



VAPING

and the Recent Changes to Reporting Requirements

Text by Dr Chie Zhi Ying, Deputy Editor

Vaping has consistently been grabbing the headlines since the start of 2025 and we see many campaign posters against vaping in common areas like MRT train stations, bus stops and on housing estates' notice boards. With effect from 1 September 2025, Singapore has taken on whole-of-government efforts to tackle the growing global health crisis of vaping by imposing a suite of harsher penalties for both abusers and suppliers.

In line with the temporary classification of etomidate, the anaesthetic agent found in drug-laced electronic vaporisers (e-vaporisers) or vapes known as Kpods, as a Class C controlled drug under the Misuse of Drugs Act, a circular (Ministry of Health [MOH] Circular No. 54/2025, Health Services Authority [HSA] Circular No. 02/2025) was released to all registered medical practitioners to update on the measures to be implemented and provide guidance on the reporting and handling of etomidate e-vaporiser offenders with effect from 1 September 2025.

I share below a few clinical scenarios that a clinician may encounter in a primary care setting when seeing suspected or actual vape users for reference.

Scenario 1 – suspected user

In the first scenario, the medical practitioner encounters a suspected etomidate e-vaporiser user. In the

circular, it was stated that “medical practitioners will be required (under regulation 19 of the Misuse of Drugs Regulations) to report suspected etomidate e-vaporiser offenders to the Director, Central Narcotics Bureau (CNB) and the Director-General of Health (DGH), MOH within seven days of attending to the patient”.

Medical practitioners are to report to the CNB and DGH via the eNOTIF portal (<http://bit.ly/4o6CoIJ>), where they will be asked to log into the portal using their Singpass. This reporting workflow is similar to the existing reporting of suspected drug addicts.

The circular also provides a definition for suspected etomidate e-vaporiser offenders, which encompasses “individuals who present to healthcare institutions or clinics in possession of any e-vaporisers or who admit to consuming e-vaporisers, **and** who show any of the following signs and symptoms suggestive of etomidate intoxication such as unsteady gait, confusion or slurred speech (see Annex for more details).” The Annex referred to classifies the signs and symptoms of etomidate intoxication into central nervous system, respiratory, cardiovascular effects and pulmonary/chemical injury.

Depending on the place of practice, if a patient appears intoxicated or unwell with symptoms suggestive of

etomidate intoxication, there might already be triaging done by nurses or clinic assistants where a preliminary history (taken from the patient or the person(s) accompanying the patient) and vitals such as blood pressure and heart rate could help guide the urgency of the case. If patients are clinically unstable, the main aim is to try stabilising them, call the ambulance and send them to emergency departments for further management.

Knowing that vaping is illegal, it can be challenging for doctors to ask about the use of vapes and receive honest answers from patients. Doctors need to prepare for patients' responses to questions on vapes, which can range from straight-up admitting to its use to defensiveness and even agitation or violence (both verbal and physical). As such, it is indeed important to build and maintain rapport with patients so that help can be rendered to them. One way to help in screening for vape use is to ask about more socially acceptable substances such as caffeine, alcohol and tobacco, which can help to normalise the questioning before moving on to more sensitive topics like the use of vapes and drugs. Another way would be to signpost to patients that you are going to ask more sensitive questions and explain the rationale for doing so. In addition, the doctor can also tell

patients that he/she routinely asks these questions in his/her practice to all patients who present with similar symptoms and signs to again normalise the line of questioning.

It is important to give your patients the time and space to respond to your question on vape use. Regardless of their responses, doctors should always remain professional and non-judgemental, and acknowledge patients' responses calmly, especially when patients admit to the use of vapes.

Since doctors are required to report to CNB and DGH, patients should be informed of the reporting in a tactful and professional manner. Again, the doctor should explain the requirement for reporting, but it is important to note that at this point, doctors are merely informing and not obtaining consent from patient with regard to the reporting.

For documentation, medical practitioners are requested to record all suspected or confirmed etomidate e-vapouriser offender cases in the electronic medical records system as stipulated in the circular.

In addition, all healthcare organisations have their respective internal notification/reporting workflows to inform the management teams about these cases, and it would be vital to do so to close the case.

Scenario 2 – users seeking medical help

In the second scenario, etomidate e-vapouriser users may also present at healthcare institutions and clinics to seek medical advice for their addiction, following the Government's call for such individuals to step forward for help. For

such individuals who voluntarily come to seek help, hospital or clinic staff may refer patients to the Stop Vaping website (<https://bit.ly/47RkYdy>) for information on agencies that provide the QuitVape Programme to support individuals who wish to quit vaping.

If such patients are attended to by registered medical practitioners, they too will need to be reported to DGH and CNB. There is no need to notify or report to HSA for such cases. Again, patients should be told in a professional manner that reporting is required by doctor. It is important that doctors remain supportive of patients' efforts to quit.

Scenario 3 – detected possession by patients

If the doctor detects any illegal possession of e-vaporisers in patients, in accordance with the circular, he/she can contact HSA to support their enforcement efforts through two recommended channels:

- Submit information through the online reporting form at <https://www.go.gov.sg/reportvape>.
- Call the vape reporting hotline at 6684 2036 or 6684 2037 (operational daily, including weekends and public holidays, from 9 am to 9 pm).

If the patient hands over the e-vaporiser, it will be advisable to retain and safekeep the e-vaporisers, document them in handover notes and immediately notify HSA at 6031 3139. The HSA officer will advise on the appropriate follow-up actions.

If the doctor requires any assistance in handling e-vaporiser cases, or if there are any queries or concerns, the doctor may also contact the 24/7 HSA hotline set up for healthcare institutions at 6031 3139.

Concluding thoughts

As the nation comes together to combat the scourge of vaping, let us do our part to support these efforts and at the same time, continue to provide care and support for patients coming through our doors. ♦

The MOH-HSA circular on the reclassification of etomidate contains relevant information, links and QR codes, and can be accessed at <https://bit.ly/4o7F2gT>.



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