

Clinician's Guide to Supporting Adolescents and Young Adults Quit Vapes

Focusing on screening, assessment and pharmacotherapy using the 5As brief intervention framework.



The Sydney
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The purpose of this guide is to assist clinicians working with adolescents and young adults (AYA) to effectively address vaping and e-cigarette use with a specific focus on screening, assessment and pharmacotherapy using the 5As brief intervention framework. The term e-cigarettes or vapes will be used interchangeably within this document and is referring to the same product.

Introduction

Using e-cigarettes or vaping has become increasingly popular among young people in recent years. The 2021 NSW Population Health survey shows that 32.7 per cent of 16 to 24 year olds had ever used an e-cigarette/vape in 2020-2021 (up from 21.4 per cent in 2018-2019). Similarly, the proportion of 16 to 24 year olds who were current users of e-cigarettes/vapes increased from 4.5 percent to 11.1 per cent (1).

The prevalence of e-cigarettes use/vapes threatens decades of progress in tackling tobacco use with its high nicotine content, appealing colours, low costs, wide availability and discreet designs. There is mounting evidence that exposure to nicotine during adolescence and young adulthood is not only associated with increased rates of other substance use, but also that such exposure has long term effects on the developing brain (2).

Screening tools

Screening and assessment are critical to provide safe and effective care. Identifying substance use, its potential risks and impact on the AYA should form part of the assessment to reduce risk and provide interventions to promote good health and wellbeing (6).

Although there's no validated screening tools that explicitly ask AYA about use of e-cigarettes or other vaping products, there are well studied instruments that ask AYA about tobacco use. The following screening tools can be adapted to screen for e-cigarette/vape use for AYA:

The Screening to Brief Intervention (S2BI) asks the validated question, 'in the past year, how many times have you used tobacco?' (3, 10).

The Hooked On Nicotine Checklist (HONC) is a 10-item screening instrument to detect loss of autonomy or nicotine dependence (4, 9, 10).

The Time To First Cigarette (TTFC) of the day has been identified as the best single item indicator of nicotine dependence which has been extensively used in various clinical settings (5, 9).

5A Brief Intervention Framework

Brief interventions such as the 5As is commonly used to guide smoking cessation and can therefore be applied to AYA who use e-cigarettes or vape. Clinicians should routinely **ask** about e-cigarette/vape use, **assess** their level of use and readiness to change, **advise** AYA to quit e-cigarettes/vapes, **assist** AYA with quitting and **arrange** for ongoing follow-up (3, 7, 10). The ASK, ADVISE and HELP tool is an alternate brief intervention tool, that is shorter than the 5As and may be appropriate depending on the clinical context.

Pharmacotherapy – Nicotine Replacement Therapy

Attempts to quit e-cigarettes/vapes can be hindered by cravings and withdrawals. Nicotine replacement therapy (NRTs) should be considered to assist AYA in achieving their goal of quitting and enhance cessation outcomes. NRTs has been recommended for adolescents aged <18 years seeking to quit smoking and therefore would be helpful for AYA who use e-cigarettes or vapes. Combination of long-acting patch (for maintenance nicotine delivery) as well as short-acting gum or lozenge (for breakthrough cravings) should be used for optimum treatment effectiveness (3, 9). Nicotine inhalators should be avoided as it as it imitates the act of e-cigarette use/vaping and addressing the physical aspect of dependency (hand to mouth) is crucial (3).

1. Ask – ask all young people about e-cigarette use/vapes

All clinicians should ask all the AYA whether they use e-cigarettes/vapes or any other tobacco products. This should prompt the clinician to ask further questions about e-cigarette use/vape, provide education about risks and provide support to quit e-cigarettes/vapes.

<p>Ask – screen for e-cigarette use</p> <p>Clinicians can use S2BI validated question to explicitly ask AYA about use of e-cigarettes and other vaping products</p> <p>Ask about the type or brand of e-cigarette/vape the young person uses including quantity (units/day & number of puffs) and nicotine percentage</p>	<p><i>‘In the last month, how many times have you used e-cigarettes/vapes?’</i></p> <p>If no, ask if they have <u>ever</u> used vapes:</p> <p><i>‘Have you ever used e-cigarettes or tobacco products (cigarettes, shisha)?’</i></p> <p>If AYA has not used e-cigarettes/vapes, affirm their choice not to vape</p> <p>If yes, the following questions can be asked to determine vaping related behaviours</p> <p><i>‘When did you first use e-cigarettes/vapes?’</i> <i>‘Do you vape with or without added nicotine?’</i></p> <p>Ask about type and brand/vaping device the AYA is currently using</p> <p><i>‘What type of e-cigarettes/vapes are you using?’</i> <i>‘Disposable, rechargeable or refillable’</i></p> <p><i>‘What brand of e-cigarettes/vapes are you using?’</i> <i>Some of the products AYA report using include IGET, HQD, GunnPods.</i> <i>All come in various number of puffs and nicotine concentration</i></p> <p><i>‘Where do you get your e-cigarettes/vapes from?’</i> <i>This will help us to understand what might be in your vaping liquid, such as nicotine, other toxins or chemicals.</i></p> <p>Ask about tetrahydrocannabinol (THC) use, flavours, nicotine concentration and quantity used</p> <p><i>‘What flavours do you usually use?’</i> <i>‘Do you use THC in your vaping device?’</i> <i>‘What is the concentration of nicotine?’</i> <i>‘How often do you vape in the day?’</i> <i>‘How many puffs do you use per day?’ or ‘How long does your vape last?’</i> <i>Or ‘How many vapes (units) do you go through in one week?’</i></p> <p>Vaping nicotine and cannabis places AYA at risk of dual dependency. Vaping THC may be associated with E-cigarette or Vaping-Associated Lung Injury (EVALI). Higher concentration cartridges may be associated with greater risk (2).</p> <p>Exposure to nicotine via e-cigarettes is difficult to quantify. Nicotine exposure may be significantly higher or lower than traditional cigarettes. Caution must be taken in estimating the dose of NRT.</p>
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2. Assess – assess nicotine dependence and readiness to change

Clinicians should assess for nicotine dependence and the AYA's readiness to change to tailor intervention to the AYA's readiness to quit.

The HONC used to assess loss of autonomy/dependency on tobacco can be modified to reflect e-cigarette use, similarly the TTFC can be modified to Time To First Vape (TTFV) as a single item question to determine nicotine dependence.

Assess nicotine dependence	<p>Use the <u>Modified Hooked On Nicotine Checklist (M-HONC)</u> to assess nicotine dependency and loss of autonomy (Appendix 1)</p> <p>Use <u>Time To First Vape - TTFV</u> Vaping within 30 minutes of waking, experiencing withdrawals and cravings are markers of nicotine dependence</p> <p><i>'How long after waking do you vape?' (TTFV)</i></p> <p>Note: Attempts to quit vapes can be hindered by cravings and withdrawals.</p> <p><u>Assess for Cravings?</u></p> <p><i>'Has there been a time when you had such strong urges to use e-cigarettes/vapes that you could not think of anything else?'</i> <i>'Do you experience cravings?'</i></p> <p><u>Assess for nicotine withdrawals</u></p> <p><i>'Some people experience physical and psychological discomfort when they stop vaping. They report feelings such as irritability, frustration, anger, cravings, anxiety and depressed mood, have you ever experienced this when you stop vaping or if you were not able to source one for any reason?'</i></p> <p>Nicotine withdrawal symptoms include: Irritability, frustration, anger Cravings Anxiety Difficulty in concentration Increased appetite Restlessness Depressed mood Insomnia</p>
Assess readiness to change	<p><i>'How do you feel about vaping?'</i> <i>'Have you thought about quitting e-cigarettes/vapes?'</i> <i>'Have you ever tried to quit vaping in the past?'</i></p>

	<p>'On a scale from 1 to 10, how motivated are you to cut down or quit vaping?'</p> <p>'On a scale from 1 to 10, how important is it for you to quit vapes?'</p> <p>'On a scale from 1 to 10, how confident are you about quitting vapes?'</p> <p>If AYA is not ready, engage in readiness counselling:</p> <p><u>Explore motivations to quit</u> – See ASSIST section <i>'What are some things that would be good about quitting?' or 'What are some things that would motivate you to quit?'</i></p> <p><u>Explore barriers to quitting</u> – see ASSIST section <i>'What's stopping you from quitting?'</i> <i>'What are some of the barriers to quitting?'</i></p>
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3. Advise – advise all AYA who vape to quit

Clinicians are in a good position to advise AYA to quit e-cigarettes/vapes, this should be done routinely. Establishing rapport, developing trust and asking permission to advise about e-cigarettes/vapes and risks associated with use helps minimise risk of hindering the therapeutic relationship. Personalising the advice and benefits of quitting can further support the discussion around quitting e-cigarettes/vapes.

Clinicians are well suited to provide information and raise awareness around risk of nicotine poisoning

Calls to the NSW Poisons Information Centre for accidental vaping exposures in toddlers have increased. In 2021, children aged 1-4 years accounted for 48 per cent of calls related to vaping exposures. A threefold increase than number of calls made for this age group in 2020. Inhalation of ingestion of nicotine can result in poisoning or fatality. Some of the symptoms include nausea, vomiting, abdominal pain, palpitations, wheeze, agitation, seizures and shortness of breath (11). Education around keeping vapes and nicotine liquid out of reach of children is important.

Advise adolescent and young person to quit	<p>Provide brief, consistent and positive reminders to quit</p> <p>Use messages that are clear, personalised, supportive and non-confrontational.</p> <p>Be clear - <i>‘One of the best thing you can do for your health is to quit vaping, I can help you with this’.</i></p> <p>Personalised advice – <i>‘I know you have been worried about your level of energy and feeling breathless when playing soccer. Quitting vapes will help you feel much better, improve your fitness and not become breathless when you play soccer’.</i></p> <p><i>‘I can support you and help you quit vapes’</i></p> <p>Provide advice about the positive reasons to quit (such as health, cost)</p>
Provide information about e-cigarettes and risks associated with use	<p>With the AYA permission, ask:</p> <p><i>‘Would you like me to give you some information about vaping?’</i></p> <p>Offer NSW health Factsheet from the NSW Health Campaign <i>‘Do you know what you’re vaping?’</i> https://www.health.nsw.gov.au/tobacco/factsheets/vaping-factsheet-young.pdf</p>

4. Assist – assist all AYA to quit vapes

Clinicians need to determine the AYA readiness to quit in order to tailor intervention specific to quit vaping (**Appendix 2**)

Assist – Not ready Pre-contemplation	<p>Discuss the benefits of quitting and risks of ongoing use</p> <p>Provide information about second hand e-cigarette/vape exposure</p> <p>Encourage re-engagement when ready</p>
Assist – Not sure Contemplation	<p>Engage in motivational interviewing counselling (Appendix 3)</p> <p>Explore motivations to quit: <i>‘What are the good things and not so good things about e-cigarettes/vapes?’</i> <i>‘What are some things that would be good about quitting?’</i></p> <p>Explore Barriers to quitting: <i>‘What’s stopping you from quitting?’</i> <i>‘What are some of barriers to quitting?’</i></p> <p>Offer assistance when ready</p> <p>Arrange follow up appointment to re-assess their readiness to change and offer further motivational counselling</p>
Assist – Preparation	<p>Provide affirmation and encourage decision to quit e-cigarettes/vapes.</p> <p>Assist AYA to develop own Quit Plan (Appendix 4)</p> <p>Quit Plan should include behavioural approaches/strategies to support the AYA to increase the chance of quitting vapes.</p> <p>Recommend pharmacotherapy – combination Nicotine replacement therapy is most effective accompanied by behavioural supports (Table 1)</p> <p>Assist AYA to develop relapse prevention strategies (Appendix 6)</p> <p>Provide AYA the number to Quitline - 137848</p>
Assist – Action and Maintenance	<p>Congratulate them for taking the step to quit e-cigarettes/vapes</p> <p>Assist AYA to develop relapse prevention strategies</p> <p>Review quit plan</p>

5. Arrange – arrange follow up appointments and or contact to review progress and strengthen their commitment to quitting vapes.

Clinicians should arrange follow up appointments with AYA to review progress, offer further support, strengthen motivation to quit and review effectiveness of NRTs.

Arrange follow-up appointments	<p>AYA - committed to quitting</p> <p>Congratulate them and affirm their position</p> <p>Review progress and challenges</p> <p>Review pharmacotherapy and effectiveness (Table 1)</p> <p>Encourage continuation of pharmacotherapy</p> <p>Normalise lapses and relapses and support them to re-focus on achieving their goals</p> <p>Help them reflect on triggers/situations that led to the lapse/relapse</p> <p>Explore relapse prevention counselling and develop personalised strategies to maximise their quit journey (Appendix 6)</p> <p>Encourage other supports through various modes of interventions (face to face, telehealth, SMS texts)</p> <p>AYA - relapsed</p> <p>Offer support and reframe as a learning experience</p> <p>Explore reasons for relapse</p> <p>Offer ongoing support</p> <p>Encourage future quit attempts and review plan</p>
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Health professional can access the KidsQuit smoking cessation brief interventions E-learning program.

<https://kidshealth.schn.health.nsw.gov.au/kidsquit-smoking-cessation-brief-intervention>

The e-learning package is evidence based learning and includes the following modules:

- 1) Smoking prevalence and health effects
- 2) Brief interventions: The 5A's of smoking cessation
- 3) Adolescents and smoking
- 4) NRT and pharmacotherapy
- 5) Mental health and smoking (2016)
- 6) Young Aboriginal people and smoking (2016)
- 7) Pregnancy and smoking (2016)
- 8) Vaping and Young People (2022)

Table 1 - Nicotine Replacement Therapy to assist with quitting vapes (7)

Characteristics	<p>Nicotine replacement product* (patch, gum, lozenge)</p> <p>Avoid use of nicotine inhalators as it mimics use of e-cigarettes/vapes</p>
Clinical Indicators	<p>Daily e-cigarette/vaping of nicotine containing products</p> <p>Withdrawal symptoms and/or cravings</p> <p>TTFV – within 30 minutes of waking</p>
NRT dosage guide	<p>** Combination therapy – nicotine patch with a short-acting products to reduce breakthrough cravings is recommended</p> <p>Refer to direction for use and possible side effects of NRTs to ensure safe and effective treatment and patient education (Appendix 7)</p> <p>Use of NRTs can be used 2 weeks prior to quit date to optimise attempt to quit.</p>
NRT Patch	<p>Nicotine patch (maintenance dose) – dosage should be titrated as needed</p> <p>If TTFV within 30 minutes of waking, withdrawal symptoms and cravings present – consider medium to high doses :-</p> <ul style="list-style-type: none"> - Start with 14mg/24hr patch and titrate as needed. - Add short acting NRTs (gum, mini lozenge, lozenge) for breakthrough cravings and use freely as per guide below <p>Use 16hr patch if AYA experiences nightmares with 24hr patch – 10mg/16hr patch and titrate as needed.</p> <p>Individuals may require to start with a higher dose of 21mg/24hrs or 15mg/16hr nicotine patch if TTFV is within 5 minutes of waking, with withdrawals and intense craving.</p> <p>Dual use of smoking and e-cigarette/vape are likely to need a higher dose of NRT patch 21mg/24hr or 15mg/16hr</p> <p>Use maintenance patch for 4–6 weeks, then switch to the next lowest dose patch for 2–4 weeks.</p> <p>Continue weaning until AYA is able to resist cravings using behavioural strategies alone</p>
NRT oral form (short acting)	<p>Short acting nicotine (for breakthrough cravings)</p> <p>Gum: Use one piece (2 mg or 4 mg) every 1–2 h</p> <p>2mg: 8-20 pieces/day</p> <p>4mg: 4-10 pieces/day</p> <p>Lozenge: Use one mini lozenge/lozenge (2 or 4 mg) every 1 to 2 h (9-15 pieces)</p> <p>Mini lozenge: 1.5mg mini lozenge 9-20 pieces or 4mg 9-15 pieces/day</p>

* NRT is only indicated for >12 years. See <https://www.mims.com.au/> for dosing and further information. Contraindications can also be – people weighing less than 45kg; known hypersensitivity to nicotine; phenylketonuria; caution use after acute cardiovascular incidents.

www.health.nsw.gov.au/tobacco/publications/managing-nicotine-dependence.pdf

**24-hour patch may affect sleep therefore can recommend using the 16-hour patch
16-hour patch comes in 25mg, 15mg, and 7mg strength

Drug interactions with Smoking Cessation

There is preliminary evidence that, as with smoking, vaping may produce toxic effects that induce the generation of polycyclic aromatic hydrocarbons and other harmful substances (9). Caution is recommended for AYA who are dual users (cigarettes and e-cigarette use) and are receiving medications known to be metabolised by CYP1A2 enzyme. Medication monitoring should be used even if considered light smokers. Nicotine Replacement Therapy does not affect medication levels.

<https://www.health.nsw.gov.au/tobacco/Factsheets/tool-7-guide-dug-interactions.pdf>

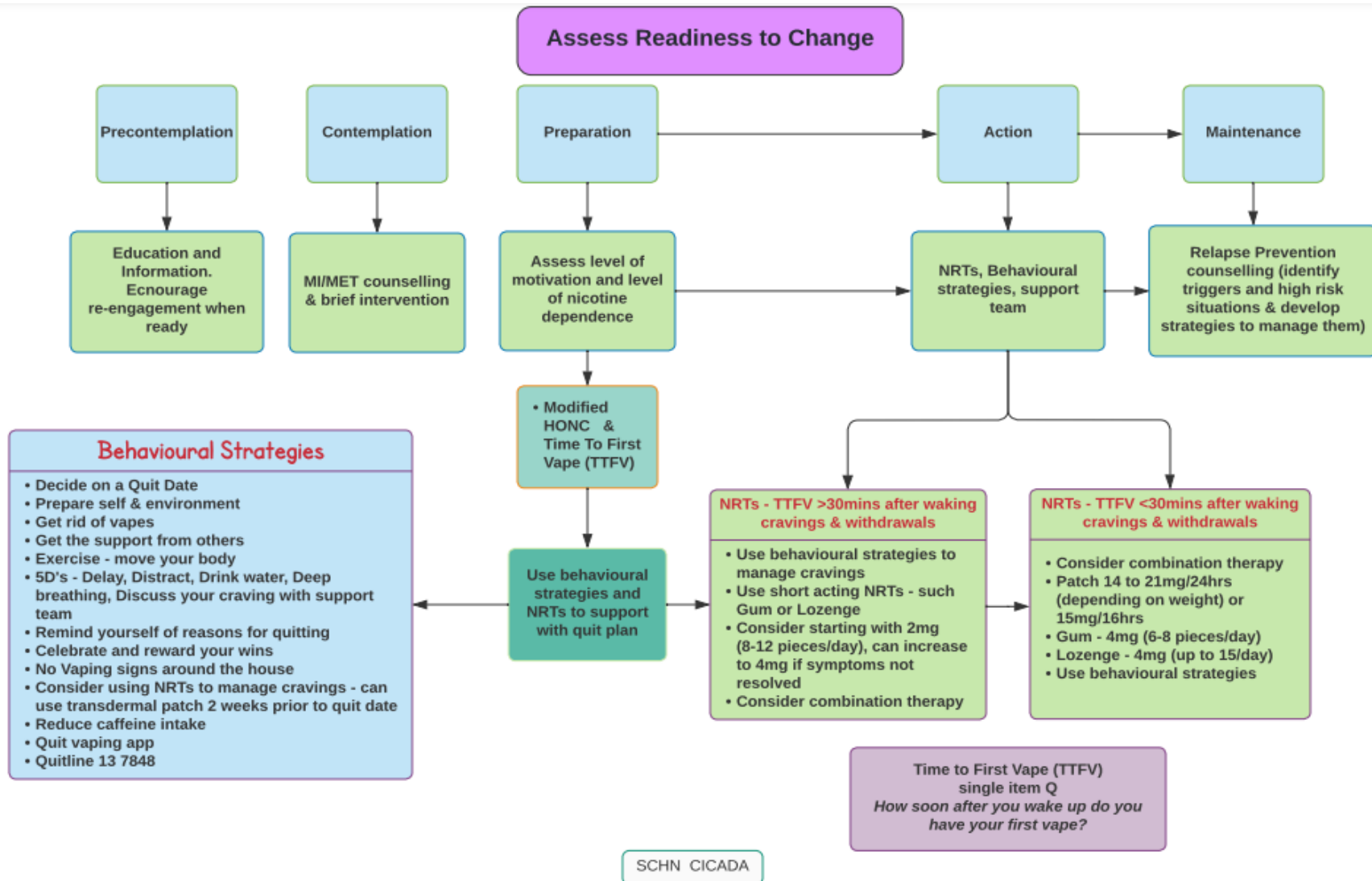
Appendix 1 – Modified Hooked On Nicotine (M-HONC)

Questions	YES	NO
Have you ever tried to stop vaping, but couldn't?		
Do you vape <u>now</u> because it is really hard to quit?		
Have you ever felt like you were addicted to vaping?		
Do you ever have strong cravings to vape?		
Have you ever felt like you really needed to vape?		
Is it hard to keep from vaping in places where you are not supposed to, like school?		
When you tried to stop vaping... (or, when you haven't vaped for a while...)		
Did you find it hard to concentrate because you couldn't vape?		
Did you feel more irritable because you couldn't vape?		
Did you feel a strong need or urge to vape?		
Did you feel nervous, restless or anxious because you couldn't vape?		
Total Score:		

Scoring:

The MHONC is scored by counting the number of YES responses. A young person who has a score above zero would indicate they have a level of dependence on nicotine and they have lost full autonomy or control of their use of e-cigarettes/vapes.

Appendix 2 – Readiness to change flowchart



Appendix 3 - Recording your decision

Research shows that it helps to write down your reasons for making a change, looking at it from all angles. You might like to take a minute to write out your personal reasons for vaping and thoughts about change using the table below.

Rate each item on a scale of one to ten to indicate how important these are to you, with one being not at all important and ten being extremely important

Pros and cons of Vaping

Good things about Vaping		Not so good things about Vaping	
	/10		/10
	/10		/10
	/10		/10
	/10		/10
	/10		/10
	/10		/10
	/10		/10

Total

Total

To get a further perspective, it is useful to record the pros and cons of changing or quitting. You may find that your reasons for change are not just the opposite of the reasons for vaping. This added information may help reinforce your decision for change.

Pros and Cons of change/quitting

Good things about Vaping		Not so good things about Vaping	
	/10		/10
	/10		/10
	/10		/10
	/10		/10
	/10		/10
	/10		/10
	/10		/10

Total

Total

Appendix 4 - My Quit Plan (Example)

The diagram is a flowchart-style form for a quit plan. It consists of several interconnected boxes:

- My Goals** (Green box, top left): Contains five numbered lines for writing goals.
- Quit Date** (Red box, top center): A single line for writing the quit date.
- My Reasons to QUIT** (Yellow box, center): Contains four numbered lines for writing reasons.
- My Triggers to Vape** (Green box, top right): Contains five numbered lines for writing triggers.
- Behavioural Strategies** (Blue box, bottom left): Contains five numbered lines for writing strategies.
- Strategies to Manage Triggers** (Blue box, bottom right): Contains five numbered lines for writing strategies.
- I'm most Proud of:** (White box, center): A single line for writing a proud achievement.
- My Support Team** (White box, bottom center): Contains the Quitline logo (137848) and a green icon of a cigarette with a slash through it.

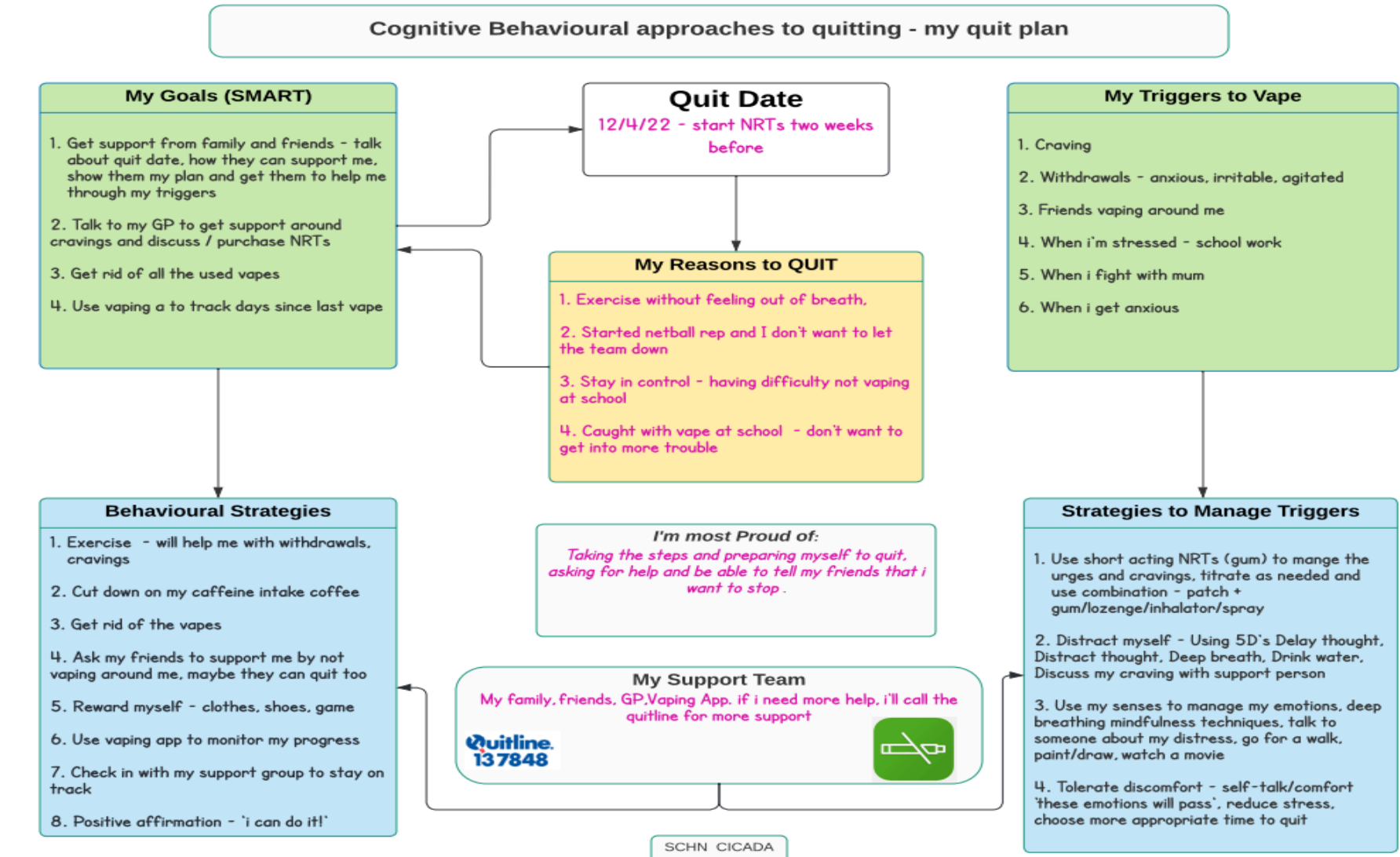
Arrows indicate the flow of the plan:

- From **My Goals** to **Behavioural Strategies**.
- From **Quit Date** to **My Reasons to QUIT**.
- From **My Reasons to QUIT** to **My Goals** and **My Triggers to Vape**.
- From **My Triggers to Vape** to **Strategies to Manage Triggers**.
- From **Behavioural Strategies** to **My Support Team**.
- From **Strategies to Manage Triggers** to **My Support Team**.
- From **My Support Team** to **Behavioural Strategies** and **Strategies to Manage Triggers**.

Quitline. 137848

SCHN CICADA

Appendix 5 – My Quit Plan (Example)



Appendix 6 - Coping with High-Risk Situation

Make a list below of your personal high-risk situation and or triggers and a plan for dealing with them. Examples include: with friends, at a party, feeling down or anxious, relaxing at home, getting paid, celebrating

Make sure your plan/strategy is realistic and something you can easily do. It should also be enjoyable if possible.

High Risk Situation/Triggers	Strategy or plan

Remember: If you have a slip up/lapse, don't beat yourself up. These are all experiences to learn from. Reflect on where the slip up was (maybe going into a situation and not anticipating other people's use or maybe not being prepared about what to say if someone offers you something.

NRT product information

Direction for use

NRT Product	Direction for use
Nicotine Patch	Apply the patch to clean, non-hairy, dry skin on the upper body (chest, rib cage, back, side of upper arm) and hold down for 10 seconds. Rotate to different parts of the body each day to avoid skin irritation
Nicotine gum	Place one gum in your mouth and chew slowly until a strong peppery and/or tingling sensation is noticed 'Park' the gum between your gum and cheeks or under the tongue for 1-2 minutes or until the taste disappears Chew again until the taste returns and repeat the process for around 30 minutes then discard.
Nicotine lozenge	Place lozenge in mouth and roll around in the mouth for a few times to release the nicotine. Park between the cheek and gum or under the tongue. Continue to move every 5 minutes or so and repeat the process for up to 30 minutes or until the lozenge is completely dissolves

Possible side effects of NRT products

No serious side effects of either short or long term NRT use have been reported over the 30 years it has been in use. Side effects are relatively minor for most users however individuals may experience some minor effects when using NRT. The most common ones and suggested ways to manage are listed below.

NRT product	Side effect	How to manage
Patches	Skin irritation Sleep disturbance, vivid dreams Patch doesn't stick, keeps falling off	Rotate the patch site and use hydrocortisone 1% cream for skin irritation Apply the patch in the morning rather than at night. Remove the patch before sleep. Decrease caffeine intake by half. Use stretch adhesive tape over patch Ensure skin is free from creams and lotions (including sunscreen or insect repellent) When applying the patch, do not check if it has stuck by lifting the edge as this may make it loose
Oral NRTs	Dyspepsia, nausea, hiccup, headache, cough, dry mouth, throat irritation	Check the product is being used correctly or change to a different oral product

References

1. NSW Health. (2021). NSW Population Health Survey. https://www.health.nsw.gov.au/news/Pages/20220531_00.aspx
2. Chadi, N., Hadland, S. E., & Harris, S. K. (2019). Understanding the implications of the “vaping epidemic” among adolescents and young adults: a call for action. *Substance abuse*, 40(1), 7-10.
3. Hadland, S. E., & Chadi, N. (2020). Through the Haze: What Clinicians Can Do to Address Youth Vaping. *The Journal of adolescent health: official publication of the Society for Adolescent Medicine*, 66(1), 10–14. <https://doi.org/10.1016/j.jadohealth.2019.10.009>
4. Chaffee, B. W., Halpern-Felsher, B., Jacob III, P., & Helen, G. S. (2022). Biomarkers of nicotine exposure correlate with the Hooked on Nicotine Checklist among adolescents in California, United States. *Addictive Behaviors*, 128, 107235.
5. Branstetter, S. A., Muscat, J. E., & Mercincavage, M. (2020). Time to First Cigarette: A Potential Clinical Screening Tool for Nicotine Dependence. *Journal of addiction medicine*, 14(5), 409–414. <https://doi.org/10.1097/ADM.0000000000000610>
6. NSW Health. (2021). Handbook for Nurses and Midwives: Responding effectively to people who use alcohol and other drugs. <https://www.health.nsw.gov.au/aod/professionals/Publications/handbook-nurses-aod.pdf>
7. Chadi, N., Vyver, E., & Bélanger, R. E. (2021). Protecting children and adolescents against the risks of vaping. *Paediatrics & Child Health*, 26(6), 358-365.
8. NSW Ministry of Health. (2016). Quick guide to Nicotine Replacement Therapy (NRT). <https://www.health.nsw.gov.au/tobacco/Factsheets/tool-5-quick-guide-nrt.pdf>
9. Bittoun, R. (2021). Managing vaping cessation: A monograph for counselling adult and adolescent vapers. *ResearchOnline@Avondale*. https://research.avondale.edu.au/oer_materials/1/
10. Camenga, D. R., & Chadi, N. (2021). Recommendations for Prevention and Treatment of E-Cigarette Use Among Youth in the Clinical Setting. *Electronic Cigarettes and Vape Devices*, 75-90.
11. The Sydney Children’s Hospital Network. (2022, July 8). Accidental vaping exposures in toddlers triple. <https://www.schn.health.nsw.gov.au/news/articles/2022/07/accidental-vaping-exposures-in-toddlers-triple>