



Vaping and e-cigarettes.

Position paper

June 2023

No Harm, No Discrimination

atdc
Alcohol, Tobacco and other
Drugs Council Tasmania



Summary statement

The ATDC is the peak body representing and supporting community organisations, and the people they assist, to reduce alcohol, tobacco, and other drug-related harm for all Tasmanians.

At all times, our work is underpinned by a commitment to evidence-based practices and policies, lived experience participation, harm reduction, and partnerships and collaboration.

Working with all spheres of government and the community, the ATDC plays a vital role in representing our members. These members provide treatment services and population-based initiatives that reduce the harm associated with substance use across Tasmania. At times, our members and key stakeholders can hold conflicting views and the topic of vaping and e-cigarettes was an example of this tension that can exist.

During the development of this paper there were strong conflicting views. These views were often dependent on whether the respondents worked directly with clients, whether they provided health promotion/education to schools or to the community, or whether they held concerns about vaping/e-cigarettes from a public health or regulation perspective.

This paper holds space for all of these views. However, in doing so, the ATDC maintains the firm position that anyone who chooses to use vapes/e-cigarette products, with or without acknowledging the evidence of their harms, should not be criticised or discriminated for doing so.



ATDC position statements on vaping/e-cigarettes

1. No punitive actions towards, nor criminalisation of the use of vapes/e-cigarettes.

The ATDC advocates against criminalising personal use and the possession of all vapes/e-cigarette products in Tasmania. Penalising personal use of any drug promotes stigma and acts to stop people from accessing treatment and support. The regulation of vapes/e-cigarettes should focus on the manufacturers, importation and illegal sales by retailers, and their products, not the people who buy them.

2. Increased investment for research into the social and health impacts of use.

The ATDC acknowledges the diverse viewpoints regarding the support, or otherwise on the use of vapes/e-cigarettes. The ATDC calls for increased investment for research on the social and health impact of these products to build greater capacity in the health sector to respond. Increased knowledge will assist in the development and implementation of interventions and education to discuss what they are, why people use them and how they may impact health and wellbeing. Until such time as a broader knowledge base is established, the ATDC adopts a cautionary approach to the use of vapes/e-cigarettes.

3. Immediate action to deliver evidence-based harm-reduction education.

Given the differing perspectives on vaping/e-cigarette use, the ATDC advocates for immediate action to deliver evidence-based harm reduction education and interventions with clear health messaging. Proactive education will have a positive impact on the health of Tasmanians who either currently use or would consider using these products in the future. This is considered particularly critical, given that vaping/e-cigarettes is an emerging trend with anecdotal evidence suggesting a three-fold increase in use by children and young people.

4. A continued focus on tightening regulation on importation and sales.

The ATDC supports the regulation of vapes/e-cigarettes (both nicotine and fruit flavoured) and maintains that this should be accompanied within a wider approach that includes prevention, health promotion and treatment services. We support the Australian Alcohol and other Drug Council (AADC) and the Tasmanian Government in their positions to maintain the focus on improving the regulation, labelling, and tightening of the importation of vapes/e-cigarette products. The ATDC strongly echoes the AADC's calls for the voice of lived experience to be included in any relevant decision-making, advisory or implementation structures and groups on this matter¹.

5. Clear clinical guidelines for ATOD client-centred treatment services.

Whilst there are mixed views in the alcohol, tobacco, and other drug (ATOD) sector on the efficacy of vapes/e-cigarettes as a smoking cessation tool, clear clinical guidance for ATOD treatment settings is required to provide guidance to treatment providers. Alongside existing concerns are examples of clients who have used vapes/e-cigarettes to stop smoking when nicotine replacement therapy (NRT) has not been successful. In the absence of clear clinical guidelines, treatment providers are faced with the uncertainty of balancing the principles of client-centred care (supporting people who choose to use vapes/e-cigarettes) with the concerns around potential long-term health harms to clients.

¹ Australian Alcohol and other Drug Council (2023), 'the proposed reforms to nicotine vaping products consultation process'. Available: <https://aadc.org.au/wp-content/uploads/2023/01/AADC-Submission-to-TGA-NVP-consultation.pdf>



What is vaping?

E-cigarettes, also known as vapes, are battery-powered devices that are designed to heat a solid or liquid ("e-juice") into an aerosol, which is inhaled. Vapes/e-cigs have a capsule or chamber that holds liquid nicotine, salts, and flavourings. The aerosol looks like a mist or smoke when exhaled, but this is not called smoking, but 'vaping'.

"Vapes" or "e-cigarettes"?

The terms 'e-cigarettes' and 'vapes' can be confusing as they refer to the same technology.² The lack of distinction between products (whether they contain nicotine or not, and what they are called) makes it challenging for people to access relevant information make informed decisions.

A public health perspective favours the term 'e-cigarettes' rather than 'vapes'. As 'e-cigarettes' were originally developed and marketed as a tobacco smoking cessation tool. It is thought that by referring to them as such, will help maintain the link between e-cigarettes and tobacco products.

In contrast, others who work in schools, or and in treatment facilities will tend to use term "vaporizer" because this is the term commonly used by their clients and students.

Under Tasmania's *Public Health Act 1997*, all types of electronic smoking technologies are defined under the category of "personal vaporiser products", excluding nicotine replacement therapies (NRT).³ This is considered a 'catch all' to make sure all current and emerging smoking technologies are covered by law.

For this position paper, we use the term "vapes" when referring to smoking technologies because this is most common and widely understood term that is preferred by people who interact with our



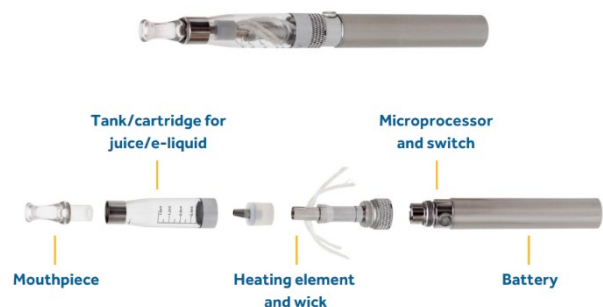
A lot of people are buying vapes in bulk and re-selling them cheaper than you can buy them online for.

Tasmanian with lived experience 

Vape/e-cigarette examples



Parts of a vaporiser/e-cigarette



² University of Sydney (2020) Positive Choices. Electronic Cigarettes and Vaping: Factsheet. Matilda Centre for Research in Mental Health and Substance Use. Accessed: <https://positivechoices.org.au/teachers/electronic-cigarettes-and-vaping-factsheet>

³ Public Health Act 1997 (Tas)



member organisations. We acknowledge that vaporisers are used for cannabis and other drugs, but we focus on vapes primarily for this position paper and from here-on will refer to the devices as vapes/e-cigs. Generally, we encourage anyone to use the terminology that makes sense for them when referring to vapes/e-cigs.

Where do you get vapes/e-cigs?

Tasmania's approach is to limit the accessibility and marketing of vapes/e-cigs with liquid nicotine. Since October 2021, it is illegal to possess liquid nicotine without a prescription from an Australian medical practitioner. This includes purchasing from overseas websites using the Personal Importation Scheme.⁴ Australian states and territories have different responses to the sales, use and purchasing of non-nicotine 'e-juice' and whether or not these activities fall under existing tobacco regulation⁵.

The Tasmanian *Public Health Act 1997* treats the regulation of non-nicotine vapes/e-cig products much in the same way as tobacco products, such as being banned within smoke-free areas and cannot be sold to people under the age of 18. Currently, Tasmanian retailers and tobacconists can only sell the devices themselves and any non-nicotine-based products (such as flavoured "e-juice") through an approved smoking product licence. Suppliers of these products must follow the same licensing, storage, and advertising laws as traditional tobacco products, such as storing them

behind locked doors, and following strict advertisement restrictions.⁶ In 2023, The Australian Medical Association called for greater regulation to address all smoking technologies, instead of regulating nicotine/non-nicotine products separately.⁷

Such arrangements are currently under review, with a recent announcement by the Federal Minister of Health in May 2023 signalling greater restrictions on commercial sales of non-nicotine vapes/e-cigs, as well as changes to packaging and other aspects to occur in the future.⁸

Currently however, anyone over the age of 18 can purchase non nicotine vapes/e-cigs, with legal restrictions and penalties for liquid nicotine. This regulatory approach is in place to prevent harm where possible whilst there is scientific uncertainty around liquid nicotine, and this response seems likely to change as new information and evidence emerges.⁹

There are also concerns that the use of vapes/e-cigs (both nicotine and non-nicotine) generally will re-normalise smoking and in doing so unwind the gains made in recent decades to reduce rates of smoking. Due to this, the Tasmanian Government supports greater regulation on the importation, advertising, and sales of these products¹⁰. There is a widespread call for stronger regulation to keep manufacturers and distributors accountable; and ensure buyers are fully informed of these products and their contents¹¹.

⁴ The Alcohol and Drug Foundation (n.d) Vaping in Australia: key statistics. Available: <https://adf.org.au/talking-about-drugs/vaping/vaping-youth/vaping-australia/>

⁵ Queensland Health (2021) Electronic cigarettes. Available: <https://www.health.qld.gov.au/public-health/topics/atod/tobacco-laws/electronic-cigarettes>

⁶ See Public Health Act 1997 and Guidelines for the Sale of Smoking Products, as mentioned in Public Health Services (2020) Smoking Products Retailer Guide. Accessed: https://www.health.tas.gov.au/sites/default/files/2021-11/Smoking_Products_Retailers_Guide_DoHTasmania_2020.pdf

⁷ The Australian Medical Association (2023), AMA Submission to Potential reforms to the regulation of nicotine vaping products. Accessed: <https://www.ama.com.au/articles/ama-submission-potential-reforms-regulation-nicotine-vaping-products>

⁸ Department of Health and Aged Care, 2023, Media Release, May 2023, *Taking action on smoking and vaping*, found here:

<https://www.health.gov.au/ministers/the-hon-mark-butler-mp/media/taking-action-on-smoking-and-vaping?language=en>

⁹ Department of Health and Aged Care (2019) Policy and regulatory approach to electronic cigarettes (e-cigarettes) in Australia. Available: <https://www.health.gov.au/resources/publications/policy-and-regulatory-approach-to-electronic-cigarettes-e-cigarettes-in-australia>

¹⁰ Tasmanian Department of Health (2022) The Tasmanian Tobacco Action Plan 2022-2026. Available: <https://www.health.tas.gov.au/sites/default/files/2022-08/DOH-Tobacco-%20Action%20Plan2022-2026.pdf>

¹¹ For more information, see: Greenhalgh, EM, Jenkins, S. & Scollo, M. (2022) 'Key Australian and international positions on e-cigarettes, health, and options for regulation'. In Greenhalgh, EM, Scollo, MM and Winstanley, MH [editors]. *Tobacco in Australia: Facts and issues*. Melbourne: Cancer Council Victoria; 2023. Available from: <https://www.tobaccoinAustralia.org.au/chapter-18-e-cigarettes/18-15-position-statements>



Who are using vapes/e-cigs?

Data from The National Drug Strategy Household Survey (2019) shows us that since 2016, vaping increased has increased in both tobacco smokers and non-smokers. In 2016, 6.8% of Australians aged 18-24 "vaped" and in 2019, this figure increased to 18.7%. In 2016, 3.6% of Australian aged 19-25 were vaping, and three years later in 2019, this figure rose to 13.7%.¹² In total, this means that in three years there was a significant uplift in the number of people choosing to vape in Australia.¹³ However, there are limits with this data because vapes/e-cigs can be used with nicotine and without, and this is not picked up currently. It is challenging to infer from population surveys as to how many people use the different array of products (those with or without nicotine) and thus estimate how many are likely to be dependent on nicotine.

“ It wasn't until I had \$60 to my name and wasn't going to be paid for a week. And I was like, do I buy a pack of smokes, or do I buy a vape? I think the cost benefit outweighs smokes. ”

Tasmanian with lived experience



Stock photo. Posed by model.

¹² However, these numbers were inclusive of nicotine and non-nicotine-based products, and due to this lack of clarity, is not a good indicator for nicotine dependency.

¹³ Australian Institute of Health and Welfare (2020), National Drug Strategy Household Survey 2019, AIHW, Canberra. Accessed: <https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey-2019/contents/summary>



What are the concerns?

Lack of evidence to support policy, prevention and treatment.

Vapes/e-cigs are evolving technologies and therefore, are mostly unregulated, from machine parts through to the liquid nicotine/non-nicotine juices. There are currently no strict labelling guidelines or safety standards for such products, which means those who purchase them are not legally protected or fully informed as to what they are purchasing. The concentration of nicotine in disposable vapes/e-cigs and e-liquid- vary from brand to brand, as they are not correctly labelled, buyers can be unaware of the dosages, particularly if they are not usually exposed to nicotine.¹⁴ Research has indicated that some advertised 'non-nicotine' products, once tested, have been found to contain traces of nicotine.¹⁵ Some flavourings and additives in 'non-nicotine' products are commonly found in soaps, food, and detergents, and have not been tested for safety, once heated and inhaled.¹⁶

The lack of research and regulation around the contents of e-liquids and the products more generally does not assist in formulating appropriate clinical guidelines and hinders primary prevention education. The ATDC recommends caution while we learn more about vapes/e-cigs and how best to regulate them, and ensure that we do not increase exclusion, stigmatisation, and discrimination for those who use.

Closer to home, there are minimal publicly available Tasmanian statistics on vaping, nor are there any Tasmanian studies which record vaping in terms of products, by nicotine, non-nicotine, or other drugs¹⁷. The Tasmanian Population Health Survey in 2020 stated that over the last decade, most Tasmanians who are daily and occasional smokers decreased since 2013.¹⁸ However, anecdotal evidence and media reporting suggests that where smoking has reduced, vaping has increased amongst children and young people. The lack of up-to-date, localised data on vaping means missed opportunities for responses from ATOD treatment, primary prevention and education efforts. Due to this, Tasmanian Public Health Service has included vaping in their *Healthy Tasmania Strategic Plan*¹⁹.

The absence of relevant statistics from a Tasmanian perspective demonstrates that the sector, may be falling behind on up-to-date knowledge, and do not know the full scope of vaping in the community. A recent surge in people using these products has been difficult for Tasmanian education, treatment, and support services to keep pace with. This rapidly changing landscape impacts ATOD services who are having to respond to the challenges without established clinical guidance.

“ We want to. But it is hard to take a harm minimisation perspective when we don't know the harm. ”
Tasmanian ATOD treatment service provider

¹⁴ Morean, M.E., Kong, G., Cavallo, D.A., Camenga, D.R. and Krishnan-Sarin, S (2016). Nicotine concentration of e-cigarettes used by adolescents. *Drug and alcohol dependence*, 167, pp. 224-227.

¹⁵ New South Wales Ministry of Health (2015). Are Electronic Cigarettes and E-liquids Safe? Accessed: <https://www.health.nsw.gov.au/tobacco/Factsheets/e-cigs-are-they-safe.pdf>

¹⁶ Chivers, E., Janka, M., Franklin, P., Mullins, B. and Larcombe, A., 2019. Nicotine and other potentially harmful compounds in "nicotine-free" e-cigarette liquids in Australia. *Med J Aust*, 210(3), pp.127-128.

¹⁷ Gall S, Waddingham S, (2022), 'E-cigarette knowledge, beliefs, access and use among Tasmanian youth aged 18-24', Tasmanian Department of Health, Hobart, Australia, pp. 1-32.

¹⁸ Tasmanian Department of Health (2020) Tasmanian Population Health Survey, 2019. Accessed:

https://www.health.tas.gov.au/sites/default/files/2022-05/tasmanian_population_health_survey_2019_key_findings.pdf

¹⁹ Jose K, Doherty B, Galvin L, and McGrath G.(2022) Healthy Tasmania Five-Year Strategic Plan Research and Evaluation Report 1 Baseline. Menzies Institute for Medical Research, University of Tasmania. Hobart, Australia.



Absence of clinical guidelines for vaping in client-centred treatment services.

There are ongoing debates on whether vapes/e-cigs can be a harm reduction tool or whether they are simply the cigarette's next evolution. The purpose of these devices may have originally been designed to help smoking cessation, but the diversity in product types suggest this purpose has become buried by new waves of recreational vapers.

Vaping products are not generally encouraged for cessation because they have not been approved by the *Therapeutic Goods Administration* (TGA) or the *Australian Medical Association*. The Tasmanian

“ For clients with really complex and long-term smoking issues and major health concerns, going off cigarettes and going to vapes is a good thing. It’s worked for a lot of people. For the right cohort, vaping is good. ”

Tasmanian ATOD treatment service provider



Stock photo. Posed by model.

Department of Health recommends nicotine NRT products because they have been clinically tested and follow quality and safety standards.²⁰ The Royal Australian College of General Practitioners (RACGP) encourage the use of current NRT first and foremost, before turning to liquid nicotine.²¹ The use of vapes/e-cigs as a cessation tool are not encouraged for young people who (due to age), do not have an extensive history with nicotine or tobacco use that NRT could address.

However, people seeking treatment across services in the ATOD sector may have complex needs where cessation from smoking may not be their top priority. In a treatment setting, switching to vapes/e-cigs can be seen as a better option than traditional cigarettes. This can also be the case for people experiencing co-occurring mental health and other drugs concerns. People may also change to or alternate between traditional tobacco and vapes/e-cigs simply because the latter is cheaper.²² High taxation of tobacco cigarettes means some Tasmanians may have shifted to new ways of getting nicotine.

Vapes/e-cigs have not yet been approved by the TGA, which means their role in smoking cessation is full of opportunity, hesitation, and resistance. These products can be viewed as a harm reduction tool because they contain fewer toxic chemicals than traditional cigarettes, which can decrease smoking-related harms.²³ However, there is reluctance to encourage vaping as a smoking cessation tool because there is a lack of evidence to support its usefulness, and the long-term health effects of these technologies and their products are not fully known.^{24, 25}

²⁰ Tasmanian Department of Health (2018) The State of Public Health Report. Accessed:

https://www.health.tas.gov.au/sites/default/files/2022-03/The_State_of_Public_Health_Tasmania_2018_DoHTasmania2018.pdf

²¹ Royal Australian College of General Practitioners (2019) RACGP Policy on vaping. Accessed: <https://www.racgp.edu.au/docs/default-source/advocacy-library/policy-on-electronic-cigarettes.pdf>

²² Robertson, L., Hoek, J., Blank, M.L., Richards, R., Ling, P. and Popova, L., 2019. Dual use of electronic nicotine delivery systems (ENDS) and smoked tobacco: a qualitative analysis. *Tobacco control*, 28(1), pp.13-19.

²³ Hajek, P., Etter, J.F., Benowitz, N., Eissenberg, T. and McRobbie, H (2014). Electronic cigarettes: review of use, content, safety, effects on smokers and potential for harm and benefit. *Addiction*, 109(11), pp.1801-1810.

²⁴ AM, E.B., Yazidjoglou, A., Brown, S., Nguyen, M., Martin, M., Beckwith, K., Daluwatta, A., Campbell, S. and Joshy, G., Electronic cigarettes and health outcomes: umbrella and systematic review of the global evidence. *The Medical journal of Australia*.

²⁵ Marques, P., Piqueras, L. and Sanz, M.J., (2021). An updated overview of e-cigarette impact on human health. *Respiratory research*, 22(1), pp.1-14.



It was a medical product; it was sold as a harm reduction tool to help people with a severe addiction. Somehow these products got into the mainstream and became mass produced, then it became a toy. That's the problem.



Tasmanian ATOD treatment service provider

The ATDC suggests any policy response must be finely balanced because increased regulation may risk excluding the needs of adult smokers with long-term smoking histories.²⁶ Particularly within the context of ATOD treatment and services, decisions to rule out vapes/e-cigs as a cessation method, can clash with professional and treatment frameworks that favour client centred care (meeting the client where they are at). The ATDC advocates that clinical guidelines are required to support community treatment organisations navigate the complexities of this issue.



He knows he's addicted, but he's going to quit when he's 14.

That's his plan.



Tasmanian ATOD educator

Community literacy and primary prevention

Research suggests that current and former tobacco smokers believe that vaping is less harmful and less addictive than mainstream tobacco smoking. With the addition of sweet flavourings, these products are becoming more appealing for experimental and first-time smokers.²⁷

Some young people see vaping as less harmful than other drugs, a belief which has been reinforced by the adults in their lives.²⁸ There is a rising concern that vapes/e-cigs are introducing nicotine to young people who would otherwise not have smoked tobacco cigarettes.

This is particularly relevant as vapes/e-cigs were designed to disrupt well-established smoking patterns in adults, whereas we are seeing an increase in their use by young people through peer relationships.²⁹

There is a lack of consistent primary prevention activities targeting the risk and protective factors that predict ATOD use. Additionally, there is widespread misinformation and inconsistent messaging in the public regarding these products, that can only be tackled by a consistent health promotion and health literacy response. For example, people who "vape" may not call themselves "smokers" but "vapers," which aids in distancing and diverting the conversation of smoking technologies away from nicotine dependency.³⁰

²⁶ Notley, C., Gentry, S., Cox, S., Dockrell, M., Havill, M., Attwood, A.S., Smith, M. and Munafò, M.R., 2022. Youth use of e-liquid flavours—a systematic review exploring patterns of use of e-liquid flavours and associations with continued vaping, tobacco smoking uptake or cessation. *Addiction*, 117(5), pp.1258-1272.

²⁷ Lung Foundation Australia (2021) Vaping and Young People. Accessed: <https://lungfoundation.com.au/wp-content/uploads/2021/07/Factsheet-Vaping-and-Young-People-For-Educators-Jul2021.pdf>

²⁸ Tasmanian Department of Health (2021) The Tasmanian Tobacco Control Plan Progress Report. Available: https://www.health.tas.gov.au/sites/default/files/2021-11/Tobacco_Control_Plan_2017-2021_Progress_Report_DoHTasmania2019.pdf

²⁹ Tokle, R., 2020. 'Vaping and fidget-spinners': a qualitative, longitudinal study of e-cigarettes in adolescence. *International Journal of Drug Policy*, 82, p.102791.

³⁰ Farrimond, H., 2017. A typology of vaping: Identifying differing beliefs, motivations for use, identity and political interest amongst e-cigarette users. *International Journal of Drug Policy*, 48, pp.81-90.



The ATDC believes that vaping nicotine and non-nicotine products is not recommended for children. However, in saying the above, young people can be supported to make informed decisions, with information and resources that are accessible, consistent, grounded in evidence-based research, and contemporary.

The ATDC also recommends a health-focused response that sees greater investment in prevention activities that will lead to a reduction in the uptake and use of vapes/e-cigs. The ATDC calls for an immediate investment in targeted actions that increase community literacy, awareness and increased knowledge on the health harms of vapes/e-cigs. The ATDC acknowledges some people may choose to use these products regardless of this and encourage other organisations to follow a harm reduction framework to minimise stigma associated with personal use.

Punitive action for personal use of liquid nicotine

Deterrence from taking up smoking through taxation and regulation of tobacco cigarettes has worked for lowering the average smoking age in young people.³¹ However, restrictions on the sale of liquid nicotine has only diverted people to access these illegally online. International websites easily provide individuals the ability to circumvent restrictions on the sale of liquid nicotine and for personal use without a medical prescription.³² The taxation model

applied to traditional cigarettes may only impact (or deter) some customers, as these products are predominately advertised, sold, and distributed online. The brand JUUL, who specialise in disposable products, made US\$650 million in 2017 from almost exclusively catering to online customers.³³ University of Sydney's *Generation Vape Study* (2022) found that nicotine vapes/e-cigs are widely accessible, regardless of a prescription, especially for adolescents (those aged 12-17 years of age) who can rely on friends, siblings, and parents to get vaping products on their behalf.³⁴

The ATDC does not support any kind of punitive measure to curb vaping. The example set by a Tasmanian school whereby toilet doors were removed to discourage vaping on school grounds is a response that ATDC does not support.³⁵ The ATDC notes that this measure has been applied in other jurisdictions and countries as a response to this issue and that a better approach is needed.

The ATDC advocates that the personal use of vapes/e-cig products should not subject an individual to criminal penalties. We do not support punitive measures for young people in the school environment, such as expulsion, or stigmatising actions taken by schools that aim to discourage the use of vapes/e-cigs³⁶, as this is not an effective approach to this issue³⁷.

³¹ Australian Bureau of Statistics 2020-21, Smoking, ABS, viewed 9 February 2023, <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/smoking/latest-release>

³² McCausland, K., Maycock, B., Leaver, T., Wolf, K., Freeman, B. and Jancey, J., 2021. "Is it banned? Is it illegal?": Navigating Western Australia's regulatory environment for e-cigarettes. *International Journal of Drug Policy*, 94, p.103-177.

³³ Huang, J., Duan, Z., Kwok, J., Binns, S., Vera, L.E., Kim, Y., Szczypka, G. and Emery, S.L., 2019. Vaping versus JUULing: how the extraordinary growth and marketing of JUUL transformed the US retail e-cigarette market. *Tobacco control*, 28(2), pp.146-151.

³⁴ Watts, C., Egger, S., Dossa, A., Brooks, A., Jenkinson, E., Grogan, P. and Freeman, B., 2022. Vaping product access and use among 14-17-year-olds in New South Wales: a cross-sectional study. *Australian and New Zealand Journal of Public Health*.

³⁵ Bailey and Garvey (2023) 'Taking the toilets was not the answer: Derwent valley mayor'. *The Mercury*. Available: <https://www.themercury.com.au/news/tasmania/new-norfolk-high-school-parents-start-petition-after-toilets-removed-in-bid-to-stop-vaping-smoking/news-story/d3e7440dc060cb36c6b1c590ff0b6fa9>

³⁶ Bailey and Garvey (2023) 'Taking the toilets was not the answer: Derwent valley mayor'. *The Mercury*. Available: <https://www.themercury.com.au/news/tasmania/new-norfolk-high-school-parents-start-petition-after-toilets-removed-in-bid-to-stop-vaping-smoking/news-story/d3e7440dc060cb36c6b1c590ff0b6fa9>

³⁷ Hemphill, S.A., Heerde, J.A., Herrenkohl, T.I., Toumbourou, J.W. and Catalano, R.F., 2012. The impact of school suspension on student tobacco use: A longitudinal study in Victoria, Australia, and Washington State, United States. *Health Education & Behavior*, 39(1), pp.45-56.