

Kpod addiction among youth in Singapore

- Dr Chee Tji Tjian, Senior Consultant, Department of Psychological Medicine, NUH

1. *What is the current state of kpod addiction among youths in Singapore? Is there a growing trend in recent months and if so, what factors might be driving this increase?*

There is reason to be concerned that Singapore is seeing a worrying rise in the use of k pods, nicotine-containing e-cigarettes laced with etomidate, among its youth. While national data on the exact prevalence is limited, observations from schools, clinical presentations and even social media coverage suggest that more young people are experimenting with vaping and, in many cases, demonstrate some level of dependence on it. The media spotlight on this issue has grown in recent months, reflecting increasing national and public concern.

Several factors are likely to be driving this trend. Many teenagers see k pods as a “safer” alternative to traditional cigarettes, a misconception that fuels their popularity. The sleek, modern designs and wide range of fruit and dessert flavours have stripped away the stigma once associated with smoking—previously viewed as a habit of older generations and predominantly male. Now, vaping appeals to both genders and younger age groups.

Social media has further normalised vaping, with influencers and viral videos often glamorising the habit. This mirrors the cultural impact of an earlier era, when movies portrayed cigarette smoking as a symbol of confidence and style.

Access is another key factor. Despite strict laws, teens can easily buy k pods through online platforms and social media sellers, often receiving discreet deliveries that bypass the need to visit a physical store. For a generation well-versed in online shopping, this ease of access makes procurement of vapes almost effortless.

For some individuals however, k pods serve as more than a social trend, they become a coping mechanism, against school-related stress, academic pressure and relationship anxiety. Vaping or the use of k pods, can sometimes be seen as a “temporary escape”, making the habit even harder to break.

2. *From a clinical standpoint, what challenges do parents and healthcare providers face when trying to help young people quit k pods/when engaging adolescents in sustained treatment?*

Helping young people quit k pods presents a unique set of challenges for both parents and healthcare professionals. A major hurdle is denial and low perceived harm. Many teenagers see vaping as a “cool” habit, underestimating the health risks. Some parents, too, remain unaware of the dangers, reflecting a broader societal lag in recognising the seriousness of youth vaping.

Nicotine dependence adds another layer of complexity. Kpods often deliver high doses of nicotine, leading to intense cravings and withdrawal symptoms. Unlike traditional cigarettes, which are measured in packs of 20, vaping is tracked by puffs. In heavier use cases, adolescents may consume 500 to 1,000 puffs a day—roughly equivalent to 30 to 100 cigarettes, or one and a half to five packs, depending on the device, puff duration, and nicotine concentration.

The lack of structured treatment protocols for youth vaping also complicates intervention. While there are established smoking cessation programmes for adults, comparable guidelines for adolescents using e-cigarettes are limited, and updates often lag behind the fast-changing landscape of youth vaping.

Stigma and secrecy further hinder early detection. Vaping devices are easy to conceal, often designed to resemble USB drives, pens, or even smartwatches. The vapour itself produces little lingering smell, unlike cigarette smoke, making it difficult for parents and educators to notice. Many teens hide their use out of fear of punishment, and the subtle physical and behavioural signs can go unrecognised for months.

Limited parental awareness compounds the problem. Some teens struggle to connect their symptoms, such as poor sleep or irritability to heavy vaping, and parents may not recognise warning signs until problems become severe. One clinician from our team at NUH recalls a patient whose persistent insomnia was only linked to frequent, late-night vaping after careful discussion and rapport building.

Finally, engaging adolescents in treatment can be challenging. Teens may resist counselling if they feel their autonomy is not respected or if trust with caregivers and professionals has not been established. Successful intervention often requires time, patience, and a foundation of trust before corrective strategies can take hold.

3. *Since etomidate is not under the Misuse of Drugs Act and teenagers cannot be arrested for mandatory rehabilitation, what treatment and support options are currently available for youth struggling with kpod addiction?*

Currently, treatment for adolescents struggling with kpod addiction is largely voluntary and community-based, reflecting the fact that e-cigarettes are not classified under the Misuse of Drugs Act and mandatory rehabilitation is not an option.

At the frontline, general practitioners and polyclinics play an important role, offering initial screening and behavioural counselling. For teens with moderate to severe dependence, nicotine replacement therapy (NRT) may be considered, although studies suggest it tends to be less effective in younger users compared with adults.

For more specialised support, the National Addictions Management Service (NAMS) provides outpatient counselling and structured intervention programmes tailored for youth. Schools also contribute through guidance officers and counselling frameworks, allowing for early identification and support within the educational environment.

Additional resources are available through youth-specific programmes such as HealthHub and initiatives by the Health Promotion Board, which provide information, support groups, and cessation tools designed for adolescents.

Expert opinions generally emphasise that family involvement is key to successful recovery. Motivational interviewing, behavioural strategies, and consistent parental support can significantly enhance engagement and improve outcomes, highlighting the importance of a coordinated approach that blends medical, psychological, and social interventions.

4. *How is care coordinated across medical, psychological, and social services for these patients? How important is family involvement in the treatment and recovery process?*

Coordinating care for adolescents struggling with kpod addiction often requires a multidisciplinary approach, bringing together medical, psychological, and social support systems. Primary care physicians manage the physical aspects of nicotine dependence, including withdrawal symptoms, while psychologists or counsellors provide behavioural interventions to help teens build coping strategies and resist cravings. Social workers may step in to address school-related or family stressors that can trigger or perpetuate vaping habits. Community partners, along with programmes from the Health Promotion Board, offer follow-up support and resources to reinforce recovery outside clinical settings.

In addition, family involvement is essential to the success of any intervention. Parents provide emotional support, help monitor adherence to treatment plans, and assist in managing environmental triggers within the home. Without active family engagement, the risk of relapse increases significantly, highlighting the importance of a coordinated effort that blends professional care with consistent parental guidance.

5. *How important is early intervention in preventing long-term addiction, and what are the key signs that indicate medical intervention is needed?*

Early intervention is critical in preventing long-term kpod addiction among adolescents. Nicotine dependence can develop rapidly in teenagers, and prolonged use increases the risk of chronic addiction as well as mental health complications.

As with all forms of addiction managements, the importance of prevention cannot be emphasised enough. Preventive education, by parents, schools, and the healthcare network, can help to reduce the likelihood that young people take up vaping in the first place.

Medical intervention becomes necessary when certain warning signs emerge. These include persistent and strong cravings, an inability to reduce use despite repeated attempts, and withdrawal symptoms such as irritability, anxiety, or difficulty concentrating. Continued vaping despite negative consequences, such as declining academic performance or financial strain, is another red flag. Clinicians would also often look out for signs of polysubstance misuse (use of other drugs) or worsening mental health conditions, which often accompany nicotine dependence and can complicate recovery.

6. *How common is it for kpod addiction to happen alongside other mental health conditions, such as anxiety or depression?*

Comorbidity, which refers to the coexistence of two or more medical or psychological conditions in the same person at the same time, is a common concern among adolescents who vape. Teens struggling with conditions such as anxiety, depression, or ADHD are more likely to turn to vaping as a coping mechanism. Nicotine and etomidate can provide temporary relief from anxious feelings, but unfortunately, this does reinforce the habit. This short-term calming effect also comes at a huge cost. The withdrawal symptoms often worsen the mood and anxiety problems, creating a vicious cycle that can be difficult to break.

Research in Singapore is limited at present, but studies from other countries indicate that between 30 and 50 per cent of adolescent nicotine users do experience a co-occurring mental health condition. For clinicians, this underscores the importance of addressing both addiction and psychological well-being in treatment plans.

7. *What additional measures or policy changes should be recommended to more effectively address the growing issue of youth kpod addiction?*

Prevention is always better than cure. Minimising access to vapes should therefore be a top priority. While the specifics of implementation are best left to the authorities, I would expect stricter enforcement against online and unregulated sales, particularly targeting social media sellers who market to underage users.

But addressing youth vaping is not the responsibility of regulators alone. Society as a whole must work to shift cultural attitudes away from harmful substance use. This begins at home. Parental education from an early age is crucial, helping children understand boundaries and what is acceptable. Within schools, education programmes should emphasise the risks of vaping, not just traditional cigarette smoking. On a national level, campaigns that teach parents how to identify vaping devices and recognise clinical warning signs of addiction can empower families and friends to intervene early.

For adolescents who have already begun using kpods, connection and engagement are key. Youth-friendly cessation programmes that incorporate peer support and digital platforms can make quitting more accessible, relatable, and effective.

Finally, ongoing research and data collection are vital to track trends, evaluate interventions, and inform targeted strategies that respond to the evolving landscape of youth vaping. The ultimate goal is to optimise treatment and support for the relatively small number of adolescents who need it, while preventing the majority from ever developing dependence in the first place.

8. *What can parents do if they think or know their children is addicted to Kpods? Where can they seek help?*

For parents who suspect their child is addicted to k pods, the first step is to remain calm and avoid punitive reactions. Approaching the situation with anger or punishment can drive teens further into secrecy, making intervention more difficult. Instead, it is important to express concern, build connection first rather than judgment, using phrases such as “I’m worried about your health” rather than “You’re breaking the law.”

Seeking professional help early is key. Families can start with polyclinics or family GPs for initial advice, or contact the National Addictions Management Service (NAMS) helpline at 6-RECOVER for specialised support. School counsellors and psychologists can provide ongoing engagement, while child and adolescent psychiatrists or psychologists may be necessary for more intensive intervention.

Finally, family involvement in treatment is crucial. Parents who set realistic goals, offer consistent support, and help guide gradual change can greatly improve the likelihood of a successful recovery. By fostering open communication and collaboration with professionals, families can play an essential role in helping adolescents break free from kpod dependence.