



The (mis)use of  
moral panic in  
public health

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# Recreational vaping ban in Australia—policy failure or masterstroke?

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“Australia represents one side and is baffled by British blindness to the threat to young people. The UK represents the other side and regards Australia as oblivious to an effective treatment for smoking cessation.”

MEDICAL EXAMINER

# **We Are Completely Overreacting to Vaping**

The moral panic against it is an irrational response fueled by anti-smoker bias.

BY JACOB GRIER

JAN 29, 2019 • 2:12 PM

Nicotine and tobacco use will probably always be with us in some form, legal or not. We can, in a liberal society, take reasonable steps to discourage that use while allowing smokers and vapers the freedom to purchase the products they prefer and giving them accurate information about the risks and harms of each. But that begins with respecting the rights of consenting adults to take control of their own bodies—and not using the panic over teenage use to justify treating an entire nation like children. 📌

# In the moral panic over vaping, we risk forgetting that cigarettes kill

Martha Gill



This is a column about vaping, about which Britain is in a self-sabotaging moral panic. The latest instance of panic showed up in last week's **tobacco and vapes bill**, which proposed a ban on vape adverts and sponsorship, as well as powers to restrict flavours, packaging and display. We heard that vaping may be banned in non-smoking areas.

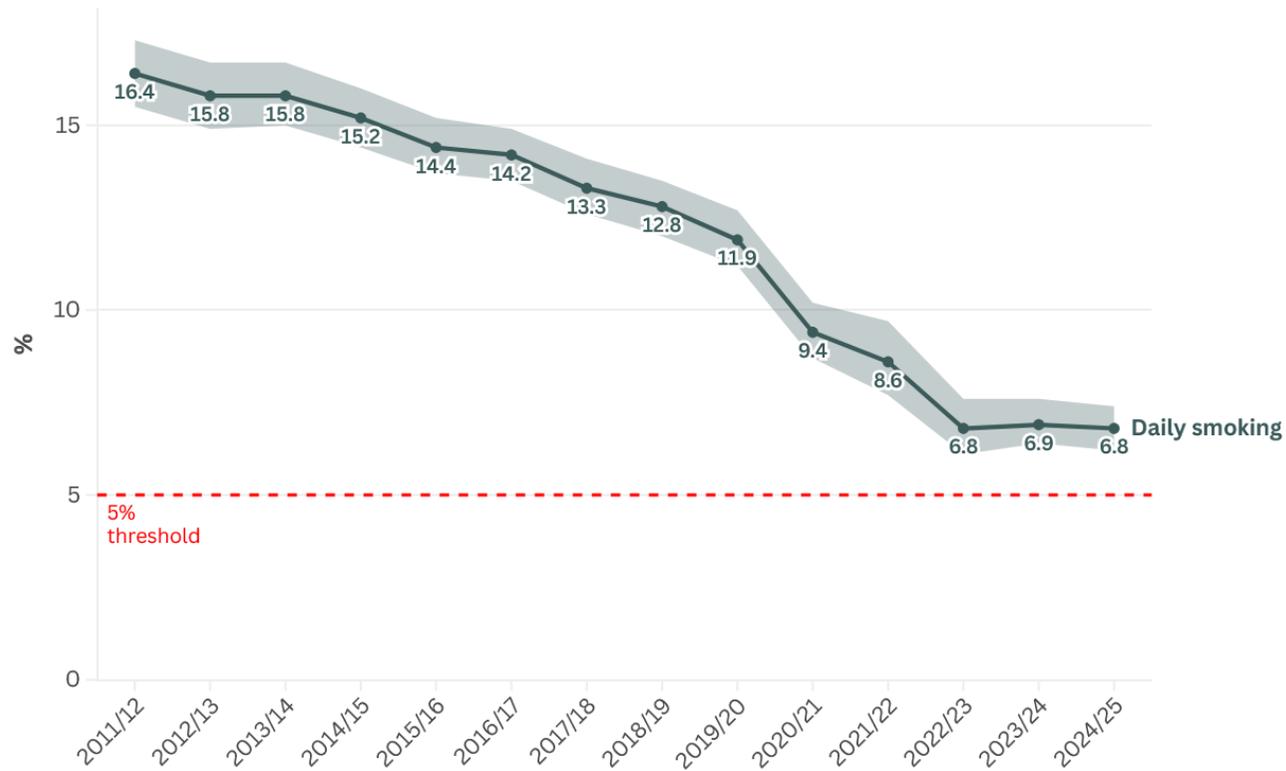
More panic showed up in the **budget last month**, in the form of an extra tax on vaping liquid. And that followed a panicky announcement that disposable vapes will be **outlawed from next summer**.

# Boston Herald

PUBLISHED: October 1, 2025 at 3:12 AM EDT | UPDATED: October 1, 2025 at 9:56 AM EDT

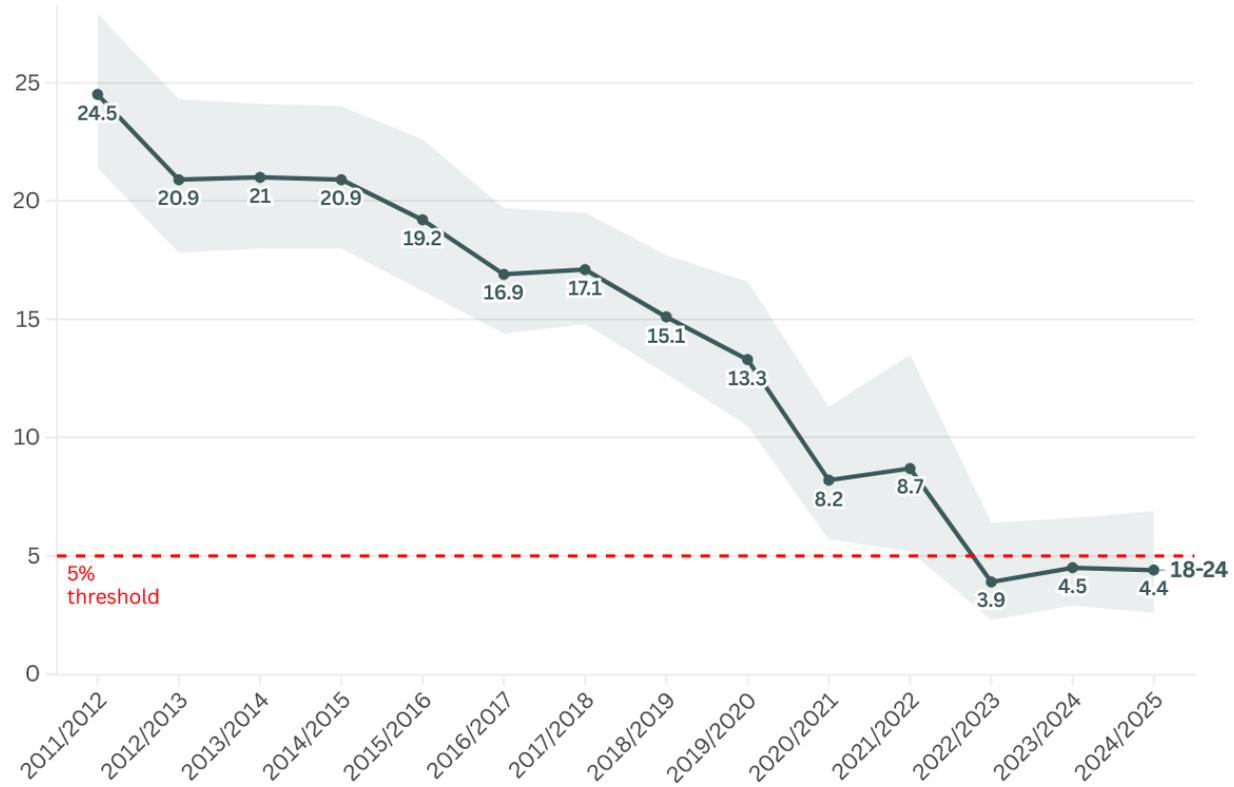
Worse, Spain is now moving to ban nicotine pouch use in outdoor public spaces. Nicotine pouches do not produce smoke or vapor. They emit nothing. There is no conceivable mechanism by which they could harm bystanders. To equate them with combustible tobacco is scientifically absurd. It is policy-driven, not based on evidence but rather on moral panic and puritanism.

**Figure 1. Trends in daily smoking among New Zealand adults (≥15 years)**



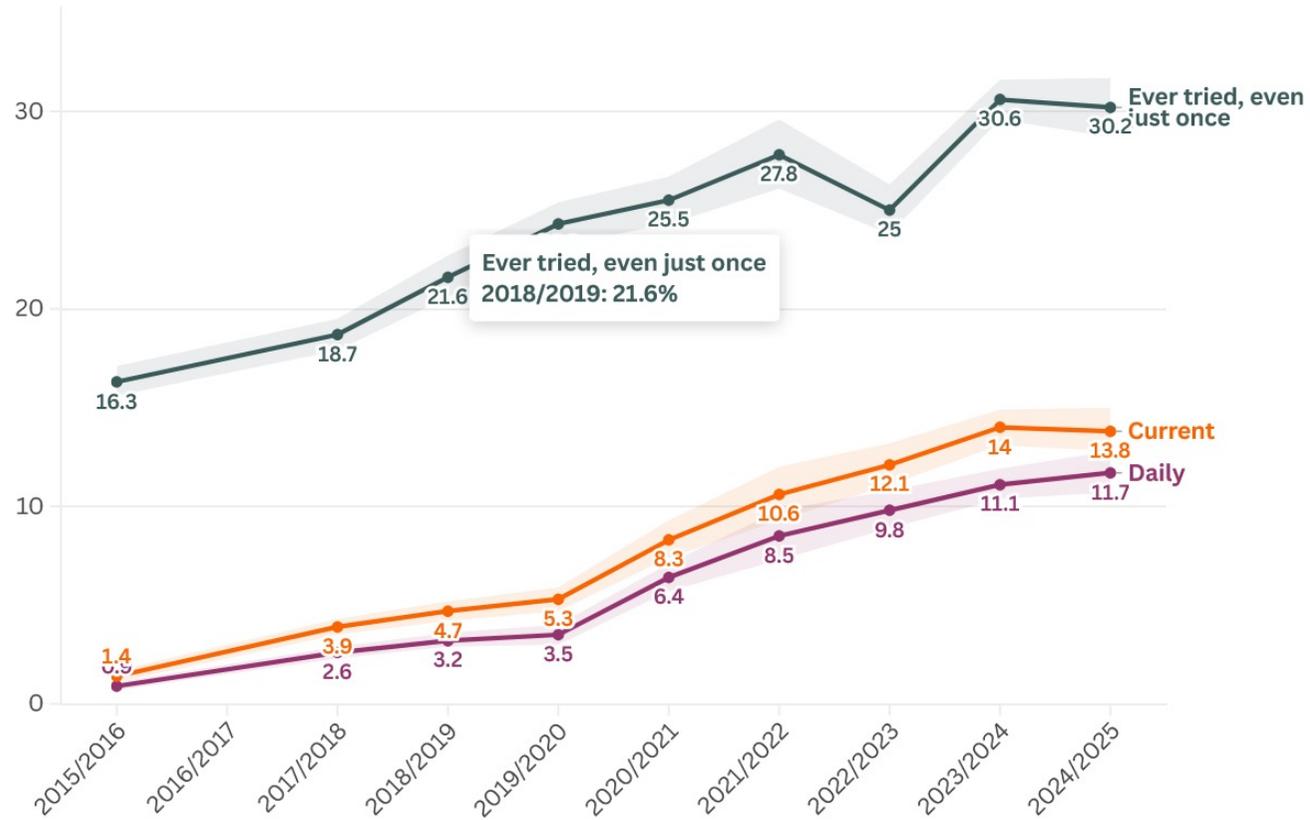
Source: [New Zealand Health Survey](#) • Shaded region represents 95% confidence interval

**Figure 4. Trends in daily smoking prevalence among 18-24 year old New Zealanders**



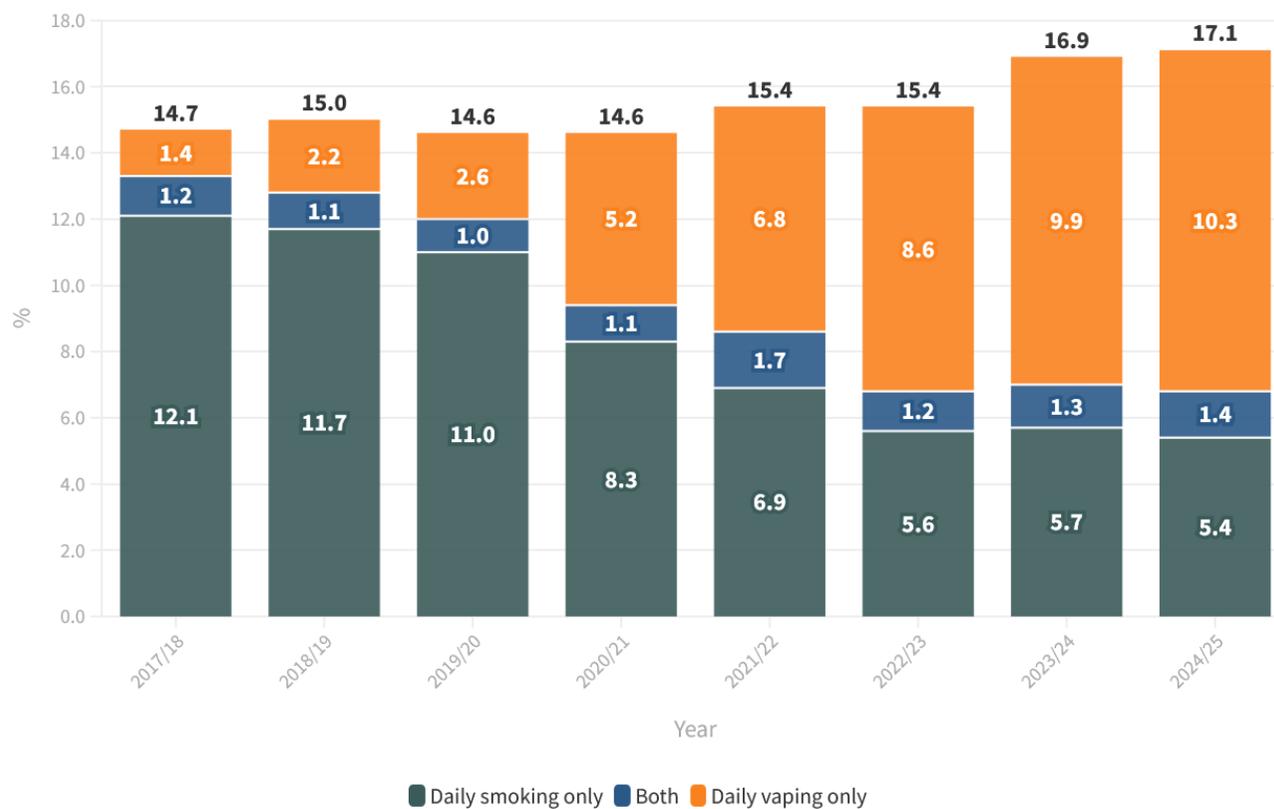
Source: [New Zealand Health Survey](#). • Shaded region represents 95% confidence interval

**Figure 1. Trends in vaping among New Zealand adults (≥15 years old )**



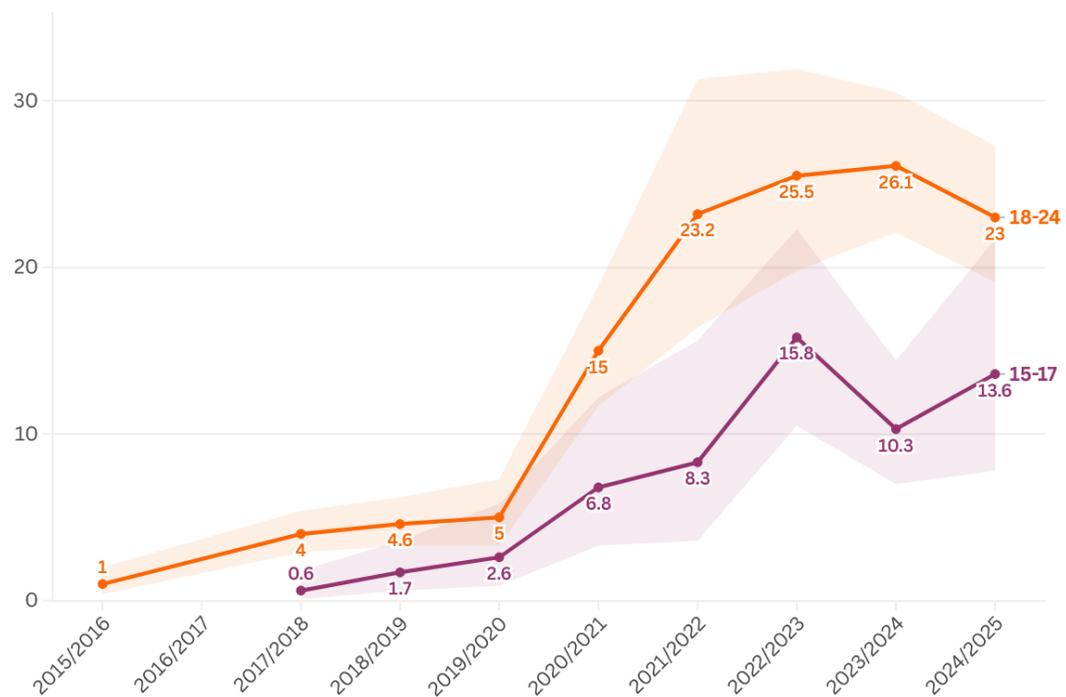
Source: [New Zealand Health Survey](#) • Shaded regions represent 95% confidence interval  
 Current use defined as vaping at least monthly

**Figure 2. Daily smoking or daily vaping (or both) among New Zealand adults (≥ 15 years old)**



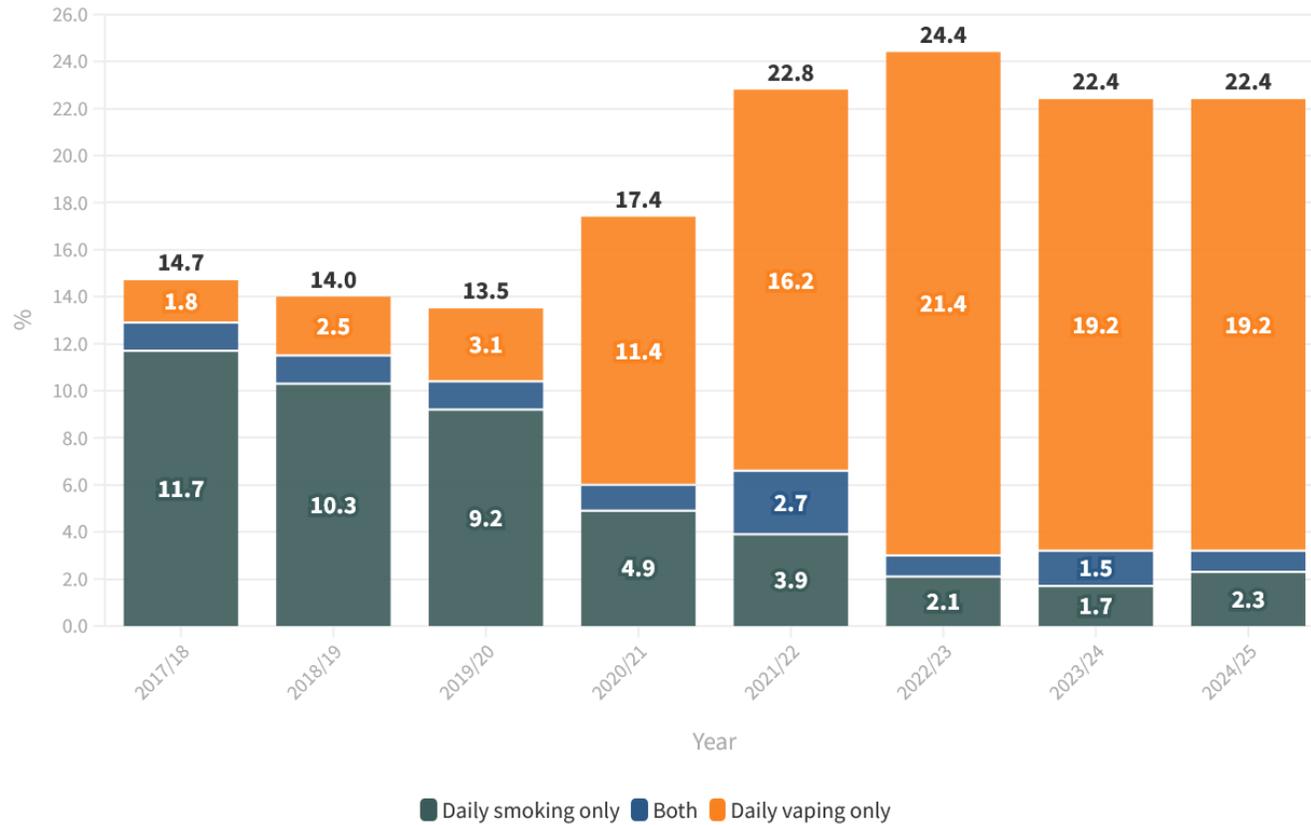
Source: [New Zealand Health Survey](#). Values above bars shows the prevalence of people who smoke *and/or* vape daily (may differ slightly from reported values due to summing of rounded values). 

**Figure 3. Trends in daily vaping among New Zealand young adults (15-17 and 18-24 year olds)**



Source: [New Zealand Health Survey](#). • Shaded regions represent 95% confidence interval  
 The following data points are to be interpreted with caution as the RSE (relative sampling error; the size of the sampling error relative to the result) is over 30%: 2017/18 to 2021/22 data for 15-17-year-olds and 2015/16 for 18-24-year-olds. Data from 2015/16 for 15-17-year-olds was suppressed because the sample denominator was less than 30 people or the RSE is over 100%.

**Figure 4. Daily smoking or daily vaping (or both) among 15 to 24 year olds**



Source: [New Zealand Health Survey](#). Values above bars shows the prevalence of people who smoke *and/or* vape daily (may differ slightly from reported values due to summing of rounded values).

The following data points are to be interpreted with caution as the RSE (relative sampling error; the size of the sampling error relative to the result) is over 30%: Daily smoking data from 2021/22 and 2022/23 and data for both from 2019/20, 2021/22, 2022/23, and 2024/25.

# What is a moral panic?

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- Perceived threat to norms and values
- Exaggeration of the threat, amplified through media
- Political response to restore social control.

Mazengarb report on moral delinquency in children and adolescents, 1954



# Moral panic in public health

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JOURNAL ARTICLE

## The epidemiology of overweight and obesity: public health crisis or moral panic?

[Get access >](#)

[Paul Campos](#) , [Abigail Saguy](#), [Paul Ernsberger](#), [Eric Oliver](#), [Glenn Gaesser](#)

*International Journal of Epidemiology*, Volume 35, Issue 1, February 2006, Pages 55–60, <https://doi.org/10.1093/ije/dyi254>

**Published:** 08 December 2005

PERSPECTIVES | The art of medicine · [Volume 375, Issue 9729](#), P1866-1867, May 29, 2010

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## Moral panic and pandemics

[Sander L Gilman](#) 

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# Problems for the moral panic framing

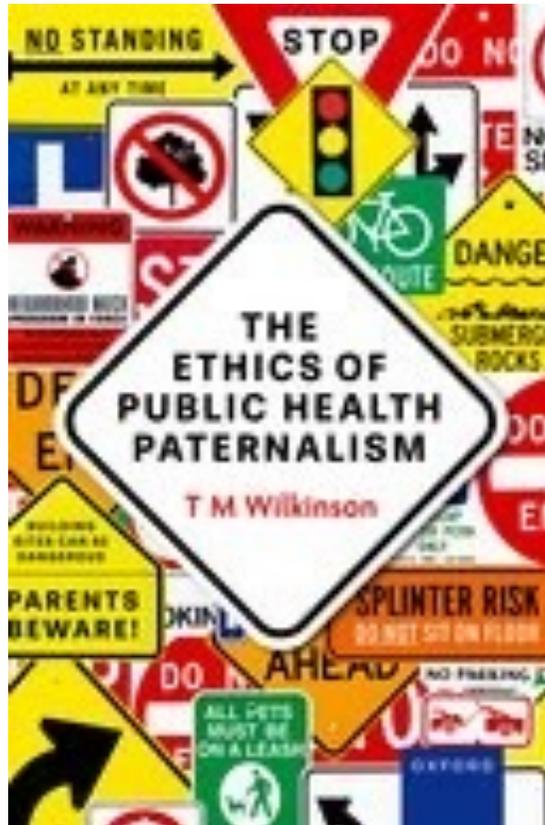
Does not challenge commercial interests in youth vaping.

Privileges evidence on harm reduction as more credible/rational than evidence on youth vaping.

Assumes reducing adult smoking more important than preventing vaping among young people.

Some health risks prioritised over others.

Overlooks equity issues.



- Paternalistic public health policies:
  - Make people worse off according to their own preferences.
  - Overvalue health in people's lives.
  - 'Nanny' autonomous adults: "they get too worked up about supposed threats to health and safety, and they like being controlling."
  - Often mistaken or misguided.
- Focused on adults not children: children 'ought to be nannied.'
- Willingness to accept PH policies that constrain adults to prevent harm to children.



# Alternative framing

Youth vaping as commercially engineered activity

Shaped by light touch regulation and loopholes

Tobacco industry not a helpful partner in harm reduction

Shift focus onto policy failure, rather than irresponsible youth or poor parenting.