

Ref. No: 1461
Date: 15/01/25
Subject: Nicotine Products in Vending machines

REQUEST & RESPONSE

Please could you provide the following information if your hospital has a vending machine selling nicotine products on your premises:

- 1. Vending machines selling vapes? Y/N If yes, please provide the name of the vape company**

No

- 2. Vending machines selling nicotine pouches? Y/N If yes, please provide the name of the nicotine pouch company**

No

- 3. Name of Tobacco company(s) with which you have a contract for supplying their products in the vending machine, including the beginning and end date of the contract you have with them**

No