

Submission to the Northern Territory Select Committee on Electronic Cigarettes and Personal Vaporisers (Vaping) Inquiry

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About the submitter:

Dr Michelle Jongenelis is a Principal Research Fellow within the Melbourne School of Psychological Sciences at The University of Melbourne. Dr Jongenelis has expertise in health promotion, intervention development and evaluation, behavioural psychology, and clinical psychology. She works across multiple and diverse health-related behaviours including smoking and e-cigarette use, alcohol consumption, nutrition, and physical activity. Dr Jongenelis sits on the Australian Council of Smoking and Health, and the World Federation of Public Health Associations' Working Group on Tobacco Control. Dr Jongenelis is also an accredited Clinical Psychologist working in private practice.

Declarations:

Dr Jongenelis has not ever received services, assistance, or support (whether monetary or nonmonetary in nature) from the tobacco industry and/or e-cigarette industry.

Dr Jongenelis has not ever provided services, assistance, or support (whether monetary or nonmonetary in nature) to the tobacco industry and/or e-cigarette industry.

Any opinions expressed are solely those of Dr Jongenelis and do not represent the views or opinions of her employer.

Summary:

Thank you for the opportunity to make a submission to the Northern Territory's Select Committee on Electronic Cigarettes and Personal Vaporisers (Vaping) Inquiry. Preventing increases in the use of e-cigarettes, especially among young people, and minimising the harms associated with use should be public health priorities¹. Although Australia's efforts to date have been largely successful in protecting public health policies from tobacco industry interference, ecigarettes and other "smoke-free" products constitute a mechanism via which the tobacco industry is renewing its activities under the guise of creating a smoke-free world. Australia has always been, and remains, a world leader in tobacco control. We are continuing to pave the way by implementing effective, evidence-based policies. It is imperative that we adopt an evidencebased approach when it comes to e-cigarettes as these devices have the potential to undermine decades of effective tobacco control efforts that have produced a substantial decrease in the prevalence of smoking.

Responses to the Terms of Reference:

i. The current scale and trends of e-cigarette and personal vaporiser use in the Northern Territory, including amongst children and young people

In Australia, use of e-cigarettes among adult smokers and non-smokers increased from 4% in 2013 to 11% in 2019². Prevalence rates of use among adolescent and young adult non-smokers *more than tripled* over the same time period. These figures likely represent an underestimate of the true prevalence of vaping among youth, with a recent national study reporting rates of use that were much higher³. In terms of the type of products being used, a recent survey of Australian e-cigarette users found that 78% of 12- to 17-year-olds and 87% of 18- to 24-year-olds were using nicotine e-cigarettes at least monthly⁴. When asked to indicate the strength of the nicotine they used, a quarter reported that they did not know. Most adolescents and young adults were found to be using disposable and pod-based e-cigarettes. Such products are cheaper than other types of e-cigarettes^{5,6}, and it has been suggested that their inexpensiveness is a potential risk factor for youth uptake⁷. Of further concern, the e-liquids in these types of e-cigarettes are typically nicotine-salt-based. The lower pH of these e-liquids reduces the harshness of the inhaled aerosol,

making the e-liquid highly palatable and easy to inhale^{8,9} and resulting in more intense puffing and greater nicotine delivery¹⁰.

Given the potential risks associated with nicotine exposure in adolescence and young adulthood (see Section ii), these results indicate that most e-cigarette users within these population groups are at considerable risk of harm. In addition, the use of nicotine reported by adolescents supports evidence that these products are being sold in Australia illegally. Indeed, a quarter of adolescent vapers report sourcing their nicotine e-liquid from tobacco or vaping retailers, despite it being illegal to sell these products to minors⁴. *This suggests that greater enforcement of laws regarding the sale of liquid nicotine is needed.*

E-cigarettes are part of Big Tobacco's product diversification strategy to offer new and novel nicotine delivery devices, especially those that have maximum appeal to young people. The rapid and substantial increase in youth use of e-cigarettes reflects trends seen in other countries and is likely attributable to the youth-appealing nature of e-liquid flavours and e-cigarette advertising^{11,12}. The vaping industry continues to target adolescents and young adults via the development of new youth-oriented e-juice flavours (e.g., bubblegum, popcorn, Red Bull, fruit loops, Skittles, unicorn milk)^{13,14}; the use of appealing e-juice packaging (e.g., cartoons on labels, e-juice boxes that resemble fruit juice cartons)¹⁵⁻¹⁷; the development of e-cigarettes that resemble USB drives, asthma inhalers, pens, remote controls, and hoodie drawstrings (thus promoting 'stealth vaping')^{18,19}; and sponsorship of youth-oriented events¹³. In addition, there is research to suggest that ads for e-cigarettes feature themes (e.g., animation, cartoons, attractive and young protagonists) that have known appeal to youth^{20,21}.

The vaping and tobacco industries need a new population of individuals to become addicted to nicotine to drive their profits²². The emergence of the vaping industry has the potential to undermine years of successful tobacco control in Australia, and *action is therefore urgently needed to protect the Australian public from the activities of this industry*. Ultimately, the goal

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of the vaping/tobacco industries is the maximisation of sales and profits. If the vaping and tobacco industries' goal was to genuinely support smokers to quit and exit the market altogether, with no uptake by non-smokers, both industries would cease to exist within the next few decades.

ii. The health impacts of the use of e-cigarettes and personal vaporisers

Statements issued by Australia's Chief Medical Officer²³, the National Health and Medical Research Council¹, and numerous other Australian health organisations express significant concerns about e-cigarettes and endorse the World Health Organization's call for the precautionary principle to be applied when dealing with these devices. E-cigarettes are not harmless; they have been found to contain a number of substances known to be harmful to health, including formaldehyde, tobacco-specific nitrosamines, nicotine, and heavy metals²⁴⁻³¹. There are also significant health risks associated with their use including reduced lung function, stiffness of the arteries, and increased risk of cardiovascular disease³²⁻³⁹. In a recent review documenting the risks associated with e-cigarette use, the addictive nature of nicotine was highlighted⁴⁰. This systematic review of the worldwide evidence on the health effects of ecigarettes also found that among non-smokers, there is strong evidence that use of e-cigarettes has multiple health harms and no health benefits. Uptake of use in adolescents and young adults is problematic given the impact of nicotine exposure on brain development⁴¹. However, the health risks associated with use are not limited to nicotine, with evidence indicating that the flavourings and other additives found in e-cigarettes are particularly harmful to health⁴². This is concerning given almost all Australian vapers use flavoured devices⁴ and these harmful nonnicotine products remain legal in the Northern Territory.

In addition to these direct health harms, there is consistent and compelling evidence indicating that e-cigarette use acts as a gateway to tobacco smoking. *A recent meta-analysis concluded that non-smokers who use e-cigarettes are approximately three times more likely than those who avoid e-cigarettes to initiate tobacco cigarette smoking*⁴³.

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iii. The efficacy of e-cigarettes and personal vaporisers in helping people to quit smoking

Tobacco industry interference through the supply of misinformation about the potential benefits of e-cigarettes is considered a "present and real threat" to tobacco control efforts⁴⁴. Although marketed by the vaping/tobacco industry as an effective smoking cessation tool, there is inconclusive evidence of the efficacy of e-cigarettes as quit smoking aids, with mixed findings reported in the literature^{29,45-49}. In addition, there is evidence indicating that e-cigarettes may compromise quit attempts. Specifically, exposure to e-cigarettes has been found to significantly increase smokers' desire and urge to smoke tobacco cigarettes⁵⁰, and e-cigarette use has been found to be associated with cigarette smoking relapse/a return to smoking among former smokers^{51,52}. Indeed, a recent meta-analysis found that former smokers who use e-cigarettes are more than twice as likely to relapse than former smokers who do not use the devices⁴³, suggesting that e-cigarette use may drive former smokers back to combustible tobacco *cigarettes.* Finally, prevalence of 'dual use' is high⁵³, with this pattern of tobacco use found to be the most common⁵⁴. Such use does little to reduce the harms associated with tobacco use, with complete abstinence from smoking required to achieve health benefits⁵⁵. While some dual users successfully quit smoking and switch to exclusive e-cigarette use, the majority transition to exclusive smoking⁵⁶.

It is important not to be persuaded by anecdotal reports of individuals quitting smoking with the aid of e-cigarettes. The net costs and benefits of e-cigarette use must be assessed at the population-level. *To date, this assessment indicates that e-cigarette use contributes to more population-level harms than benefits*⁵⁷. Furthermore, the use of e-cigarettes for smoking cessation may lead to permanent nicotine dependence if vapers are not supported to quit e-cigarette use⁵⁸.

iv. The approaches being taken to discourage uptake and the use of e-cigarettes and personal vaporisers, including but not limited to, in Northern Territory Schools
In a recent national study of 218 secondary school principals and teachers⁵⁹, 47% of all educators surveyed reported finding a student with an e-cigarette at least monthly (24% at least weekly).

Just over one-third (36%) of principals reported suspending or expelling students for e-cigarette possession or use at least monthly (12% at least weekly). Other key findings are as follows:

- 93% agreed that e-cigarette use is increasingly becoming a problem in Australian secondary schools.
- 60% reported that e-cigarette use on school property is becoming a moderate or very serious problem.
- 77% were moderately or very concerned about e-cigarette use by students at the school for which they work.
- 80% reported that addressing e-cigarette use was a priority.

Multiple concerns were raised by educators, including:

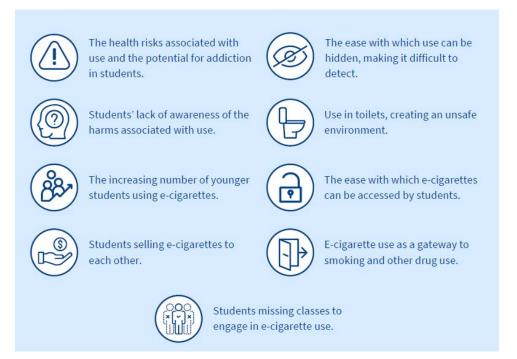


Figure 1: Educators' perceptions of e-cigarettes in Australian secondary schools. Full

infographic available at <u>drmichellejongenelis.com</u>.

Despite this, only 51% of those surveyed reported that their school had a vaping policy in place. The teachers and principals surveyed reported desiring education programs for students, staff members, and parents. They also desired the installation of vaping detectors.

It should not be the responsibility of schools to manage the vaping crisis. Government-led policies that reduce the accessibility and availability of e-cigarettes must be introduced to reduce the burden being placed on education settings.

v. Best practice national and international regulatory responses to e-cigarettes and personal vaporisers.

In the Northern Territory, non-nicotine products are able to be sold by retailers despite the harms they cause. *This is an unacceptable regulatory framework in which the Territory operates.* If you are to succeed in reducing e-cigarette use in the Northern Territory:

- (i) Non-nicotine e-cigarettes and related products must be prohibited from retail sale;
- (ii) Flavoured e-cigarettes and related products must be prohibited from retail sale; and
- (iii) The use of e-cigarettes and personal vaporisers should be prohibited in smoke-free areas.

References:

1. National Health and Medical Research Council. NHMRC CEO Statement: Electronic Cigarettes (E-Cigarettes). Australia: NHMRC.2017.

2. Australian Institute of Health and Welfare. National Drug Strategy Household Survey 2019: Tobacco chapter (online data tables). Australia: AIHW.2020. Available from: http://www.aihw.gov.au/publication-detail/?id=60129549469&tab=3.

3. Pettigrew S, Miller M, Santos J A, et al. E-cigarette attitudes and use in a sample of Australians aged 15–30 years. *Aust N Z J Public Health* 2023.

https://doi.org/10.1016/j.anzjph.2023.100035.

4. Jongenelis M I. E-cigarette product preferences of Australian adolescent and adult users: a 2022 study. *BMC Public Health* 2023;23. <u>https://doi.org/10.1186/s12889-023-15142-8</u>.

5. Williams R. The rise of disposable JUUL-type e-cigarette devices. *Tob Control* 2020;29(e1):e134-e135.

6. Cuomo R E, Miner A, Mackey T K. Pricing and sales tax collection policies for e-cigarette starter kits and disposable products sold online. *Drug Alcohol Rev* 2016;35(1):110-114. <u>https://doi.org/10.1111/dar.12353</u>.

7. U.S. Department of Health and Human Services. E-cigarette use among youth and young adults: A report of the Surgeon General. 2016.

8. Tackett A P, Hébert E T, Stevens E M, et al. E-cigarette regulation: a delicate balance for public health. *Addiction* 2020;115(12):2197–2199. <u>https://doi.org/10.1111/add.15092</u>.

9. Voos N, Goniewicz M L, Eissenberg T. What is the nicotine delivery profile of electronic cigarettes? *Expert Opin Drug Deliv* 2019;15(11):1193-1203.

https://doi.org/10.1080/17425247.2019.1665647.

10. Leventhal A M, Madden D R, Peraza N, et al. Effect of exposure to e-cigarettes with salt vs free-base nicotine on the appeal and sensory experience of vaping: A randomized clinical trial. *JAMA Network Open* 2021;4(1):e2032757-e2032757.

https://doi.org/10.1001/jamanetworkopen.2020.32757.

11. Villanti A C, Johnson A L, Ambrose B K, et al. Flavored tobacco product use in youth and adults: Findings from the first wave of the PATH study (2013–2014). *Am J Prev Med* 2017;53(2):139-151.

12. Kong G, LaVallee H, Rams A, et al. Promotion of vape tricks on YouTube: Content analysis. *J Med Internet Res* 2019;21(6):e12709. <u>https://doi.org/10.2196/12709</u>.

13. Wasowicz A, Feleszko W, Goniewicz M L. E-Cigarette use among children and young people: the need for regulation. *Expert Rev Respir Med* 2015;9(5):507-509. https://doi.org/10.1586/17476348.2015.1077120.

14. Jackler R K, Ramamurthi D. Unicorns cartoons: marketing sweet and creamy e-juice to youth. *Tob Control* 2017;26(4):471-475. <u>https://doi.org/10.1136/tobaccocontrol-2016-053206</u>.

15. Allem J P, Cruz T B, Unger J B, et al. Return of cartoon to market e-cigarette-related products. *Tob Control* 2019;28(5):555-557. <u>https://doi.org/10.1136/tobaccocontrol-2018-054437</u>.

16. Kirkpatrick M G, Cruz T B, Unger J B, et al. Cartoon-based e-cigarette marketing: associations with susceptibility to use and perceived expectations of use. *Drug Alcohol Depend* 2019;201:109-114. <u>https://doi.org/10.1016/j.drugalcdep.2019.04.018</u>.

17. Seitz C M, Orsini M M, Jung G, et al. Cartoon images on e-juice labels: A descriptive analysis. *Nicotine Tob Res* 2020. <u>https://doi.org/10.1093/ntr/ntaa029</u>.

18. Farzal Z, Perry M F, Yarbrough W G, et al. The adolescent vaping epidemic in the United States—How it happened and where we go from here. *JAMA Otolaryngology–Head & Neck Surgery* 2019;145(10):885-886. <u>https://doi.org/10.1001/jamaoto.2019.2410</u>.

19. Ramamurthi D, Chau C, Jackler R K. JUUL and other stealth vaporisers: hiding the habit from parents and teachers. *Tob Control* 2019;28(6):610-616.

https://doi.org/10.1136/tobaccocontrol-2018-054455.

20. Laestadius L I, Wahl M M, Pokhrel P, et al. From Apple to Werewolf: A content analysis of marketing for e-liquids on Instagram. *Addict Behav* 2019;91:119-127. https://doi.org/10.1016/j.addbeh.2018.09.008.

21. Padon A A, Maloney E K, Cappella J N. Youth-targeted e-cigarette marketing in the US. *Tob Regul Sci* 2017;3(1):95-101. <u>https://doi.org/10.18001/TRS.3.1.9</u>.

22. Chapman S, Bareham D, Maziak W. The gateway effect of e-cigarettes: reflections on main criticisms. *Nicotine Tob Res* 2019;21(5):695-698. <u>https://doi.org/10.1093/ntr/nty067</u>.

23. Chief Medical Officer. E-cigarettes linked to severe lung illness. Australia: Australian Government Department of Health.2019.

24. Chivers E, Janka M, Franklin P, et al. Nicotine and other potentially harmful compounds in "nicotine-free" e-cigarette liquids in Australia. *The Medical Journal of Australia* 2019;210(3):127-128. <u>https://doi.org/10.5694/mja2.12059</u>.

25. El-Hellani A, Salman R, El-Hage R, et al. Nicotine and carbonyl emissions from popular electronic cigarette products: Correlation to liquid composition and design characteristics. *Nicotine Tob Res* 2018;20(2):215-223. <u>https://doi.org/10.1093/ntr/ntw280</u>.

26. Hess C A, Olmedo P, Navas-Acien A, et al. E-cigarettes as a source of toxic and potentially carcinogenic metals. *Environ Res* 2017;152:221-225.

https://doi.org/10.1016/j.envres.2016.09.026.

27. Offermann F J. Chemical emissions from e-cigarettes: Direct and indirect (passive) exposures. *Build Environ* 2015;93:101-105. <u>https://doi.org/10.1016/j.buildenv.2015.03.012</u>.

28. Goniewicz M L, Knysak J, Gawron M, et al. Levels of selected carcinogens and toxicants in vapour from electronic cigarettes. *Tob Control* 2014;23(2):133-9.

https://doi.org/10.1136/tobaccocontrol-2012-050859.

29. National Academies of Sciences, Engineering, and Medicine. Public health consequences of e-cigarettes. Washington, DC: The National Academies Press; 2018. <u>https://doi.org/10.17226/24952</u>.

30. Ruprecht A A, De Marco C, Saffari A, et al. Environmental pollution and emission factors of electronic cigarettes, heat-not-burn tobacco products, and conventional cigarettes. *Aerosol Sci Technol* 2017;51(6):674-684. <u>https://doi.org/10.1080/02786826.2017.1300231</u>.

31. El-Hellani A, Al-Moussawi S, El-Hage R, et al. Carbon monoxide and small hydrocarbon emissions from sub-ohm electronic cigarettes. *Chem Res Toxicol* 2019;32(2):312-317. https://doi.org/10.1021/acs.chemrestox.8b00324.

32. Li D, Sundar I K, McIntosh S, et al. Association of smoking and electronic cigarette use with wheezing and related respiratory symptoms in adults: cross-sectional results from the Population Assessment of Tobacco and Health (PATH) study, wave 2. *Tob Control* 2020;29(2):140-147. <u>https://doi.org/10.1136/tobaccocontrol-2018-054694</u>.

33. Bozier J, Chivers E K, Chapman D G, et al. The evolving landscape of e-cigarettes: A systematic review of recent evidence. *Chest* 2020;157(5):1362-1390. https://doi.org/10.1016/j.chest.2019.12.042.

34. Lynch J, Jin L, Richardson A, et al. Tobacco smoke and endothelial dysfunction: Role of aldehydes? *Curr Hypertens Rep* 2020;22(9):1-9. <u>https://doi.org/10.1007/s11906-020-01085-7</u>.

35. Kennedy C D, van Schalkwyk M C, McKee M, et al. The cardiovascular effects of electronic cigarettes: a systematic review of experimental studies. *Prev Med* 2019;127. https://doi.org/10.1016/j.ypmed.2019.105770.

36. Kuntic M, Oelze M, Steven S, et al. Short-term e-cigarette vapour exposure causes vascular oxidative stress and dysfunction: evidence for a close connection to brain damage and a key role of the phagocytic NADPH oxidase (NOX-2). *Eur Heart J* 2020;41(26):2472-2483. https://doi.org/10.1093/eurheartj/ehz772.

37. Caporale A, Langham M C, Guo W, et al. Acute effects of electronic cigarette aerosol inhalation on vascular function detected at quantitative MRI. *Radiology* 2019;293(1):97-106. <u>https://doi.org/10.1148/radiol.2019190562</u>.

38. Skotsimara G, Antonopoulos A S, Oikonomou E, et al. Cardiovascular effects of electronic cigarettes: a systematic review and meta-analysis. *Eur J Prev Cardiol* 2019;26(11):1219-1228. https://doi.org/10.1177/2047487319832975.

39. Meo S A, Ansary M A, Barayan F R, et al. Electronic cigarettes: impact on lung function and fractional exhaled nitric oxide among healthy adults. *Am J Men's Health* 2019;13(1). https://doi.org/10.1177/1557988318806073.

40. Banks E, Yazidjoglou A, Brown S, et al. Electronic cigarettes and health outcomes: systematic review of global evidence. Canberra: National Centre for Epidemiology and Population Health. 2022. Available from: <u>https://openresearch-</u>repository.anu.edu.au/handle/1885/262914.

41. Yuan M, Cross S J, Loughlin S E, et al. Nicotine and the adolescent brain. *The Journal of Physiology* 2015;593(16):3397-3412. <u>https://doi.org/10.1113/JP270492</u>.

42. Sassano M F, Davis E S, Keating J E, et al. Evaluation of e-liquid toxicity using an opensource high-throughput screening assay. *PLoS Biol* 2018;16(3). https://doi.org/10.1371/journal.pbio.2003904

43. Baenziger O N, Ford L, Yazidjoglou A, et al. E-cigarette use and combustible tobacco cigarette smoking uptake among non-smokers, including relapse in former smokers: umbrella review, systematic review and meta-analysis. *BMJ Open* 2021;11(3). https://doi.org/10.1136/bmjopen-2020-045603.

44. World Health Organization. WHO report on the global tobacco epidemic 2019. Geneva, Switzerland: WHO.2019. Available from: <u>https://www.who.int/tobacco/global_report/en/</u>.

45. Malas M, van der Tempel J, Schwartz R, et al. Electronic cigarettes for smoking cessation: A systematic review. *Nicotine Tob Res* 2016;18(10):1926-1936. https://doi.org/10.1093/ntr/ntw119.

46. Villanti A C, Feirman S P, Niaura R S, et al. How do we determine the impact of ecigarettes on cigarette smoking cessation or reduction? Review and recommendations for answering the research question with scientific rigor. *Addiction* 2018;113(3):391-404. <u>https://doi.org/10.1111/add.14020</u>. 47. Gentry S, Forouhi N G, Notley C. Are electronic cigarettes an effective aid to smoking cessation or reduction among vulnerable groups? A systematic review of quantitative and qualitative evidence. *Nicotine Tob Res* 2018;21(5):602-616. <u>https://doi.org/10.1093/ntr/nty054</u>.

48. Pierce J P, Benmarhnia T, Chen R, et al. Role of e-cigarettes and pharmacotherapy during attempts to quit cigarette smoking: The PATH Study 2013-16. *PLoS One* 2020;15(9). <u>https://doi.org/10.1371/journal.pone.0237938</u>.

49. Chen R, Pierce J P, Leas E C, et al. E-cigarette use to aid long-term smoking cessation in the US: Prospective evidence from the PATH Cohort Study. *Am J Epidemiol* 2020. <u>https://doi.org/10.1093/aje/kwaa161</u>.

50. King A C, Smith L J, McNamara P J, et al. Passive exposure to electronic cigarette (ecigarette) use increases desire for combustible and e-cigarettes in young adult smokers. *Tob Control* 2015;24(5):501-504. <u>https://doi.org/10.1136/tobaccocontrol-2014-051563</u>.

51. Azagba S, Qeadan F, Shan L, et al. E-cigarette use and transition in adult smoking frequency: A longitudinal study. *Am J Prev Med* 2020;59(3):367-376. https://doi.org/10.1016/j.amepre.2020.02.024.

52. Liu X, Lugo A, Davoli E, et al. Electronic cigarettes in Italy: a tool for harm reduction or a gateway to smoking tobacco? *Tob Control* 2020;29(2):148-152.

https://doi.org/10.1136/tobaccocontrol-2018-054726.

53. Oakly A, Martin G. Dual use of electronic cigarettes and tobacco in New Zealand from a nationally representative sample. *Aust N Z J Public Health* 2019;43(2):103-107. <u>https://doi.org/10.1111/1753-6405.12871</u>.

54. Smith D M, Christensen C, van Bemmel D, et al. Exposure to nicotine and toxicants among dual users of tobacco cigarettes and e-cigarettes: Population Assessment of Tobacco and Health (PATH) Study, 2013–2014. *Nicotine Tob Res* 2021;23(5):790-797. https://doi.org/10.1093/ntr/ntaa252.

55. Stokes A C, Xie W, Wilson A E, et al. Association of cigarette and electronic cigarette use patterns with levels of inflammatory and oxidative stress biomarkers among US adults: Population Assessment of Tobacco and Health Study. *Circ J* 2021;143:869-871. https://doi.org/10.1161/CIRCULATIONAHA.120.051551.

56. Osibogun O, Bursac Z, Mckee M, et al. Cessation outcomes in adult dual users of ecigarettes and cigarettes: the Population Assessment of Tobacco and Health cohort study, USA, 2013–2016. *International Journal of Public Health* 2020;65(6):923-936. <u>https://doi.org/10.1007/s00038-020-01436-w</u>.

57. Soneji S S, Sung H Y, Primack B A, et al. Quantifying population-level health benefits and harms of e-cigarette use in the United States. *PLoS One* 2018;13(3). https://doi.org/10.1371/journal.pone.0193328.

58. Hanewinkel R, Niederberger K, Pedersen A, et al. E-cigarettes and nicotine abstinence: a meta-analysis of randomised controlled trials. *European Respiratory Review* 2022;31(163). https://doi.org/10.1183/16000617.0215-2021.

59. Jongenelis M I, Robinson A. Educators' perceptions of e-cigarettes in Australian secondary schools. *Tob Induc Dis* 2023;21. <u>https://doi.org/10.18332/tid/161025</u>.