Tui Ora, stop smoking providers for Taranaki, New Plymouth.

Vaping can be effective for “smoking prevention” for established youth smokers seeking to reduce the number of cigarettes smoked. With parent approval both nicotine replacement treatments (NRTs) and vaping devices can reduce dependence on combustible cigarettes. NRTs like gum and lozenges are effective during the school hours but socialising with smoking friends outside of school can trigger cravings. Vape pens met the need because the devices look and feel similar to cigarettes. There are at least a handful of students using the vaping pens to prevent breakthrough smoking outside of school. The providers did not consider vaping during school hours necessary for nicotine management.

DISCUSSION

This project confirmed that national surveys studying the phenomenon of youth vaping are relevant to local communities and schools. The majority of secondary schools in Taranaki were subject to a variety of vaping situations. All school administrators admitted to the necessity of a school policy to maintain a smoke-free/nicotine-free environment and to clarify that vaping was not permitted.

While all schools supported a policy not allowing vaping on campus, few had written policies. There are several understandable reasons for this. On matters of health and safety schools refer to the Ministries of Health and Education for guidance and will comply with governmental regulations. When a grey areas exist, policies can lag behind. Schools also requested key health messages about vaping risks for students, staff and parents while understanding its use for potential smoking cessation in adults.

The prevention of smoking initiation and nicotine addiction among young and older adolescents is one of the key goals of Aotearoa/New Zealand Smoke-free 2025.^{19,20} However, similar to other countries, vaping products can now be legally sold with incomplete regulations. This puts youth in a vulnerable situation. Cultural shifts and social media have probably discouraged youth cigarette smoking, but these same forces could lead to the adoption of newer technologies like vaping.²¹ Additionally, there is some evidence that e-cigarette use/vaping can progress to smoking in adolescents.^{22,23,24}

Exposure to vaping products is increasing in Taranaki. The local dairies, vape shops, and mobile stores are free to advertise and display the products. This was confirmed in site visits to several retailers in New Plymouth. The Smoke-free Environments Act restrictions on advertising are not currently enforceable until the Act is formally amended by New Zealand Parliament. The good news is that each retailer denied selling to those under age 18.

Based on interviews with the Tui Ora quit smoking providers, vaping was described as an effective tool to reduce smoking in young people with nicotine dependence when cravings are triggered, especially in social situations. However, there was no justification given for vaping during school or on school grounds. Approved smoking cessation methods with NRTs such as nicotine gum and lozenges are sometimes used during the school day for those with dependence. The counsellors stated that youth are best served by qualified quit providers, such as those at Tui Ora, and require consent from a parent.

Schools have a role in protecting the health of young people and maintaining clean air environments. A vaping policy, when put into action, can be an effective health promotion strategy. The Ministries of Health and Education clearly support schools who create or amend their own policies to include vape-free language. The prohibition of these devices can be added to existing smoke-free policies or included in other health and safety or wellness policies. Clarification might be needed stating that vaping and vaping devices are not permitted in class, on school grounds, or at school sanctioned activities. Furthermore, the ban could extend to “when in school uniform” since walking to and from school or riding a school bus were identified as problematic. Similar to tobacco free schools, vaping would not be allowed by anyone on school grounds including school staff and vendors.

CONCLUSION

The majority of Taranaki public schools are experiencing issues of student vaping on their grounds and most do not have an official policy prohibiting the use of these products. There is strong consensus that vaping is not safe for school-aged children. While the New Zealand government works to amend the Smoke-free Environments Act, schools can protect the health of young people by implementing their own policies to maintain the safety and wellbeing of their students.

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