



## **NATIONAL COUNCIL**

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**6<sup>th</sup> National Council – 2020-2025**

**Report of the National Council Standing Committee on  
Health, Social Welfare and Labour Affairs on its oversight  
visit to Hardap, Khomas and Erongo Region on the effects  
of Hubbly Bubbly from 19 – 28 August 2024**

*May 2025*

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## **Acknowledgement**

The National Council Standing Committee on Health, Social Welfare and Labour Affairs expresses its sincere gratitude to the Education Directors, teachers, learners and school board members of selected schools in the Hardap, Khomas and Erongo Region for their contributions and valuable inputs during the Committee's visit.

The Committee further extend its appreciation to the counterpart committees of the Parliament of Botswana and the Parliament of the Republic of South Africa for taking time to meet and interact with the Committee. This noble action proved that benchmarking as a tool of oversight is welcomed and is a great opportunity for visitors and the host to share ideas and learn from each other, while establishing and bolstering relationships between parliaments.

The Committee equally acknowledges and appreciate inputs from Professor Richard Van Zyl – Smit, (MBChB, FRCP(UK), Dip HIV(Man), MMED, FCP(SA), Cert Pulm (SA), PhD, ATSF) a Consultant Pulmonologist, from the Division of Pulmonology and Department of Medicine at the University of Cape Town & Groote Schuur Hospital in the Republic of South Africa, for inputs and submissions made to the Committee. All inputs and submissions will contribute positively to legislative reviews aimed at promoting health and the wellbeing of the youth and Namibian nation as a whole.

## **1. Introduction**

### **1.1 Establishment of the National Council Standing Committee on Health, Social Welfare and Labour Affairs.**

1.1.1 The National Council Standing Committee on Health, Social Welfare and Labour Affairs was established by Rule 160 of the National Council Standing Rules and Orders.

### **1.2 The standing committee has the mandate:**

- (a) to scrutinise and report to the Council on matters and questions falling within the ambit of Offices, Ministries, Agencies and Public Enterprises dealing with health, social welfare, gender equality, labour and employment creation;
- (b) to promote gender balance;
- (c) to promote health and social welfare;
- (d) to promote gender equality;
- (e) to monitor budget implementation of Offices, Ministries and Agencies falling within the Standing Committee's ambit;
- (f) to monitor the implementation of the decentralization process on matters falling within the ambit of the Standing Committee; and
- (g) to perform any other function as may be referred to it by the Council.



### **1.3 Committee Members and administrative staff**

The standing committee comprise of six Members of Parliament and two administrative staff namely:

1. Hon. Hans Linekela Nambondi	Chairperson
2. Hon. Emma Tangi Muteka	Vice-Chairperson
3. Hon. Rocco Nguvauva	Member
4. Hon. Laurentius Makana lipinge	Member
5. Hon. Johannes Hamba Karondo	Member
6. Hon. Mumbali Micky Lukaezi	Member

#### **Administrative Staff**

1. Ms Hilde Kapuku	Chief Parliamentary Clerk
2. Ms Priskilla Kulula	Parliamentary Clerk

### **1.4 Terms of Reference (ToR)**

A motion on the negative effects of Hubbly Bubbly on the health and wellbeing of the youth and the Namibian people at large.

### **1.5 Methodology**

- 1.5.1 The Committee adopted a desk review method that entailed reviewing reports and existing policies;
- 1.5.2 The Committee engaged portfolio committees at the Parliament of the Republic of South Africa and Parliament of Botswana;
- 1.5.3 Written and oral submissions from subject experts and teachers, learners and school boards members from identified schools in the Hardap, Khomas and Erongo region were obtained and complemented notes taken by the Secretariat.

It is to be noted that in the report hookah and hubbly bubbly (hubbly) will be used interchangeably.

## **1.6 Acronyms / Abbreviations**

CRUK	Cancer Research UK
CDC	Centers for Disease Control and Prevention
ENDS	Electronic Nicotine Delivery Systems
ENNDS	Electronic Non-Nicotine Delivery Systems
FCTC	Framework Convention on Tobacco Control
Hubbly	Hubbly-Bubbly
SDG	Sustainable Development Goal
UN	United Nations
WHO	World Health Organisation

## **2. Background**

- 2.1 According to the World Health Organisation (WHO), a Framework Convention on Tobacco Control was adopted by the World Health Assembly on 21 May 2003 and entered into force on 27 February 2005. Namibia ratified the [WHO Framework Convention on Tobacco Control \(FCTC\)](#) in November 2005.
- 2.2 The WHO Framework Convention on Tobacco Control (FCTC) provides a global response to a global problem namely, the tobacco epidemic. It is an evidence-based treaty that reaffirms all people's right to the highest standard of health. The WHO FCTC is a milestone in the promotion of public health and provides new legal dimensions for international health cooperation. Since its entry into force in 2005, this international treaty has become one of the most rapidly and widely embraced treaties in United Nations (UN) history. To date, 180 countries globally have ratified the WHO FCTC.
- 2.3 The WHO FCTC has succeeded in keeping tobacco control high on the global agenda, while saving lives and improving global health. Measures outlined in the WHO FCTC emphasize the importance of using an approach that aims to minimize both tobacco demand and supply through a variety of measures. There is strong evidence that these measures effectively protect adults and children from smoking initiation and tobacco-related harm.
- 2.4 The WHO FCTC asserts the importance of strategies to reduce both demand and supply, and provides a framework for tobacco control measures to be implemented at the national, regional and international levels. This includes actions to:
- 2.4.1 Protect public health policies from commercial and other vested interests of the tobacco industry (Article 5.3);
- 2.4.2 Adopt price and tax measures to reduce the demand for tobacco (Article 6);



- 2.4.3 Protect people from exposure to tobacco smoke (Article 8);
  - 2.4.4 Regulate the contents of tobacco products (Article 9);
  - 2.4.5 Regulate tobacco product disclosures (Article 10);
  - 2.4.6 Regulate the packaging and labelling of tobacco products (Article 11);
  - 2.4.7 Warn people about the dangers of tobacco (Article 12);
  - 2.4.8 Ban tobacco advertising, promotion and sponsorship (Article 13);
  - 2.4.9 Offer people help to end their addictions to tobacco (Article 14);
  - 2.4.10 Control the illicit trade in tobacco products (Article 15);
  - 2.4.11 Ban sales to and by minors (Article 16);
  - 2.4.12 Support economically viable alternatives to tobacco growing (Article 17)
- 2.5 The [Tobacco Products Control Act](#) in Namibia was passed into law in 2010, followed by the regulations which were passed in 2014.
- 2.6 Furthermore, Namibia banned smoking in all government premises in 2005, and smoking is not allowed in any health facility and public premises.
- 2.7 The Government also took a stance to encourage farming in other cash crops other than tobacco, while pledging to make tobacco consumption an expensive undertaking through annual increases in customs and excise duties and levies.
- 2.8 During September 2023, the Ministry of Health and Social Services with the support of the World Health Organisation (WHO) conducted a workshop on strengthening tobacco control measures in the Namibia. The workshop indicated that the WHO FCTC provides for member states to establish infrastructure and make a commitment to the control of tobacco use as well as promoting community awareness of the risks related to tobacco use. Namibia has documented successes in tobacco control and met standards set out in the WHO FCTC such as the ban of all tobacco product advertisements in the electronic, print media and billboards promotion.



- 2.9 The Sustainable Development Goal (SDG) 3 target a reduction of one third premature mortality from non-communicable diseases through prevention and treatment and promotion of mental health and well-being by 2030, thus governments and communities worldwide is required to strengthen the implementation of the World Health Organisation Framework Convention on Tobacco Control and prioritise tobacco control. Significant reduction in tobacco use will ensure declines in non-communicable diseases and promote healthier lifestyles.

### **3. What is Hubbly Bubbly / Hookah**

- 3.1 Despite the introduction of the Tobacco Products Control Act in 2010, there is still an increase in tobacco products use among communities, especially among the youth.
- 3.2 Among the emerging products the Hookah commonly known as Hubbly-Bubbly (Hubbly), Water Pipe, Shisha or Goza is dominating. The Hookah is a traditional waterpipe smoking device that is believed to have originated in India.
- 3.3 A hookah is an instrument for smoking tobacco. It consists of a base glass container attached to one or more smoking tubes. The instruments vary in size, shape and style (*See Annexure A, Picture 1*). Hookah tobacco comes in different flavors, such as apple, mint, cherry, chocolate, coconut, licorice, cappuccino and watermelon (*Picture 2*). There are now newer forms of electronic hookah products (*Picture 3a*), such as steam stones and hookah pens (*Picture 3b*). These products are battery-powered and turn liquid containing nicotine, flavorings, and other chemicals into an aerosol, which a person inhales.

### **4. How Hubbly Bubbly / Hookah works**

- (i) The hookah have a head, body, water bowl and hose;

- (ii) Holes in the bottom of the head allow smoke to pass into the body's central tube;
- (iii) This tube is submerged in the water that half-fills the water bowl. The hose is not submerged, exits from the water bowl's top, and ends with a mouthpiece, from which the smoker inhales;
- (iv) The tobacco that is placed into the head is very moist (often sweetened and flavoured) and it does not burn in a self-sustaining manner;
- (v) Thus, charcoal is placed atop the tobacco-filled head (often separated from the tobacco by perforated aluminium foil);
- (vi) When the head is loaded, & the charcoal lit, a smoker inhales through the hose, creating a vacuum above the water, & drawing air through the body & over the tobacco and charcoal;
- (vii) Having passed over the charcoal, the heated air, which now also contains charcoal combustion products, passes through the tobacco, and the mainstream smoke aerosol is produced;
- (viii) The smoke passes through the water pipe body, bubbles through the water in the bowl, & is carried through the hose to the smoker;
- (ix) During a smoking session, smokers typically replenish & adjust the charcoal periodically.

## **5. Harmful effects of Hubbly Bubbly / Hookah**

- 5.1 According to the Centers for Disease Control and Prevention (CDC) using a hookah to smoke tobacco poses serious health risks to both the people who are smoking and those exposed to the smoke. Hookah is not less harmful than smoking cigarettes. Despite the smoke being filtered through water, when you



smoke hookah you expose yourself to the highly addictive chemical nicotine, heavy metals, tar and high levels of toxic agents.

- 5.2 Hookahs expose tobacco to high heat from burning charcoal. The tobacco smoke created by this is at least as toxic as cigarette smoke. The charcoal used to heat the hookah tobacco can also produce high levels of carbon monoxide, metals, and cancer-causing chemicals. This may put those who use hookah at additional health risk.
- 5.3 Smoking hookah can lead to greater exposure to the toxic substances in tobacco smoke than smoking cigarettes. In a single smoking session, a person using a hookah can be exposed to nearly 9 times more carbon monoxide and more nicotine than from a single cigarette.
- 5.4 The tobacco in hookah has been shown to cause oral, lung, and bladder cancers, heart disease, and respiratory diseases. Typically, hookah is smoked in a prolonged social session where the hose is used by multiple people, potentially causing smokers to expose their bodies to more toxic substances than cigarette smokers. When multiple people use the same hose, they are at risk for infectious diseases including colds, influenza, mononucleosis, and even Tuberculosis and Herpes. Shihadeh A, Salman R, Jaroudi E, et al, also indicated that hookah tobacco and smoke contain many toxic agents that can cause clogged arteries and heart diseases.
- 5.5 There is a significant number of e-cigarettes users and according to the Cancer Research UK (CRUK), most e-cigarettes contain some potentially harmful chemicals as well as nicotine, which is addictive. With repeated use, a person's brain particularly the youth, gets used to having nicotine. This can make them think they need nicotine just to feel okay. This is part of nicotine addiction.
- 5.6 Many young people can start showing signs of nicotine addiction quickly, sometimes before the start of regular or daily use. Science shows that nicotine is addictive and can harm brain which still develops until about age 25. Using nicotine at a young age may make it harder for concentration, learning and

impulses control. Nicotine can train a brain and make young people more vulnerable to other drug addictions. Young people may experience nicotine withdrawal when trying to stop, meaning the brain could get irritable, anxious, upset, have a hard time concentrating or sleeping, have strong urges to vape, or just feel uncomfortable.

## **6. Consultation with an expert on effects of Hubbly Bubbly / Hookah**

- 6.1 According to Professor Richard van Zyl-Smit, a Consultant Pulmonologist, and Head of Smoking Cessation and Adolescent Respiratory Services, at the Division of Pulmonology and UCT Lung Institute, Groote Schuur Hospital and University of Cape Town, in South Africa argue that the major concern that is generally ignored by the vaping industry are the negative effects of nicotine along with other vaping produced chemicals on the 'young' brain and lungs.
- 6.2 He stressed that adolescent lungs are still developing and exposure to any unnecessary toxins during the growth phase such as tobacco, cannabis, and electronic cigarettes should be prevented.
- 6.3 The adolescent brain is developing and is particularly sensitive to nicotine. Exposure to nicotine amongst learners is high and widespread which should be a cause for alarm.
- 6.4 Dependence can occur at low levels of exposure and within 1-2 days. The developing brain is vulnerable to rewarding effects of nicotine and toxins thus having impact on cognitive functioning. Dependency further causes behavioural problems, depression and panic disorders.
- 6.5 Some cardiopulmonary (heart and lungs) effects of vaping on the developing lung and heart is increased wheezing (breathing with whistling or rattling sound in the chest), bronchiectasis (a long-term condition where the airways of the lungs become widened, leading to a build-up of excess mucus that can make the lungs more vulnerable to infection), increased risk of infection and changes in vascular (blood vessels that circulate blood in the body) and endothelial



function (the cells that line the inner surface of blood vessels, lymphatic vessels, and the heart).

- 6.6 With lung development continuing in to the early 20's and the long-term effects of exposure reducing lung immunity, or impacting on lung growth, exposure during adolescence should be avoided at all costs.
- 6.7 Urgent regulation of hookah and vapes is required to support efforts to prevent, and also to reduce the epidemic of vaping in school learners.

## **7. Committee's engagement with learners**

The Committee on Health, Social Welfare and Labour Affairs undertook a visit to selected schools in the Hardap, Khomas and Erongo region. During engagements with school board members, teachers and learners, the Committee noticed that all issues relating to the use of hubbly bubbly and vaping are cross cutting. The Committee however learned that:

- 7.1 Majority of learners experiment or smoke hubbly and vapes due to pressure from the environment in which they find themselves and people they associate with. At some homes hubbly is regarded as a social or fun activity, thus, some parents allow their children to smoke hubbly.
- 7.2 The Committee learned that other commonly used names for hubbly and vape are Pyp, Kopskiet, Shuff, Air Pop/Poppy, Skank, Space Cookies or Apple Roll. These names are used when learners or users want to conceal or disguise hubbly.
- 7.3 Learners explained that they feel high and hyper after smoking hubbly or vapes. At times users substitute water in the glass bottle with alcohol to make the mixture stronger or make cocktails. Cocktails is when hubbly is mixed with other drugs such as cannabis or cocaine.

- 7.4 Beside using hubbly and vapes for enjoyment purposes and as a social experiment, most learners argued that it helps them relax particularly when feeling stressed, depressed and anxious.
- 7.5 Users stressed that after 3 to 5 hours of smoking hubbly or vapes, some users start feeling hungry and disoriented, meaning a user have to smoke over and over again to get a headshot (the feeling of being high), the circle is continuous thus at times learners skip classes to go smoke.
- 7.6 They further indicated that if they stay without smoking, their bodies does not function well, and at times they start hallucinating and behave in abnormal ways.
- 7.7 Some learners shared personal experiences and informed the Committee that the good thing about smoking hubbly or vapes help increase their appetite and help them concentrate particularly during exam time. They further claimed that their brains become more active and they obtain good marks/grades.
- 7.8 Hubbly is mostly used at home as the whole set (bowl and pipes) is too big to be carried around and it can be spotted from a distance, therefore learners prefer to use hubbly first thing in the morning before coming to school and use vapes during school hours.
- 7.9 Vape (*Picture 5*) is gaining momentum because of its flavours and size. Both the device and charger cost around N\$ 250,00 with refill juices (*Picture 7*) varying between N\$ 10,00 to N\$ 15,00.
- 7.10 The devices are very small and portable, making it easy to hide anywhere including hair styled in a ponytail.
- 7.11 Learners indicated that buying hubbly or vape is easy as they are not required to present any form of identification, hence the notion that the youth is allowed to use hubbly and vape.



- 7.12 Some learners claimed to get hubbly from friends, others said they buy the products themselves or at times someone else buy the products for them.
- 7.13 Availability of flavoured vapes was given as one of the reasons why learners are using the products.
- 7.14 Some learners indicated that they heavily relied on hubbly for relaxing and considered it to be a quick fix particularly when taken first thing in the morning, thus they fear that should hubbly no longer be available, users might resort to any other available substance such as cannabis or cocaine.
- 7.15 Some learners claimed to experience behavioural changes, heart palpitations (fast heart beat) particularly during physical activities, while others claimed that they could no longer participate in activities for more than 5 minutes without being exhausted or feeling nauseous.
- 7.16 The Committee was informed that, at a particular school a learner was admitted in hospital after smoking hubbly, and to date he is mentally unstable and unable to continue with school.

## **8. Committee's engagement with school board members and teachers**

- 8.1 School board members and teachers stressed that learners lack fear and exhibit bad behaviour towards teachers and fellow learners, compromising the safety of the school community;
- 8.2 Teachers indicated that it is difficult to control learners and prohibit them to smoke as smoking is permitted in some households;
- 8.3 While some parents are not aware that their children smoke hubbly and vape, other parents permit their children to use hubbly claiming it to be a better option than cigarettes and drugs;

- 8.4 Most parents lost control over their children making it difficult for teachers to discipline the learners;
- 8.5 Many learners appeared several times before the school board, however school disciplinary measures are not strict enough to deter the learners from smoking hubbly;
- 8.6 The school code of conduct is limiting discipline at schools, as learners tend to have more rights than the teachers;
- 8.7 Learners always emphasise on their rights whenever the school want to suspend them, at times habitual culprits are apprehended with devices, get suspended for 24 hours and they get back to school again;
- 8.8 Teachers observe as learners come to school high, however nothing is done as they tend to be dangerous when on drugs;
- 8.9 There is a perception among learners that vapes are healthier than smoking cigarettes and that cigarettes were made for adults and hubbly and vapes for the youth;
- 8.10 Some teachers indicated that some learners as young as 10 years' smoke hubbly. In cases like that teachers would confiscate the devices and hand over to the parents;
- 8.11 It was further confirmed that some learners became drug distributors in order to earn money that will enable them to afford hubbly and vapes;
- 8.12 Most of the teachers confirmed that some academically gifted learner's performance declined due to a lack of focus, concentration and interest in school.



## **9. Aspects contributing to the use of substances**

During consultations with stakeholders the Committee learned that:

- 9.1 The lack of recreational facilities and after school activities was mainly contributing to the high usage of hubbly amongst the youth;
- 9.2 Parents and guardians lacked knowledge on the dangers and health effects of hubbly on the youth;
- 9.3 Hubbly users believe in the notion that smoking hubbly is better than smoking cigarettes;
- 9.4 Life skills curriculum at schools does not address emerging trends such as the use of hubbly and vapes;
- 9.5 There are no intervention to spread the news about the health risks associated with smoking hubbly or the use of vapes, such as awareness campaigns or the involvement of social media influencers;
- 9.6 There are no support such as cessation plans offered to users that are willing to stop smoking hubbly or vaping.

## **10. Legislative measures in place in the Republic of South and the Republic of Botswana**

- 10.1 The use of hubbly became a social phenomenon as with cigarette smoking, with hookah bars, cafés and restaurants becoming popular social gathering places for young smokers and their friends. One of the reasons for the popularity of hubbly is the social availability and accessibility of both the waterpipe and the tobacco used. Hubbly is widely viewed as a safer alternative to cigarette smoking rather than a potential health risk. In that context the Committee on Health, Social Welfare and Labour Affairs visited and engaged counterpart committees in the Republic of South Africa and the Republic of

Botswana on legislative measures in place to curtail the use of hubbly bubbly and vapes. The Committee learned that:

- 10.2 Both the Republic of South Africa and Republic of Botswana ratified the World Health Organisation Framework Convention on Tobacco Control (FCTC);
- 10.3 In South Africa the treaty come in force in 2005. Further to that the Tobacco Products and Electronic Delivery Systems Control Bill was introduced in Parliament on the 9<sup>th</sup> December 2022 to replace the Tobacco Control Act of 1993;
- 10.4 Once operationalised, the Bill will strengthen public health protection measures, aligning South Africa's legislation with the WHO FCTC requirements;
- 10.5 Thus far, the Bill provides for ministerial determinations that could see all indoor public places and certain outdoor areas declared 100% smoke-free;
- 10.6 The Bill will see the ban of cigarette vending machines and point-of-sale product display, introduction of mandatory plain packaging with graphic health warnings and pictorials;
- 10.7 In addition, the Bill paves the way for the regulation and control of Electronic Nicotine Delivery Systems (ENDS) (*Picture 6*) such as vapes, vaporizers, vape pens, hookah pens, electronic cigarettes, e-cigars and e-pipes as well as Electronic Non-Nicotine Delivery Systems (ENNDS) also referred to as e-liquids (*Picture 7*);
- 10.8 Whereas in Botswana the tobacco control law is regarded as one of the strong tobacco control legislations in Africa;
- 10.9 The law repealed and re-enacted the Control of Smoking Act of July 1993, to align well with the FCTC;



- 10.10 Amongst other important points, the law establishes a Tobacco Control Committee, institutes a license to sell tobacco or any tobacco product and prohibits smoking in public places;
- 10.11 Tobacco advertising, promotion and sponsorship are prohibited, while pictorial health warnings on tobacco product packaging and labelling covering not less than 70 percent of each principal display area is mandatory;
- 10.12 Sale of tobacco products to and by people younger than 21 is prohibited;

For effective regulation of the tobacco industry or tobacco products, full transparency at all government interactions with the tobacco industry is mandatory and limited;

- 10.13 The law prohibits government partnerships with, endorsements of, or support from the tobacco industry, as well as government incentives or privileges related to any phase of the production or marketing of tobacco products or growing of tobacco;
- 10.14 The Republic of Botswana in its Government Notice No. 262 of 2020, and in accordance with regulation 30G of the Emergency Powers (COVID-19) Regulations, 2020 provides under (iv) that shisha or hookah shall not be used, sold or hired.

## **11. Summary of Findings / Conclusion**

- 11.1 The WHO FCTC has succeeded in keeping tobacco control high on the global agenda, while saving lives and improving global health. Measures outlined in the WHO FCTC emphasize the importance of using an approach that aims to minimize both tobacco demand and supply through a variety of measures. The treaty has been ratified by more than 180 countries globally.
- 11.2 In Namibia, the Tobacco Products Control Act 1 of 2010 has documented successes in tobacco control and met standards set out in the WHO FCTC such as the ban of all tobacco product advertisements in the electronic, print media and billboards. Smoking is not allowed in any health facility and public

premises. However, there are no laws in place to control the emerging tobacco products.

- 11.3 Among the emerging products the Hookah commonly known as Hubbly-Bubbly (Hubbly) is dominating.
- 11.4 It is well known that tobacco smoking prevalence varies widely across all regions and the dramatic rise in hookah / vaping amongst school learners is not only reason enough to regulate the use, but it also provides the urgency with which laws should be amended and new legislations passed.
- 11.5 The tobacco in hookah has been shown to cause all types of diseases such as oral, heart and respiratory diseases due to its prolonged sessions. Most emerging tobacco products contain potentially harmful chemicals as well as nicotine which is addictive and harmful to the brain particularly to users under the age of 25.
- 11.6 Behavioural changes amongst learners as well as poor performances was all linked to the availability and usage of hubbly. Awareness campaigns on the dangers and health effects of hubbly on the youth and the nation at large is of importance.
- 11.7 In South Africa, hubbly and related tobacco products, falls under the definition of 'tobacco product' meaning that the use and sale thereof have to comply with the regulations that apply to a tobacco product in the country. Similarly, the Republic of Botswana in its Government Notice No. 262 of 2020, provides under (iv) that hookah shall not be used, sold or hired.

## **12. Recommendations**

The Committee on Health, Social Welfare and Labour Affairs recommend that: The Tobacco Products Control Committee under the Ministry of Health and Social Services and in consultations with the National Drug Control Commission (NDCC) exercise powers, duties and functions as set out in the Tobacco Products Control Act 1 of 2010, 14 (1) (a-h) and propose the following amendments:

- 12.1 Review the Tobacco Products Control Act 1 of 2010 to include hubbly bubbly, electronic devices, vaping and any other emerging tobacco products as a matter of urgency;



- 12.2 Classify nicotine infused products as tobacco products and regulate as such;
- 12.3 **Ban** the import, sale, hiring and the use of hubbly bubbly and vaping products completely;
- 12.4 Prohibition the sale of tobacco products to minors below the age of 18;
- 12.5 Prohibit the open display of any Hookah pipes, flavours, vapes and e-cigarettes;
- 12.6 Prohibit advertising and marketing of all Hookah pipes, flavours, vapes and e-cigarettes on all media platforms.

**13. Adoption of Report**

The report was adopted by the National Council Committee on Health, Social Welfare and Labour Affairs at its meeting held in the Red Room, National Council Building on the 20<sup>th</sup> May 2025.



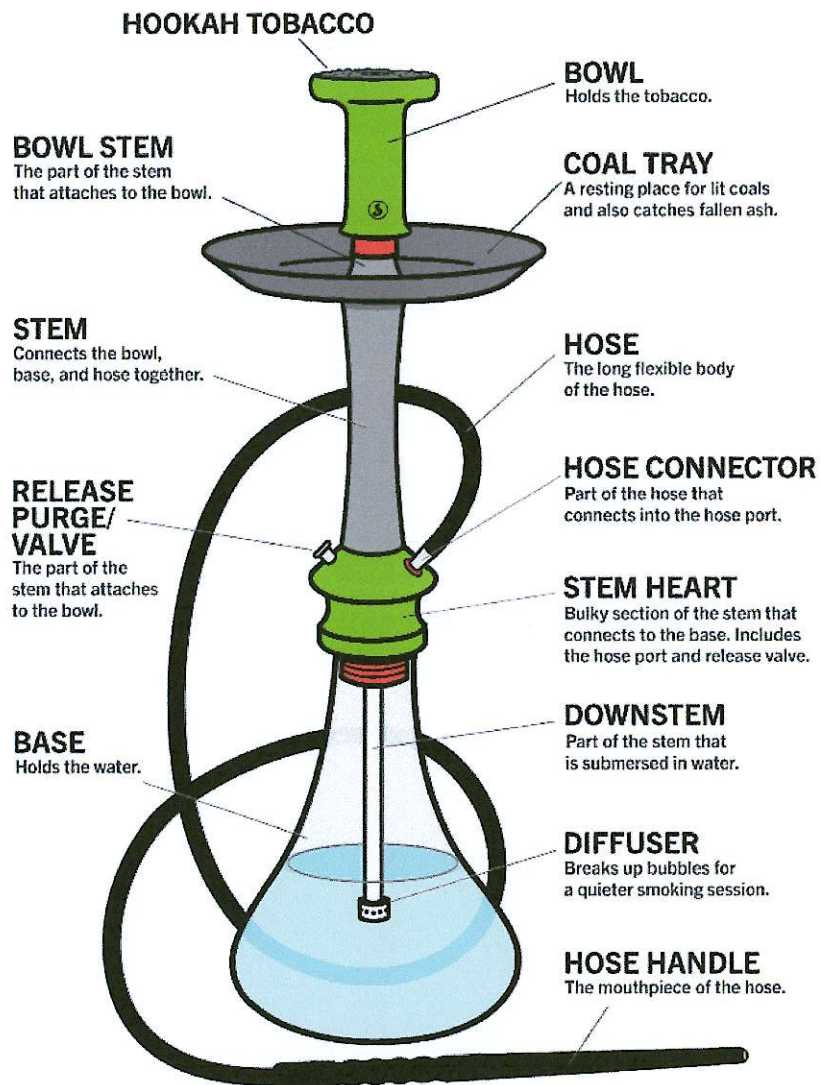
Honourable Hans Linekela Nambondi  
Chairperson



Date

## Annexure A

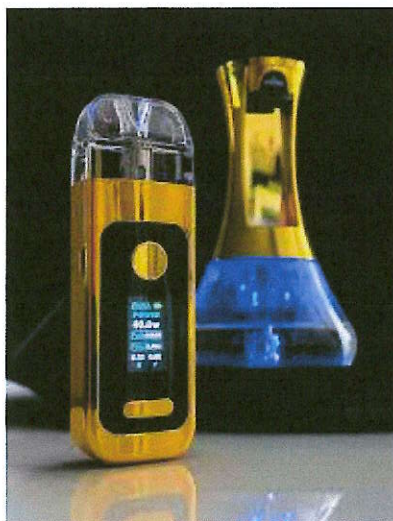
**Picture 1. Hubbly Bubbly / Hookah**



**Picture 2 – Hookah Tobacco Flavors**



**Picture 3 (a) Electronic Hookah**



**3 (b) Hookah Pens**





**Picture 5 – Vapes**



**Picture 6 - Electronic Nicotine Delivery System - ENDS**

a)



Cig-a-likes



Vape Pen



Pod (JUUL)



Small Disposable (Puff Bar)



Large Disposable (Air Glow)



Advanced Personal Vaporizer ("MODs")



e-Hookah



**Picture 7 – Electronic Non-Nicotine Delivery System - ENNDS**

