

29 May 2023

Hon Mark Butler MP
Minister for Health and Aged Care

Dear Minister,

We are Australian and New Zealand tobacco control and addiction experts with no links to tobacco or e-cigarette companies. We are writing to ask you to reconsider your proposal to further restrict access to nicotine vaping products in Australia. In our view, this approach will have serious and harmful unintended consequences for public health.

Below is a summary of our concerns. Further details are in the Briefing that follows.

The likely outcomes of the proposed changes are

1. The black-market will continue to import and supply unregulated and potentially unsafe nicotine vaping products to adults and young people
2. People who smoke will have greater difficulty legally accessing nicotine for vaping, a far safer alternative
3. Some former smokers who currently vape will return to smoking
4. Uptake of the prescription model will continue to be low
5. Smoking rates will decline more slowly
6. Increased smoking-related death and disease will result, and
7. The model will ultimately fail.

A well-designed adult consumer regulatory model is most likely to achieve the two goals we all seek, i.e., making vaping products readily available as a quitting aid for adults who smoke and minimising access by young people.

While measures to protect non-smoking youth are essential, excessive regulation that makes vaping less accessible, less appealing, more expensive or less effective perpetuates adult smoking and increases smoking-related death and illness.

We urge you to reconsider the totality of the scientific evidence and reassess the proposed changes. We believe the proposed policy is likely to have an overall negative effect on smoking rates and thus on population health as well as Medicare and health-care costs in Australia.

We would be happy to meet with you to discuss in more detail how a risk-proportionate adult consumer model might work to achieve better public health outcomes.

Dr Colin Mendelsohn

Founding Chairman, Australian Tobacco Harm Reduction Association, Sydney, Australia
E: mendel@bigpond.net.au | M: 0415 976 783

Professor Ron Borland

Professor of Psychology - Health Behaviour, School of Psychological Sciences, The University of Melbourne, Victoria, Australia

Emeritus Professor Wayne Hall AM

National Centre for Youth Substance Use Research, The University of Queensland, St Lucia, Queensland, Australia

Dr Alex Wodak AM

Emeritus Consultant, Alcohol and Drug Service, St Vincents' Hospital, Sydney, Australia

Co-signatories

Professor Amanda Baker

Adjunct Professor, National Drug and Alcohol Research Centre, University of New South Wales, Randwick, Australia

Emeritus Professor Robert Beaglehole

Chair, Action on Smoking and Health – Action for Smokefree 2025, Ellerslie, New Zealand

Dr Ruth Bonita

Emeritus Professor, University of Auckland, Auckland, New Zealand

Dr Stephen Bright

Senior Lecturer (Addiction), Edith Cowan University, Joondalup, WA, Australia

Professor Peter Brooks AM

Hon Professor, Centre for Health Policy, Melbourne School of Population and Global Health, The University of Melbourne, Parkville Victoria Australia

Professor Chris Bullen

Professor of Public Health, School of Population Health, The University of Auckland, Auckland, New Zealand

Dr Andrew Byrne

Addictions Physician, Sydney, Australia

Professor David Castle

Consultant Psychiatrist, Hobart, Tasmania, Australia

Professor Kate Conigrave

Addiction Medicine Specialist, Royal Prince Alfred Hospital; Conjoint Professor, Discipline of Addiction Medicine, Faculty of Medicine and Health, University of Sydney, Sydney, Australia

Dr Karen Counter

Tobacco Treatment Specialist, Port Macquarie, Australia

Professor Nick Crofts AM

Professorial Fellow, Nossal Institute, Melbourne School of Population and Global Health, University of Melbourne, Carlton, Victoria, Australia

Professor Ric Day AM

Professor of Clinical Pharmacology, University of New South Wales & St Vincent's Hospital, Sydney, Australia

Professor Paul Dietze

Co-Program Director, Disease Elimination, Burnet Institute, Melbourne, Australia

Professor Kate Dolan

Adjunct Professor, National Drug and Alcohol Research Centre, University of New South Wales, Sydney, Australia

Dr David Helliwell

Addiction Medicine Specialist, Northern NSW LHD, Lismore NSW, Australia

Dr David Jacka

Addiction Medicine Specialist, Monash Health, Melbourne Australia

Dr Joe Kosterich

Chairman, Australian Tobacco Harm Reduction Association, Sydney, Australia

Associate Professor George Laking

Director, Centre for Cancer Research, University of Auckland, Auckland, New Zealand

Professor Nicholas Lintzeris

Conjoint Professor, Specialty Addiction Medicine, Faculty of Medicine and Health, University of Sydney, Sydney, Australia

Dr Annie Madden AO

Executive Director, Harm Reduction Australia, Sydney, Australia

Professor Lisa Maher AM

Professor and Program Head, Kirby Institute, Faculty of Medicine, University of New South Wales, Randwick, Australia

Associate Professor Victoria Manning

Head of Research and Workforce Development, Turning Point; Associate Professor in Addictions Studies, Monash University, Melbourne, Australia

Dr Kristen McCarter

Lecturer & Clinical Psychologist, School of Psychological Sciences, University of Newcastle, Callaghan, Australia

Associate Professor Mike McDonough

Addiction Medicine Specialist, University of Adelaide, Adelaide, Australia

Dr David Outridge

A/Head of Drug and Alcohol Department, Central Coast Local Health District, Lake Haven, Australia

Ms Fiona Patten

Former Victorian MP, Carlton North, Victoria, Australia

Mr Garth Popple

Executive Director, We Help Ourselves (WHOS), Director of WHOS International, Sydney, Australia

Evert Rauwendaal

Alcohol and Other Drug Counsellor, St Vincents' Hospital, Sydney, Australia

Professor Alison Ritter AO FASSA

Professor Director, Drug Policy Modelling Program, University of New South Wales, Sydney, Australia

Dr Catherine Silsbury

Addiction Medicine Specialist, Sydney, Australia

Dr Penelope Truman

Senior Lecturer, School of Health Sciences, Massey University, Wellington, New Zealand

Dr Ingrid van Beek AM

Addiction Medicine Specialist, Sydney, Australia

Gino Vumbaca OAM

President, Harm Reduction Australia, Australia

Associate Professor Natalie Walker

Associate Professor in Population Health and Associate Director, Centre for Addiction Research, National Institute for Health Innovation, Faculty of Medical and Health Sciences, University of Auckland, Auckland, New Zealand

Professor Ian Webster AO

Physician, Emeritus Professor of Community Medicine and Public Health, University of New South Wales, Sydney, Australia

Ben Youdan

Director, Action on Smoking and Health, New Zealand

Briefing on vaping regulation in Australia

Contents

1. Evidence summary	4
2. Unintended consequences.....	5
3. Optimal regulatory model.....	5
4. New Zealand.....	6
5. Vaping by young people.....	7
6. Flavours	9
7. Black market disposables devices	10
8. Rapid decline in young adult smoking rates	11
9. The Tobacco Industry	11
10. Flawed Australian reports on nicotine vaping	12
Further information	13
References.....	14

1. Evidence summary

Based on the international empirical evidence and overseas experience, it is now clear that

- Vaping nicotine is the most effective quitting aid for smokers [1-3]
- Vaping is the most popular quitting aid in Australia [4] and other western countries
- Vaping nicotine is not risk-free but is far less harmful than smoking. [5] This is based on a substantial reduction in toxicant exposure [6-8], fewer harmful toxins in the urine and blood of smokers who switch to vaping (biomarkers of harm) [9-11] and improved symptoms and clinical changes after switching [12-20]
- Rather than being a threat to tobacco control, nicotine vaping is associated with accelerated declines in national smoking rates in countries where it is easily accessible [21-23]
- Policies to reduce vaping such as flavour bans [24], increased taxation [25] and sale bans [26] are associated with increased cigarette sales
- Most vaping by never-smoking youth is experimental and short-term resulting in low levels of exposure to toxicants [27]
- There is no good evidence that vaping causes young people who would not otherwise have smoked to progress to regular smoking ('gateway theory'). [27] The evidence suggests that vaping is displacing smoking at the population level [28-32]
- Only a small proportion of young people who vape but have not smoked become dependent on nicotine [33]
- There is no evidence that nicotine is harmful to the human adolescent brain [34]
- While the long-term risks of using e-cigarettes will not be fully known for many decades, it is highly likely to be far less harmful than smoking [5, 35-40]
- No tobacco company vaping products are currently sold on the black market in Australia

2. Unintended consequences

The current prescription-only model is not working and has had unintended negative consequences. Continuing with this regulatory model is likely to increase these problems. [41-44]

The prescription model is a significant barrier for adult smokers wishing to legally access regulated nicotine vaping products to quit smoking or to reduce smoking-related harm. Most doctors are reluctant to prescribe nicotine and this is unlikely to change significantly with the removal of the authorisation scheme. [45] Currently few pharmacists stock supplies. Eight per cent of adult vapers have a nicotine prescription and only 10% of vapers indicate they would be willing to get a prescription to vape, even if they could find a prescribing doctor. [46, 47]

Surveys suggest that around 13% of vapers will return to smoking under the proposed further restrictions. [46, 47] Given the relative risks, even a small increase in smoking could outweigh any benefits arising from reduced vaping.

The prescription model has led to a lucrative, thriving black market run by criminal gangs, selling unregulated, mislabelled, high nicotine content disposable vapes to children. Past experience has consistently demonstrated that prohibitive drug policies do not produce sustained reductions in availability but do create predictable and serious unintended consequences. [48-50] Furthermore, illicit suppliers expose young people to other illicit drugs, and some may become involved in the retail end of criminal supply, not just as consumers.

Effective border detection of illegal imports is almost impossible and will require substantial funding. [51] Eighty seven per cent of people who use other drugs report that accessing heroin was easy or very easy in the 2022 Illicit Drug Reporting System survey. [52]

In the unlikely event that the proposed new policy is successful in reducing or eliminating the existing black-market for vapes, this would likely result in an increase in smoking among adults and young people. Some people who vape will relapse to smoking. Others who are inclined to try nicotine products in the future will smoke instead of vaping.

In our view, severe restrictions on safer nicotine vaping products are not justified when harmful cigarettes are readily available.

3. Optimal regulatory model

A well-designed adult consumer regulatory model is more likely to achieve the two goals we all seek, i.e., making vaping products available as a quitting aid for adult smokers and minimising use by young people.

The ideal model is a tightly regulated market with regulated nicotine vaping products sold by licensed retail outlets wherever regulated tobacco products are sold. [53] Strict age controls should be mandatory (penalties and loss of licence for underage sales, photo ID, age verification software, staff training, signage, restricted visibility in-store etc). [54]

Developing this model requires

1. The exemption of low concentrations of nicotine liquid from the Poisons Standard when used for vaping

2. A risk-proportionate regulatory framework addressing product standards; containers and labelling; health warnings; pre-market notification; restrictions on youth-friendly flavour descriptors; public vaping laws; public messaging; advertising; post market surveillance; and taxation [53]
3. Regulation by the Australian Competition and Consumer Commission (ACCC) instead of the Therapeutic Goods Administration, with specific responsibilities for State and territory governments and the Commonwealth. [53]

Under this model, the black-market would become less profitable and illicit sales would likely diminish over time, being largely replaced over time by a legal, regulated market.

Regulations should be proportionate to risk and reflect the lower harms of vaping relative to smoking. [55] A risk-proportionate adult consumer model would bring Australia into line with other western countries such as New Zealand, the United Kingdom and Canada. Seventy five per cent of Australian adults support this model and 79% said they would purchase vapes legally if they were available from general retail outlets, according to a recent Roy Morgan survey. [46]

Measures to protect non-smoking youth are essential, **but excessive regulation that makes vaping less accessible, less appealing, more expensive, less consumer-friendly or less effective perpetuates adult smoking and increases smoking-related death and illness.** [35]

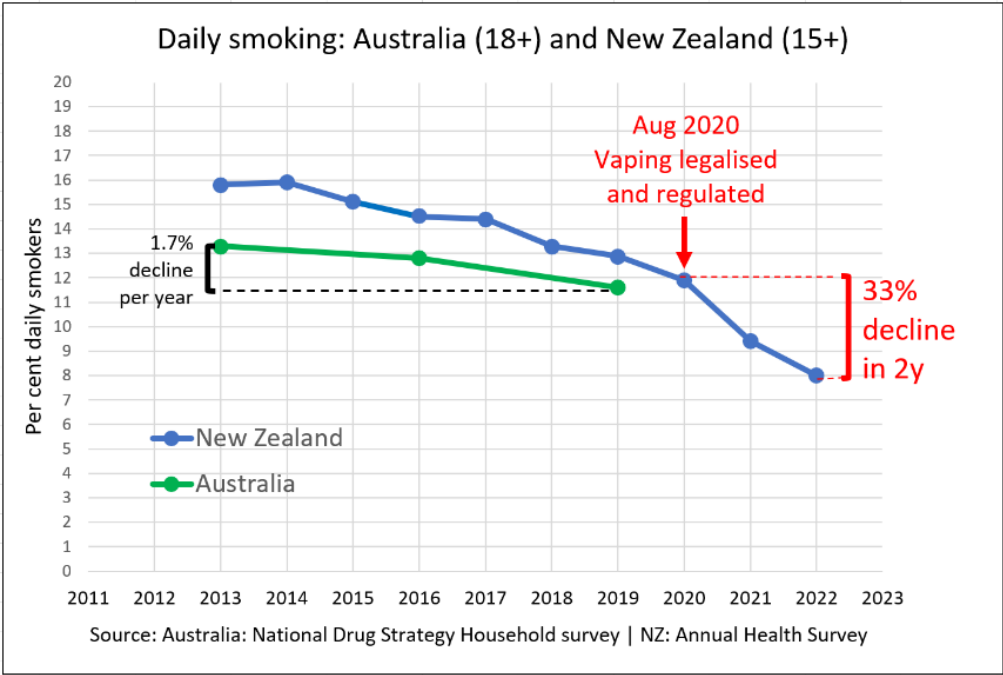
We believe there is also a minor role for a therapeutic prescription pathway as well, in addition to the consumer pathway.

If the government remains committed to a therapeutic access route only, one option is rescheduling nicotine vaping products to Schedule 3, so that nicotine vapes are dispensed by a pharmacist without a prescription. This would greatly enhance access for adult smokers while minimising access for children and adolescents. This greater accessibility of regulated products would also potentially reduce the size of the illicit market.

4. New Zealand

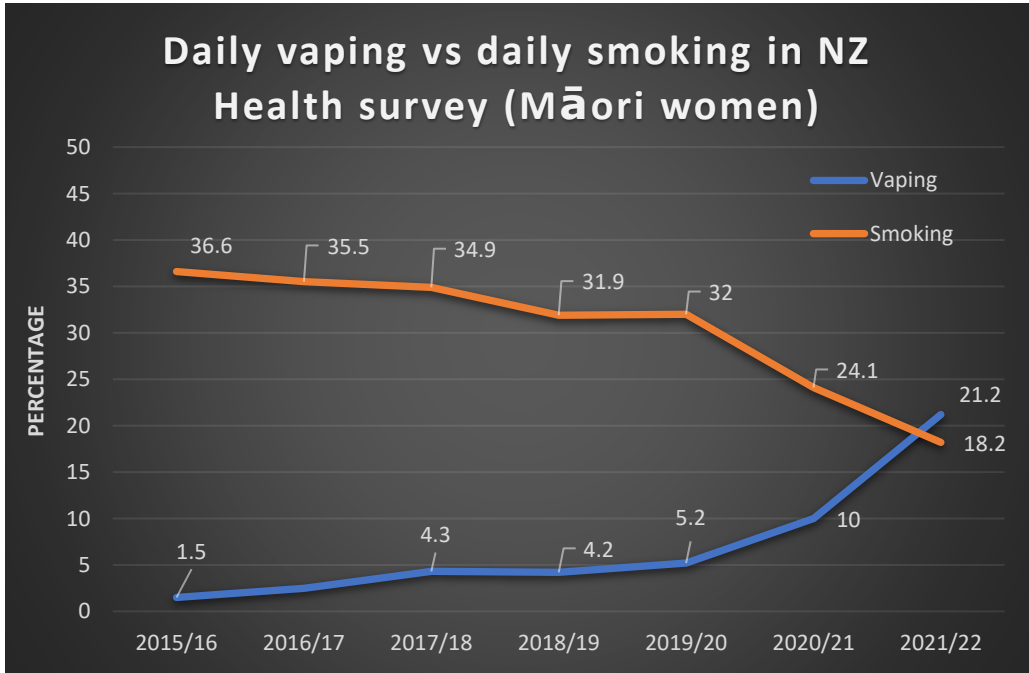
We refer to the success of the New Zealand regulatory model which most closely emulates the optimal approach in our view.

Nicotine vaping products were legalised and regulated in August 2020 as adult consumer products. **Over the next 2 years, the adult smoking rate declined by an unprecedented 33%**, according to the New Zealand Annual Health Survey. [23] In that time there were no major ant-tobacco policy interventions, almost no mass media spend on quit campaigns, and no tobacco tax increases. The this decline in smoking is attributed largely to vaping.



In comparison, smoking prevalence declined in Australia by 1.7% per year from 2013-2019, according to National Drug Strategy Household Surveys. [4, 56]

Smoking rates fell by 43% in Māori women and 30% in Māori men in New Zealand over the same period. [23] This suggests a potential role for vaping to help reduce Australia’s smoking rate.

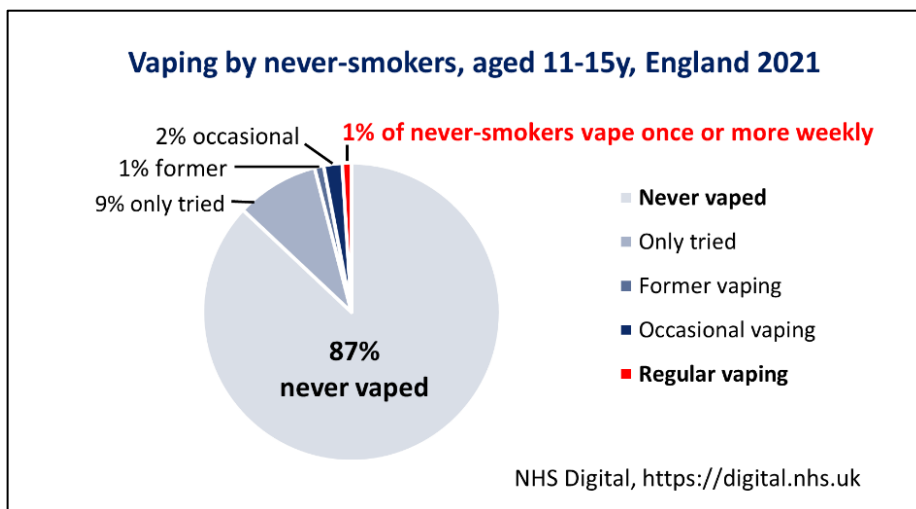


5. Vaping by young people

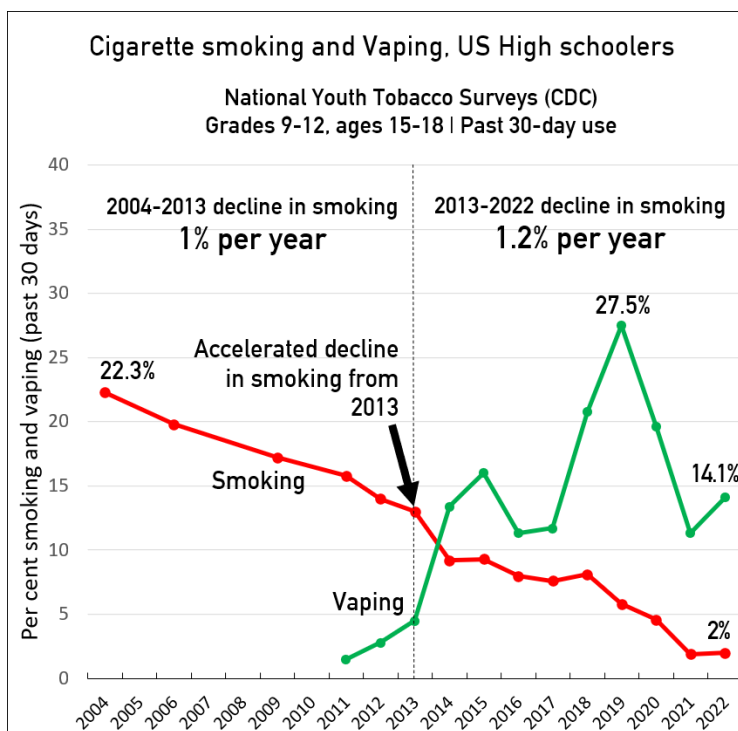
Young people should not vape or smoke and both should be discouraged. However, concerns about youth vaping are exaggerated and do not reflect the scientific evidence.

The impact of vaping by youth should be assessed according to its frequency and the smoking status of those involved. The main concern is **frequent vaping by young people who have never smoked** (never-smokers) as this is the group at most risk. A recent Australian review of the evidence (available [HERE](#)) in young never-smokers who vape found that: [27]

- Most vaping by teens who have never smoked is occasional and short-term. [33, 57-61] Frequent vaping is largely confined to current or past smokers. In an Australian study of 1,006 15-30 year olds, only 8 were never-smokers had vaped once or more in the last month. [62] In England in 2021 only 1% of 11-15 year olds who had never smoked cigarettes vaped regularly (once or more weekly). [57]



- There is no strong evidence that vaping is causing young people to take up sustained smoking. [63-66] Increased youth vaping has been accompanied by an accelerated decline in youth smoking, for example in the US below. [57, 67-69]



This suggests that even if there is a small ‘gateway effect’, it is outweighed by the much larger number who would have smoked being diverted to vaping or moving from smoking to vaping. Population and modelling studies also suggest that vaping is displacing smoking at a population level. [28-31]

- The documented health effects of vaping are relatively small in never-smokers as most are exposed to low level exposure. There is no evidence of harm to the human adolescent brain [34] or of functionally important respiratory effects from vaping nicotine. [70-72] These small risks need to be balanced against the substantial and immediate health benefits to adult smokers who switch to vaping.
- Nicotine dependence in never-smokers is very uncommon and only occurs in a small minority of cases. [33] Nicotine dependence is mostly concentrated in young people who have previously smoked or currently smoke. [73-75]

Vaping among young people who already smoke may be beneficial if it diverts them away completely from cigarette smoking.

It should also be recognised that young people benefit when the adults in their lives quit smoking through better parents’ health, improved household finances, avoiding caring burdens, and reduced loss and grief, as well as a strong role-model effect on youth behaviour.

6. Flavours

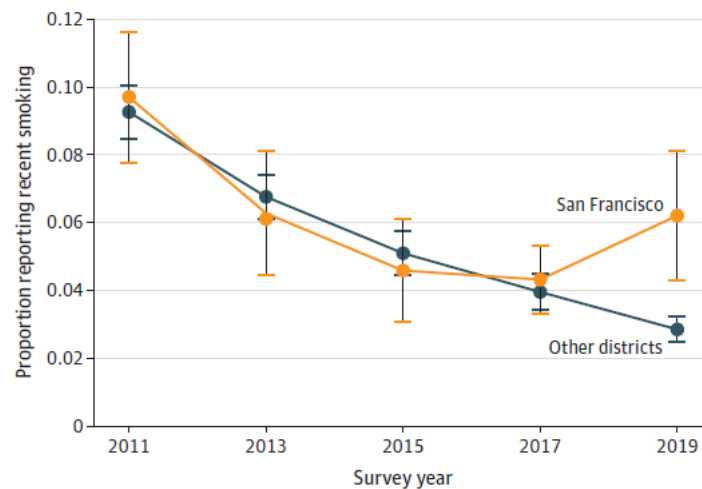
The evidence indicates that flavour bans will reduce the number of adult smokers switching to vaping, are likely to increase smoking rates and are unlikely to reduce youth vaping.

Adult vapers overwhelmingly prefer sweet flavours. [76] Flavours have “a central role in the appeal, adoption, and continued use of e-cigarettes for quitting” by adult vapers. [77, 78] Restricting flavours would reduce the appeal of vaping as a quitting aid, potentially leading to more smoking, relapse by current vapers to smoking and more smoking-related death and disease. [79-81]

Flavoured e-liquids also are associated with higher quit rates compared to non-flavoured or tobacco flavoured e-liquids, smoking reduction and reduced relapse. [82-85] Those who vape with flavours also have higher odds of making a quit attempt. [84]

Flavour bans to reduce vaping by young people can be counterproductive as vaping is a substitute for smoking. For example, a ban on flavoured tobacco and vaping products in San Francisco in 2020 resulted in a more than doubling of **smoking** by high school students. [24]

Figure 1. Past-30-Day Smoking Trends Among High School Students Younger Than 18 Years



In another study of adults in San Francisco, vaping was reduced and smoking increased after a flavour ban. [86]

In the United States, flavours in pod-based products (other than tobacco and menthol) were banned nationally in 2019. One study reported that 14% of adult vapers returned to smoking. [87] The main impact on youth vaping was a shift to disposable products and illicit flavoured pods. [88, 89] Vaping and smoking behaviours remained unchanged. Flavour bans also lead to increased black-market supplies and dangerous home mixing, with little effect on youth uptake. [90]

While young people like flavours, flavour is not the primary reason they give for experimenting with vaping. Flavours were the third most common reason given for trying vaping, after curiosity and use by a friend or family member, in surveys in the US and Great Britain. [91, 92] The underlying causes of smoking, vaping and nicotine use are psychosocial and genetic and run much deeper than any particular product feature such as flavour.

Reasonable recommendation for flavours are

- Allow simple descriptions of flavour profiles only e.g., 'mint', 'blueberry', 'tobacco', 'vanilla tobacco'
- Prohibit descriptive flavour names that specifically appeal to youth e.g., 'dragon vomit', and
- Prohibit flavours found to have a material risk to health.

7. Black market disposables devices

There is understandable concern about the widespread uptake of black market disposable devices by young people in Australia as well as in the UK [93] and US. [94] However, a specific ban on disposables is highly unlikely to be effective. These products are already banned yet an estimated 100 million illegal devices are currently smuggled into Australia each year. [95]

Removing disposables from the market could have unintended consequences. Disposable vapers may switch to smoking when their preferred nicotine product is no longer available. [96] Young people may also switch to other vaping products without necessarily having an impact on youth

vaping rates overall. In the US, when flavoured pod devices were banned, young people switched to flavoured disposable devices. [79, 89]

Disposables play an important role in the transition of some adult smokers to vaping due to their simplicity of use, convenience and similarity to a cigarette. Vapers often progress to more advanced devices at a later stage. Disposable are especially useful for smokers with disabilities such as arthritis and elderly smokers. They are also suited to homeless people, prisons and hospital and residential rehabilitation facilities where battery charging is not available. Banning disposables may reduce the number of adult smokers switching to vaping.

A recycling program could be established to address the growing environmental issue arising from discarded single-use vapes. We have developed a national recycling program which could be established if vapes were made available legally. [97] Manufacturers are increasingly making disposables more recyclable and biodegradable and this will continue to improve. [98]

Action on Smoking and Health UK recommends introducing a tax specifically on disposable vapes (but still less than cigarettes) to make them less affordable for young people. [99] This would also encourage the conversion of adult users to reusable models. However, it would not reduce black market supply and may potentially increase it.

8. Rapid decline in young adult smoking rates

The claim that smoking rates are rising in the under-25-year age group is not correct. In fact, young adult smoking rates in Australia are falling **faster** than the general population. Vaping rates are highest in this age group and are likely contributing to this decline.

- In South Australia, current smoking is **declining more than twice as fast** in the 15-29 year old age group as the state average. [100] From 2020-2022, the smoking rate of 15-29 year olds fell by 55% (from 10.9% in 2020 to 4.9% in 2022). The state smoking rate (15+) declined by 24% overall (10.6% in 2020 and 8.2% in 2022). Vaping is twice as common in the 15-29 year old age group (7.8%) compared to the state average (3.2%).
- In NSW, smoking by 16-24 year olds fell by 25% in 2 years (from 17.8% in 2019 to 13.3% in 2021) as vaping rates increased. [101] This decline is faster than **the state smoking average**, which fell by 21% during the same period.

No recent data are available from other states, but similar results are seen in New Zealand. [23] Between 2019-22 there were very substantial declines in smoking in 15-24-year-olds, coinciding with a rapid increase in vaping. The highest vaping rate in New Zealand is among 18-24 year olds.

In the years before vaping products became readily available, Australia was remarkably successful in reducing smoking among adolescents, but less so among young adults. At least some of the more recent declines in smoking among young adults are likely due to them vaping instead. We are concerned that the proposed policy may reverse these trends.

9. The Tobacco Industry

Some have incorrectly framed vaping as a ploy by the Tobacco Industry to “addict a new generation of youth to nicotine”.

The black market disposable vapes being used by Australian youth are exclusively Chinese-manufactured imports. **No tobacco company vaping products including disposables are sold illegally in Australia.** A small number of tobacco company pod vapes are available on prescription for adult smokers through pharmacies.

The tobacco industry did not invent vaping and currently controls only 12% of the vaping market globally by value, according to e-cigarette research company, ECigIntelligence. [102]

		Estimated share of tobacco companies			
Global market value 2023	\$28bn	12%			
By product category:					
<i>Open system (hardware+e-liquid)</i>	<i>\$10bn</i>	<i>3%</i>			
<i>Prefilled pod products</i>	<i>\$8bn</i>	<i>35%</i>			
<i>Disposable vape products</i>	<i>\$10bn</i>	<i>4%</i>			

Vaping is a huge disruptive threat to the sale of cigarettes and tobacco. From a public health point of view, it is a good thing that tobacco companies are transitioning from manufacturing deadly combustibles to reduced risk nicotine products such as vapes.

10. Flawed Australian reports on nicotine vaping

We draw your attention to two government-commissioned reports which underpin Australian policy, the 2022 National Health and Medical Research Council CEO Statement on E-cigarettes and the 2022 report by the National Centre for Epidemiology and Public Health at the Australian National University. Both these reports have been analysed in peer-reviewed papers and found to contain serious scientific errors, misinformation and bias.

Both critiques are available [HERE](#). [103, 104]

The critique of the NHMRC Statement was co-authored by Australian experts and seven leading international tobacco addiction specialists:

- Professor Ann McNeill, Lead author on Public Health England reports on e-cigarettes; National Addiction Centre, Institute of Psychiatry, Psychology and Neuroscience, King’s College London, UK
- Emeritus Professor John Britton, former Chair of the Tobacco Advisory Group, UK Royal College of Physicians; University of Nottingham, Nottinghamshire, UK
- Professor Neal Benowitz, Department of Medicine, University of California San Francisco, California, USA
- Professor Nancy Rigotti, Harvard Medical School, Director, Tobacco Research and Treatment Center, Massachusetts General Hospital, Massachusetts, Boston, USA
- Professor Chris Bullen, University of Auckland, Auckland, New Zealand
- Emeritus Professor Robert Beaglehole, School of Population Health, The University of Auckland, Auckland, New Zealand
- Professor Jean-Francois Etter, Institute of Global Health, Faculty of Medicine, University of Geneva, Geneva, Switzerland

The findings of these reports are contrary to those of leading organisations overseas, including the UK Royal College of Physicians [35], Public Health England (now OHID) [5], the UK National Institute for Clinical Excellence [105], the New Zealand Ministry of Health [106] and Health Canada. [40]

Further information

Four further peer-reviewed papers supporting our recommendations are available [HERE](#).

- A paper on how to regulate vaping in Australia [53]
- An Australian review of the harms from vaping to young people who have never smoked (in press) [27]
- A modelling study predicting substantial net population health benefits from legalising and regulating nicotine for vaping in Australia as a consumer product [107], and
- A modelling study estimating that Australia will not reach its 2030 goal of 5% or less adult daily smoking until 2066 on the current trajectory. [108] Overseas experience has shown that vaping can accelerate the decline in smoking rates.

In conclusion, we recommend that the proposed plan be delayed and reviewed by a diverse range of experts to develop a more workable model.

References

1. Hartmann-Boyce J, Lindson N, McRobbie H, Butler AR, Bullen C, Begh R, et al. Electronic cigarettes for smoking cessation. *Cochrane Database of Systematic Reviews*. 2022. [cited 2023 April 6]. Available from: <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010216.pub7/full>
2. Thomas KH, Dalili MN, López-López JA, Keeney E, Phillippo D, Munafò MR, et al. Smoking cessation medicines and e-cigarettes: a systematic review, network meta-analysis and cost-effectiveness analysis. *Health Technol Assess*. 2021;25(59):1-224.
3. Levett JY, Filion KB, Reynier P, Prell C, Eisenberg MJ. Efficacy and Safety of E-Cigarette Use for Smoking Cessation: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. *Am J Med*. 2023.
4. Australian Institute of Health and Welfare. National Drug Strategy Household Survey 2019. Drug Statistics series no. 32. PHE 270. Canberra AIHW. 2020. [cited 2022 Nov 7]. Available from: <https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey-2019/contents/summary>
5. McNeill A, Simonavicius E, Brose LS, Taylor E, East K, Kuilova E, et al. Nicotine vaping in England: an evidence update including health risks and perceptions, September 2022. A report commissioned by the Office for Health Improvement and Disparities. London: Office for Health Improvement and Disparities. 2022. [cited 2022 Nov 7]. Available from: <https://www.gov.uk/government/publications/nicotine-vaping-in-england-2022-evidence-update>
6. Soulet S, Sussman RA. Critical Review of the Recent Literature on Organic Byproducts in E-Cigarette Aerosol Emissions. *Toxics*. 2022;10(12).
7. Soulet S, Sussman RA. A Critical Review of Recent Literature on Metal Contents in E-Cigarette Aerosol. *Toxics*. 2022;10(9).
8. Goniewicz ML, Knysak J, Gawron M, Kosmider L, Sobczak A, Kurek J, et al. Levels of selected carcinogens and toxicants in vapour from electronic cigarettes. *Tob Control*. 2014;23(2):133-9.
9. Goniewicz ML. Biomarkers of Electronic Nicotine Delivery Systems (ENDS) use. *Addict Neurosci*. 2023;6.
10. Holt NM, Shiffman S, Black RA, Goldenson NI, Sembower MA, Oldham MJ. Comparison of biomarkers of exposure among US adult smokers, users of electronic nicotine delivery systems, dual users and nonusers, 2018-2019. *Sci Rep*. 2023;13(1):7297.
11. Hartmann-Boyce J, Butler AR, Theodoulou A, Onakpoya IJ, Hajek P, Bullen C, et al. Biomarkers of potential harm in people switching from smoking tobacco to exclusive e-cigarette use, dual use or abstinence: secondary analysis of Cochrane systematic review of trials of e-cigarettes for smoking cessation. *Addiction*. 2023;118(3):539-45.
12. Polosa R, Morjaria JB, Caponnetto P, Caruso M, Campagna D, Amaradio MD, et al. Persisting long term benefits of smoking abstinence and reduction in asthmatic smokers who have switched to electronic cigarettes. *Discov Med*. 2016;21(114):99-108.
13. Polosa R, Morjaria JB, Prosperini U, Busà B, Pennisi A, Malerba M, et al. COPD smokers who switched to e-cigarettes: health outcomes at 5-year follow up. *Ther Adv Chronic Dis*. 2020;11:2040622320961617.
14. Farsalinos K, Cibella F, Caponnetto P, Campagna D, Morjaria JB, Battaglia E, et al. Effect of continuous smoking reduction and abstinence on blood pressure and heart rate in smokers switching to electronic cigarettes. *Intern Emerg Med*. 2016;11(1):85-94.
15. George J, Hussain M, Vadiveloo T, Ireland S, Hopkinson P, Struthers AD, et al. Cardiovascular Effects of Switching From Tobacco Cigarettes to Electronic Cigarettes. *J Am Coll Cardiol*. 2019;74(25):3112-20.

16. Berlowitz JB, Xie W, Harlow AF, Hamburg NM, Blaha MJ, Bhatnagar A, et al. E-Cigarette Use and Risk of Cardiovascular Disease: A Longitudinal Analysis of the PATH Study (2013-2019). *Circulation*. 2022;145(20):1557-9.
17. Polosa R, Emma R, Cibella F, Caruso M, Conte G, Benfatto F, et al. Impact of exclusive e-cigarettes and heated tobacco products use on muco-ciliary clearance. *Ther Adv Chronic Dis*. 2021;12:1-9.
18. Miler J, Mayer B, Hajek P. Changes in the Frequency of Airway Infections in Smokers Who Switched To Vaping: Results of an Online Survey. *Journal of Addiction Research & Therapy*. 2016;7(4).
19. Cibella F, Campagna D, Caponnetto P, Amaradio MD, Caruso M, Russo C, et al. Lung function and respiratory symptoms in a randomized smoking cessation trial of electronic cigarettes. *Clin Sci (Lond)*. 2016;130(21):1929-37.
20. Yang I, Sandeep S, Rodriguez J. The oral health impact of electronic cigarette use: a systematic review. *Crit Rev Toxicol*. 2020;50(2):97-127.
21. Zhu SH, Zhuang YL, Wong S, Cummins SE, Tedeschi GJ. E-cigarette use and associated changes in population smoking cessation: evidence from US current population surveys. *BMJ*. 2017;358:j3262.
22. West R, Kock L, Kale D, Brown J. Smoking Toolkit Study. 2022. [cited 2022 Nov 7]. Available from: <https://smokinginengland.info/graphs/top-line-findings>
23. Ministry of Health New Zealand. New Zealand Health Survey 2021/22. 2022. [cited 2023 April 6]. Available from: <https://www.health.govt.nz/publication/annual-update-key-results-2021-22-new-zealand-health-survey>
24. Friedman AS. A Difference-in-Differences Analysis of Youth Smoking and a Ban on Sales of Flavored Tobacco Products in San Francisco, California. *JAMA Pediatr*. 2021;175(8):863-5.
25. Pesko MF, Courtemanche CJ, Catherine Maclean J. The effects of traditional cigarette and e-cigarette tax rates on adult tobacco product use. *J Risk Uncertain*. 2020;60(3):229-58.
26. Xu Y, Jiang L, Prakash S, Chen T. The Impact of Banning Electronic Nicotine Delivery Systems on Combustible Cigarette Sales: Evidence From US State-Level Policies. *Value Health*. 2022;25(8):1352-9.
27. Mendelsohn CP, Hall W. What are the harms of vaping in young people who have never smoked? (in press). *International Journal of Drug Policy*. 2023.
28. Sokol NA, Feldman JM. High School Seniors Who Used E-Cigarettes May Have Otherwise Been Cigarette Smokers: Evidence From Monitoring the Future (United States, 2009-2018). *Nicotine Tob Res*. 2021;23(11):1958-61.
29. Walker N, Parag V, Wong SF, Youdan B, Broughton B, Bullen C, et al. Use of e-cigarettes and smoked tobacco in youth aged 14-15 years in New Zealand: findings from repeated cross-sectional studies (2014-19). *Lancet Public Health*. 2020;5(4):e204-e12.
30. Foxon F, Selya AS. Electronic cigarettes, nicotine use trends and use initiation ages among US adolescents from 1999 to 2018. *Addiction*. 2020;115(12):2369-78.
31. Selya AS, Foxon F. Trends in electronic cigarette use and conventional smoking: quantifying a possible 'diversion' effect among US adolescents. *Addiction*. 2021;116(7):1848-58.
32. Xu Y, Sen A, Chen T, Harris CM, Prakash S. The impact of JUUL market entry on cigarette sales: evidence from a major chain retailer in Canada. *Harm Reduct J*. 2023;20(1):65.
33. Jarvis M, Jackson S, West R, Brown J. Epidemic of youth nicotine addiction? What does the National Youth Tobacco Survey 2017-2019 reveal about high school e-cigarette use in the USA? *Qeios*. 2020. [cited 2023 April 6]. Available from: <https://www.qeios.com/read/745076.5/pdf>
34. Balfour DJK, Benowitz NL, Colby SM, Hatsukami DK, Lando HA, Leischow SJ, et al. Balancing Consideration of the Risks and Benefits of E-Cigarettes. *Am J Public Health*. 2021;111(9):1661-72.

35. Royal College of Physicians. Nicotine without smoke: Tobacco harm reduction. London: RCP. 2016 [cited 2022 Nov 7]. Available from: <https://www.rcplondon.ac.uk/projects/outputs/nicotine-without-smoke-tobacco-harm-reduction-0>
36. National Academies of Sciences Engineering and Medicine. Public health consequences of e-cigarettes. Washington, DC: The National Academies Press. 2018. [cited 2022 Nov 7]. Available from: <http://nap.edu/24952>
37. McNeill A, Brose LS, Calder R, Bauld L, Robson D. Evidence review of e-cigarettes and heated tobacco products 2018. A report commissioned by Public Health England. London: Public Health England. 2018. [cited 2022 Nov 7]. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/684963/Evidence_review_of_e-cigarettes_and_heated_tobacco_products_2018.pdf
38. Committee on Toxicity of Chemicals in Food Consumer products and the Environment (COT). Statement on the potential toxicological risks from electronic nicotine (and non-nicotine) delivery systems (E(N)NDS – e-cigarettes). 2020. [cited 2022 Nov 7]. Available from: <https://cot.food.gov.uk/sites/default/files/2020-09/COT%20E%28N%29NDS%20statement%202020-04.pdf>
39. New Zealand Ministry of Health. Vaping Facts. 2020. [cited 2022 Nov 7]. Available from: <https://vapingfacts.health.nz>
40. Health Canada. Vaping and quitting smoking. 2021. [cited 2022 Nov 7]. Available from: <https://www.canada.ca/en/health-canada/services/smoking-tobacco/vaping/smokers.html>
41. ABC News. Increasing tobacco tax and vape restrictions will further grow black market, criminologist warns 2023. Available at: <https://www.abc.net.au/news/2023-04-22/tobacco-taxes-vaping-black-market-criminologist-smoking/102217984>
42. Shepherd T. Criminalising nicotine vaping in Australia could cause ‘further harm’, drug experts warn. The Guardian 2023. Available at: <https://www.theguardian.com/australia-news/2023/jan/21/criminalising-nicotine-vaping-australia-peak-drug-body-vape-laws>
43. Lee N. How bad is vaping and should it be banned? The Conversation 2023. Available at: <https://theconversation.com/how-bad-is-vaping-and-should-it-be-banned-197913>
44. Hughes D. Former federal cop has ‘no confidence’ in vaping crackdown. Australian Financial Review. Available at: <https://www.afr.com/politics/federal/no-confidence-governments-can-stop-vape-scurge-ex-afp-cop-20230505-p5d5vj>
45. Attwool J. GP prescriber-route rarely used for nicotine vapes. newsGP 2023. Available at: <https://www1.racgp.org.au/newsgp/clinical/gp-prescriber-route-rarely-used-for-nicotine-vapes>
46. Independent Economics. Tobacco and vaping products in Australia: An updated economic assessment 2023. Available at: <https://independent-economics.com/wp-content/uploads/2023/03/Tobacco-and-vapingin-Australia-An-updated-economic-assessment-March-2023.pdf>
47. Octopus Group. Our research indicates the federal governments' ban on vapes will hit challenges in adoption and implementation 2023. Available at: <https://www.linkedin.com/pulse/vapers-gonna-vape-our-research-indicates-federal%3FtrackingId=ULYZ2RIT2RQaP%252FIR5Ilt2A%253D%253D/?trackingId=ULYZ2RIT2RQaP%2FIR5Ilt2A%3D%3D>
48. Martin J, Cunliffe J, Décary-Héту D, Aldridge J. Effect of restricting the legal supply of prescription opioids on buying through online illicit marketplaces: interrupted time series analysis. *BMJ*. 2018;361:k2270.
49. Westermeyer J. The pro-heroin effects of anti-opium laws in Asia. *Arch Gen Psychiatry*. 1976;33(9):1135-9.

50. 2FIRSTS. Mexico's E-cigarette Ban Fails to Curb Usage but Incubates Black Market 2023. Available at: <https://www.2firsts.com/news/mexicos-e-cigarette-ban-fails-to-curb-usage-but-incubates-black-market>
51. Chrysanthos N. Ban won't stop vapes flooding in: Border Force chief. Sydney Morning Herald 2023. Available at: <https://www.smh.com.au/politics/federal/ban-won-t-stop-vapes-flooding-in-border-force-chief-20230504-p5d5jr.html>
52. Sutherland R, Uporova J, King C, Jones F, Karlsson A, Gibbs D, et al. Australian Drug Trends 2022: Key Findings from the National Illicit Drug Reporting System (IDRS) Interviews. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney. DOI: 10.26190/5czp-af24 2022. Available at: <https://ndarc.med.unsw.edu.au/resource/australian-drug-trends-2022-key-findings-national-illicit-drug-reporting-system-idrs>
53. Mendelsohn C, Wodak A, Hall W. How should nicotine vaping be regulated in Australia? *Drug Alcohol Rev.* 2023.
54. Culip M. It's time for retailers to take responsibility for underage vaping. Medium 2023. Available at: <https://medium.com/@taxpayertimes/its-time-for-retailers-to-take-responsibility-for-underage-vapingeb123468513a>
55. Bates C. The principle of proportionality. *The Tobacco Reporter*; 2019. [cited 2023 January 11]. Available from: <https://tobaccoreporter.com/2018/12/01/the-principle-of-proportionality/>
56. Australian Institute of Health and Welfare. National Drug Strategy Household Survey (NDSHS) 2016: detailed findings. Drug Statistics series no. 31. Cat. no. PHE 214. Canberra: AIHW 2017. Available at: <https://www.aihw.gov.au/getmedia/15db8c15-7062-4cde-bfa4-3c2079f30af3/21028.pdf.aspx?inline=true>
57. NHS Digital. Smoking, Drinking and Drug Use among Young People in England, 2021. 2022. [cited 2023 April 6]. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2021>
58. Action on Smoking and Health UK. Use of e-cigarettes (vapes) among young people in Great Britain, 2021. 2022. [cited 2023 January 11]. Available from: <https://ash.org.uk/wp-content/uploads/2022/07/Use-of-e-cigarettes-among-young-people-in-Great-Britain-2022.pdf>
59. Hammond D, Reid JL, Rynard VL, Fong GT, Cummings KM, McNeill A, et al. Prevalence of vaping and smoking among adolescents in Canada, England, and the United States: repeat national cross sectional surveys. *BMJ.* 2019;365:l2219.
60. Glasser AM, Johnson AL, Niaura RS, Abrams DB, Pearson JL. Youth Vaping and Tobacco Use in Context in the United States: Results From the 2018 National Youth Tobacco Survey. *Nicotine Tob Res.* 2021;23(3):447-53.
61. ASH New Zealand. ASH Year 10 Snapshot Survey 2022. 2022. [cited 2023 January 7]. Available from: https://assets.nationbuilder.com/ashnz/pages/357/attachments/original/1670892009/2022_ASH_Y10_Snapshot_Topline_smoking_and_vaping_FINAL.pdf?1670892009
62. Pettigrew S, Miller M, Alvin Santos J, Raj TS, Brown K, Jones A. E-cigarette attitudes and use in a sample of Australians aged 15-30 years. *Aust N Z J Public Health.* 2023:100035.
63. Mendelsohn CP, Hall W. Does the gateway theory justify a ban on nicotine vaping in Australia? *Int J Drug Policy.* 2020;78:102712.
64. Sun R, Mendez D, Warner KE. Is Adolescent E-Cigarette Use Associated With Subsequent Smoking? A New Look. *Nicotine Tob Res.* 2022;24(5):710-8.
65. Chan GCK, Stjepanovic D, Lim C, Sun T, Shanmuga Anandan A, Connor JP, et al. Gateway or common liability? A systematic review and meta-analysis of studies of adolescent e-cigarette use and future smoking initiation. *Addiction.* 2021;116(4):743-56.

66. Sun R, Méndez D, Warner KE. Association of Electronic Cigarette Use by US Adolescents With Subsequent Persistent Cigarette Smoking. *JAMA Netw Open*. 2023;6(3):e234885.
67. Levy DT, Warner KE, Cummings KM, Hammond D, Kuo C, Fong GT, et al. Examining the relationship of vaping to smoking initiation among US youth and young adults: a reality check. *Tob Control*. 2019;28(6):629-35.
68. Meza R, Jimenez-Mendoza E, Levy DT. Trends in Tobacco Use Among Adolescents by Grade, Sex, and Race, 1991-2019. *JAMA Netw Open*. 2020;3(12):e2027465.
69. Centers for Disease Control and Prevention. Smoking & Tobacco Use; Historical NYTS Data and Documentation, 1999-2021 2021. Available at: https://www.cdc.gov/tobacco/data_statistics/surveys/nyts/data/index.html
70. Li X, Zhang Y, Zhang R, Chen F, Shao L, Zhang L. Association Between E-Cigarettes and Asthma in Adolescents: A Systematic Review and Meta-Analysis. *Am J Prev Med*. 2022;62(6):953-60.
71. Tanski S, Halenar MJ, Edwards KC, Emond J, Woloshin S, Brunette M, et al. Tobacco Product Use and Functionally Important Respiratory Symptoms Among US Adolescents/Young Adults. *Acad Pediatr*. 2022;22(6):1006-16.
72. Stevens ER, Xu S, Niaura R, Cleland CM, Sherman SE, Mai A, et al. Youth E-Cigarette Use and Functionally Important Respiratory Symptoms: The Population Assessment of Tobacco and Health (PATH) Study Waves 3 and 4. *Int J Environ Res Public Health*. 2022;19(22).
73. Hammond D, Reid JL, Rynard VL, O'Connor RJ, Goniewicz ML, Piper ME, et al. Indicators of dependence and efforts to quit vaping and smoking among youth in Canada, England and the USA. *Tob Control*. 2021.
74. Liu G, Wasserman E, Kong L, Foulds J. A comparison of nicotine dependence among exclusive E-cigarette and cigarette users in the PATH study. *Prev Med*. 2017;104:86-91.
75. Jackson SE, Kotz D, West R, Brown J. Moderators of real-world effectiveness of smoking cessation aids: a population study. *Addiction*. 2019;114(9):1627-38.
76. Crespi E, Hardesty JJ, Nian Q, Sinamo J, Welding K, Cohen JE, et al. Device and liquid characteristics used with sweet, menthol/mint, and tobacco ENDS liquid flavors: The population-based VAPER study. *Addict Behav*. 2023;144:107727.
77. Suttiratana SC, Morean ME, Krishnan-Sarin S, Bold KW. Qualitative exploration of longer versus shorter quit attempts among adults using E-Cigarettes for combustible cigarette cessation. *Addict Behav*. 2023;143:107710.
78. Gendall P, Hoek J. Role of flavours in vaping uptake and cessation among New Zealand smokers and non-smokers: a cross-sectional study. *Tob Control*. 2020.
79. Gravely S, Smith DM, Liber AC, Cummings KM, East KA, Hammond D, et al. Responses to potential nicotine vaping product flavor restrictions among regular vapers using non-tobacco flavors: Findings from the 2020 ITC Smoking and Vaping Survey in Canada, England and the United States. *Addict Behav*. 2022;125:107152.
80. Posner H, Romm KF, Henriksen L, Bernat D, Berg CJ. Reactions to Sales Restrictions on Flavored Vape Products or All Vape Products Among Young Adults in the United States. *Nicotine Tob Res*. 2022;24(3):333-41.
81. Friedman AS, Xu S. Associations of Flavored e-Cigarette Uptake With Subsequent Smoking Initiation and Cessation. *JAMA Netw Open*. 2020;3(6):e203826.
82. Glasser A, Vojjala M, Cantrell J, Levy DT, Giovenco DP, Abrams D, et al. Patterns of e-cigarette use and subsequent cigarette smoking cessation over two years (2013/2014 to 2015/2016) in the Population Assessment of Tobacco and Health (PATH) Study. *Nicotine Tob Res*. 2020.
83. Li L, Borland R, Cummings KM, Fong GT, Gravely S, Smith DM, et al. How Does the Use of Flavored Nicotine Vaping Products Relate to Progression Toward Quitting Smoking? Findings From the 2016 and 2018 ITC 4CV Surveys. *Nicotine Tob Res*. 2021;23(9):1490-7.
84. Mok Y, Jeon J, Levy DT, Meza R. Associations between e-cigarette use and e-cigarette flavors with cigarette smoking quit attempts and quit success: Evidence from a US large, nationally representative 2018-2019 survey. *Nicotine Tob Res*. 2022.

85. Chen JC. Flavored E-cigarette Use and Cigarette Smoking Reduction and Cessation-A Large National Study among Young Adult Smokers. *Subst Use Misuse*. 2018;53(12):2017-31.
86. Yang Y, Lindblom EN, Salloum RG, Ward KD. The impact of a comprehensive tobacco product flavor ban in San Francisco among young adults. *Addict Behav Rep*. 2020;11:100273.
87. Li D, Ossip DJ, Bansal-Travers M, Xie Z. Impact of the FDA flavour enforcement policy on flavoured electronic cigarette use behaviour changes. *Tob Control*. 2022;31(Suppl 3):s176-s83.
88. Gaiha SM, Cheng J, Halpern-Felsher B. Association Between Youth Smoking, Electronic Cigarette Use, and COVID-19. *J Adolesc Health*. 2020;67(4):519-23.
89. Hammond D, Reid JL, Burkhalter R, Bansal Travers M, Gravely S, Hyland A, et al. E-Cigarette Flavors, Devices, and Brands Used by Youths Before and After Partial Flavor Restrictions in the United States: Canada, England, and the United States, 2017–2020. *Am J Public Health*. 2022;112(7):1014-24.
90. Buckell J, Marti J, Sindelar JL. Should flavours be banned in cigarettes and e-cigarettes? Evidence on adult smokers and recent quitters from a discrete choice experiment. *Tob Control*. 2018.
91. Wang TW, Gentzke AS, Creamer MR, Cullen KA, Holder-Hayes E, Sawdey MD, et al. Tobacco Product Use and Associated Factors Among Middle and High School Students - [SEP]United States, 2019. *Morbidity and mortality weekly report Surveillance summaries (Washington, DC : 2002)*. 2019;68(12):1-22.
92. Action on smoking and Health UK. Headline results ASH Smokefree GB adults and youth survey results 2023 2023. Available at: <https://ash.org.uk/uploads/Headline-results-ASH-Smokefree-GB-adults-and-youth-survey-results-2023.pdf?v=1684400380>
93. Tattan-Birch H, Jackson SE, Kock L, Dockrell M, Brown J. Rapid growth in disposable e-cigarette vaping among young adults in Great Britain from 2021 to 2022: a repeat cross-sectional survey. *Addiction*. 2022.
94. Park-Lee E, Ren C, Sawdey MD. Notes from the Field: E-Cigarette Use Among Middle and High School Students — National Youth Tobacco Survey, United States, 2021. *MMWR Morb*. 70:1387–1389 2021. Available at: <https://www.cdc.gov/mmwr/volumes/70/wr/mm7039a4.htm#suggestedcitation>
95. Australian Association of Convenience Stores. Over 90 million illicit vapes nd not a single dollar for enforcement 2023. Available at: <https://aacs.org.au/over-90-million-illicit-vapes-and-not-a-single-dollar-for-enforcement-health-ministers-incompetence-exposed/>
96. Khouja JN, Munafò MR. Commentary on Tattan-Birch et al.: How might the rise in popularity of disposable vapes among young adults impact policy in the United Kingdom? *Addiction*. 2022.
97. Mendelsohn C, Wodak A. Discussion paper on the environmental impact of vaping products 2023. Available at: <https://colinmendelsohn.com.au/wp-content/uploads/2023/04/Discussion-paper-on-the-environmental-impact-of-vaping-products-1May2023.pdf>
98. Revell J. Recyclable Vapes Are Coming But Australia Is Going to Miss Out. The Latch 2023. Available at: <https://thelatch.com.au/vape-recycling/>
99. Action on Smoking and Health UK. ASH calls on Chancellor to tax disposable vapes 2023. Available at: <https://ash.org.uk/media-centre/news/press-releases/ash-calls-on-chancellor-to-tax-disposable-vapes>
100. South, Australian Health and Medical Research Institute (SAHMRI). Smoking and e-cigarette use in SA – Key Statistics 2022 2023. Available at: <https://sahmri.blob.core.windows.net/communications/Smoking%20and%20e-cigarette%20use%20in%20SA%20E2%80%93%20Key%20Statistics%202022%20-%2015%20March%202023.pdf>

101. New South Wales Ministry of Health. Health Stats, NSW Adult Population Health Survey. 2022. [cited 2023 April 6]. Available from: <https://www.healthstats.nsw.gov.au/#/indicator?name=-beh-smo-cat-curr-phs&location=NSW&view=Trend&measure=prevalence&groups=>
102. ECigIntelligence. Tobacco company global ownership of vape products. Personal communication. May 2023.
103. Mendelsohn CP, Hall W, Borland R, Wodak A, Beaglehole R, Benowitz NL, et al. A critique of the Australian National Health and Medical Research Council CEO statement on electronic cigarettes. *Addiction*. 2023;118(6):1184-92.
104. Mendelsohn CP, Wodak A, Hall W, Borland R. A critical analysis of 'Electronic cigarettes and health outcomes: Systematic review of global evidence'. *Drug Alcohol Rev*. 2022;41(7):1493-8.
105. National institute for Health and Care Excellence. Tobacco: preventing uptake, promoting quitting and treating dependence: update. Evidence review for cessation and harm reduction treatments. NICE guideline NG209. 2021. [cited 2022 Nov 7]. Available from: <https://www.nice.org.uk/guidance/ng209/evidence/k-cessation-and-harm-reduction-treatments-pdf-10890777861>
106. New Zealand Ministry of Health. Position Statement on Vaping 2020. Available at: <https://bit.ly/2R5OW8K>
107. Levy DT, Gartner C, Liber AC, Sanchez-Romero LM, Yuan Z, Li Y, et al. The Australia Smoking and Vaping Model: The Potential Impact of Increasing Access to Nicotine Vaping Products. *Nicotine Tob Res*. 2022;doi: 10.1093/ntr/ntac210. Online ahead of print.
108. Wade S, Weber MF, Sarich P, Caruana M, Watts C, Vaneckova P, et al. Fifty-year forecasts of daily smoking prevalence: can Australia reach 5% by 2030? *Tob Control*. 2023.