

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	The impact of workplace smoke-free policy on secondhand smoke exposure from cigarettes and exposure to secondhand heated tobacco product aerosol during COVID-19 pandemic in Japan: the JACSIS 2020 study.
AUTHORS	Takenobu, Koichiro; Yoshida, Satomi; Katanoda, Kota; Kawakami, Koji; Tabuchi, Takahiro

VERSION 1 – REVIEW

REVIEWER	Ruaraidh Dobson University of Stirling, Institute for Social Marketing & Health
REVIEW RETURNED	01-Nov-2021

GENERAL COMMENTS	<p>I thank the authors for this interesting analysis of survey data.</p> <p>HTP aerosol is mentioned frequently throughout the manuscript as a kind of second-hand smoke (SHS), but it is not defined. HTP aerosol is not simply another kind of SHS, it is qualitatively different (e.g. far fewer combustion products) and exposure is unlikely to be associated with the same degree of health effects. Please revise the language used to describe this.</p> <p>The conclusion that “HTPs may be used outside of smoking rooms” is interesting but seems to be based on a rather circuitous route through the data – were there no other questions on where HTPs were used?</p> <p>Does the conclusion that “complete smoking bans in the workplace were reaffirmed to be the best way to reduce SHS exposure from cigarettes and HTPs” not contradict the conclusion that “[temporary] closure of smoking spaces might contribute to increased SHS exposure from HTPs”? If not, it would be useful to comment on why.</p> <p>Respondents who didn’t go to their workplace were excluded from the study. In many countries ‘work from home’ policies were adopted during the Covid pandemic. In general, policies led to more affluent workers working from home while lower-SES workers continued to attend their workplaces. I’m not familiar with policies in Japan – would this have had an effect on the results/generalisability of the study?</p>
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REVIEWER	Rainer Reile National Institute for Health Development
REVIEW RETURNED	14-Nov-2021

GENERAL COMMENTS	Thank you for the opportunity to review your manuscript titled
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	<p>"Workplace smoke-free policy and secondhand smoke exposure from cigarettes and heated tobacco products during COVID-19 pandemic in Japan: the JACSIS 2020 study".</p> <p>It deals with the potential Covid-19-related impact on smoke-free policies in Japan and is definitely of interest as it provides an interesting case-study of Japan where smoking prevalence has been historically relatively high.</p> <p>While the policy-review was fine and followed the study aims, I felt that some claims could have been more specific (e.g. p 6, lines 55-58; p 7, lines 13-16).</p> <p>My main concerns relate to Materials and methods section, where I had following questions/comments:</p> <ul style="list-style-type: none"> * Which was the N for the sample from which data on 28,000 respondents was collected? * The survey methodology should be presented in more detailed manner. One can only deduce from the survey title that it was a web-survey. Also the 'computer -algorithm' as a mean to draw a sample is very vague. Given that the sample (again - which age-range was used?) was representative for age, sex and region(prefecture), it was probably a stratified sampling technique? After excluding non-eligible participants, did the approx 29% (8196/28,000) remaining participants were still somehow representative for the population? Were study weights applied in the analysis as well? * Why was 'missing' category for the income variable used as a valid category in the analysis (table 2)? Although item non-response was not reported in the paper, it is plausible that other background variables (e.g. education or self-rated health) could also have missing values. If list-wise exclusion was used in these cases, the same should have been done also for income. * Were there also other indicators available on the nature of work (manual, non-manual), employment sector (agriculture, industry, business..) or job skill/occupation - these factors could have been relevant when explaining the patterns between SHS exposure and smoke-free policies * Also, it would have been interesting to see how the SHS exposures (and their socio-demographic patterns) differed within complete and partial/no-ban workplaces; a stratified analysis or inclusion of interaction-terms could have given perhaps valuable insights. <p>Results section was pretty straight-forward. However the role of individual level covariates is barely mentioned. Also the choice of reference categories is not always clear (e.g. female vs males with higher SHS exposure; 50-64 years for age etc.). In general, these covariate patterns could be given bit more attention in the results and discussion sections.</p> <p>Discussion dwelled also mostly on the policy aspects (which given papers aim is OK). However the analysis could have been a bit more thorough. Again the (relatively) long list of background variables is covered only by one paragraph. The interesting variation between SHS exposure and individual harm awareness (table 1) was not discussed at all. If approx 30% of respondents were not sure about the harmful nature of SHS (table 1; 2480 of 8196 responding no or neither yes/no), perhaps the general smoke-free policies are missing its target?</p>
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	Given these aspects, I believe that this paper has a good potential and merit for the Journal's readers, but it would still need a bit of work.
REVIEWER	Catherine Egbe South African Medical Research Council, Alcohol, Tobacco and Other Drug
REVIEW RETURNED	05-Dec-2021
GENERAL COMMENTS	<p>Reviewer's feedback</p> <p>Manuscript: Workplace smoke-free policy and secondhand smoke exposure from cigarettes and heated tobacco products during COVID-19 pandemic in Japan: the JACSIS 2020 study</p> <p>General comment:</p> <p>Thank you for the opportunity to review this paper which concerns a very important topic on tobacco control, exposure to SHS. This paper is well written but needs some minor corrections to be made. I have therefore made some suggestions which should improve the quality of the paper if implemented.</p> <p>Introduction:</p> <ol style="list-style-type: none"> 1. Page 6, Line 3: Mention what was revised in the old law and what the provision of the new law is. 2. Page 6, line 58: revise phrase to read, "partial bans may not be as effective as no ban" 3. Page 7, line 1: change "an argument" to "a call". Also add who made this call (the public?) 4. Page 7, line 7: revise sentence to read, " for example, many indoor smoking spaces were closed." 5. Page 7, line 13: Delete this phrase at the beginning of the sentence "it is reported that" 6. Page 7, line 16: delete "could" 7. Page 7, lines 25-29. Revise or delete sentence beginning with "SHS..." <p>Materials and Methods:</p> <ol style="list-style-type: none"> 8. Page 8, line 13: the word "jobless" sounds offensive, consider revising to "people out of jobs" or something similar 9. Page 8, line 22: What was done here? Probably say participants who fall within any of the exclusion criteria were excluded from the study <p>Ethical issues:</p> <ol style="list-style-type: none"> 10. Page 10, line 28: add a ref for the sentence ending in "2013" <p>Discussion:</p> <ol style="list-style-type: none"> 11. Page 12, line 39: delete the word "in" 12. Limitations - Page 15, line 46: add "globally" after the last word on this section

VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Comment 1: HTP aerosol is mentioned frequently throughout the manuscript as a kind of second-hand smoke (SHS), but it is not defined. HTP aerosol is not simply another kind of SHS, it is qualitatively different (e.g. far fewer combustion products) and exposure is unlikely to be associated with the same degree of health effects. Please revise the language used to describe this.

Response: Thank you for your suggestion. We have revised the expression into “exposure to secondhand HTP aerosol” in the manuscript.

Comment 2: The conclusion that “HTPs may be used outside of smoking rooms” is interesting but seems to be based on a rather circuitous route through the data – were there no other questions on where HTPs were used?

Response: Thank you for pointing this out. Since there were no questions on where HTPs were used, we are unable to identify where HTPs were used in workplaces. In our study, however, temporary closure of smoking rooms contributed to increased exposure to secondhand HTP aerosol. The 2019 Japan Society and New Tobacco Internet Survey (JASTIS) study [26] whose respondents included those that registered with the same Japanese internet survey agency as those in our study, reported that 11.9% of HTP users had used HTPs at smoke-free locations including the workplace. Additionally, approximately one-fourth of the HTP users misunderstood that HTP use was not prohibited in places where smoking was prohibited, and these respondents were likely to use HTPs in such locations. Considering these findings, HTPs might have been used outside of temporarily closed smoking spaces during COVID-19 pandemic. To clarify this discussion, we have revised the following sentences in the Discussion: “Our study showed that temporary closure of smoking spaces did not have a significant effect on SHS exposure from cigarettes but rather contributed to increased exposure to secondhand HTP aerosol. According to the 2019 Japan Society and New Tobacco Internet Survey (JASTIS) study whose respondents included those that registered with the same internet survey agency as those in our study, 11.9% of HTP users had used HTPs in smoke-free locations.[26] Moreover, approximately one-fourth of the HTP users thought that HTP use was not prohibited in places where smoking was not allowed, and these respondents were likely to use HTPs in such locations.[26] Considering these findings, HTPs might have been used outside the temporarily closed smoking spaces.” (Page 18, Lines 25-46)

[26] Kiyohara K, Tabuchi T. Use of heated tobacco products in smoke-free locations in Japan: the JASTIS 2019 study. *Tob Control* 2020;tobaccocontrol-2020-055951. doi: [10.1136/tobaccocontrol-2020-055951](https://doi.org/10.1136/tobaccocontrol-2020-055951). Online ahead of print.

Comment 3: Does the conclusion that “complete smoking bans in the workplace were reaffirmed to be the best way to reduce SHS exposure from cigarettes and HTPs” not contradict the conclusion that “[temporary] closure of smoking spaces might contribute to increased SHS exposure from HTPs”? If not, it would be useful to comment on why.

Response: Thank you for pointing this out. We consider that these two conclusions are not contradictory. According to several previous studies [30, 31], complete smoking bans are the best way to reduce SHS exposure. SHS exposure was expected to decrease in workplaces that had adopted partial smoking bans but had substantially shifted towards complete smoking bans by permanently closing their smoking spaces. However, the closure of smoking spaces examined in our study was only a temporary one under the COVID-19 pandemic and this temporary closure of smoking spaces had no significant effect on SHS exposure from cigarettes and contributed to increased exposure to secondhand HTP aerosol. These results suggested that temporary closure of smoking spaces is insufficient and the permanent transition to complete smoking bans is necessary to especially reduce exposure to secondhand HTP aerosol. To clarify this discussion, we have added the following descriptions in the Discussion: “As mentioned in the previous paragraph, we examined

the effect of temporary closure of smoking spaces on SHS exposure. According to previous studies [30, 31], SHS exposure was expected to decrease in workplaces that had adopted partial bans but had substantially shifted towards complete bans by permanently closing smoking spaces. However, the closure of smoking spaces examined in our study was a temporary one during COVID-19 pandemic, and this temporary closure had no significant effect on SHS exposure from cigarettes and contributed to increased exposure to secondhand HTP aerosol. Temporary closure of smoking spaces is insufficient, and permanent transition to complete bans might be necessary to especially reduce exposure to secondhand HTP aerosol.” (Page 19, Line 52 – Page 20, Line 10)

[30] Lin HX, Liu Z, Chang C. The effects of smoke-free workplace policies on individual smoking behaviors in China. *Nicotine Tob Res* 2020;22:2158–63. doi: [10.1093/ntr/ntaa112](https://doi.org/10.1093/ntr/ntaa112).

[31] Tabuchi T, Colwell B. Disparity and Trends in Secondhand Smoke Exposure among Japanese Employees, Particularly Smokers vs. Non-Smokers. *PLOS ONE* 2016;11:e0152096. doi: [10.1371/journal.pone.0152096](https://doi.org/10.1371/journal.pone.0152096). eCollection.

Comment 4: Respondents who didn't go to their workplace were excluded from the study. In many countries 'work from home' policies were adopted during the Covid pandemic. In general, policies led to more affluent workers working from home while lower-SES workers continued to attend their workplaces. I'm not familiar with policies in Japan – would this have had an effect on the results/generalisability of the study?

Response: Thank you for providing these insights. Respondents who did not go to their workplaces were excluded because they were not the population at risk. As you mentioned, in our study, more affluent and more educated workers were likely to adopt the “work from home” policies. However, only 6.2% of respondents who did not go to their workplaces adopted the “work from home” policies and we have already conducted an analysis by adding SES (equivalent household annual income and educational level) as covariates. Moreover, we conducted another analysis with whether respondents adopted “work from home” policies or not added as a covariate, but it had little effect on the results. Taking all these into consideration, the characteristics of participants who adopted the “work from home” policies may not have a significant effect on the results of our study.

Among population at risk, people who worked more frequently from home than before COVID-19 pandemic might be less exposed to SHS from cigarettes and secondhand HTP aerosol. However, we are unable to examine this because this is a cross-sectional study. We have added these descriptions to the Limitations part of the Discussion as follows: “Similarly, we are unable to examine the effect of “work from home” policies although people who worked more frequently from home than before COVID-19 pandemic might be less exposed to SHS from cigarettes and secondhand HTP aerosol.” (Page 22, Lines 10-16)

Reviewer: 2

Comment 1: While the policy-review was fine and followed the study aims, I felt that some claims could have been more specific (e.g. p 6, lines 55-58; p 7, lines 13-16).

Response: Thank you for your suggestions. We revised the former text as follows: “However, a previous study that analysed 11,090 Japanese employees aged 20-64 years in 2011 by using a nationally-representative, population-based cross-sectional study suggested that partial bans may not be as effective as no ban.” (Page 7, Lines 55-60) and the latter text as: “According to a previous study conducted during February-March 2020 with individuals aged 15-74 years (n=9,044), the prevalence of current HTP use was 10.9% in 2020 in Japan.” (Page 8, Lines 19-22)

Comment 2: Which was the N for the sample from which data on 28,000 respondents was collected?

Response: Thank you for pointing this out. The target number of 28,000 respondents was determined according to the population distribution by sex, age, and prefecture categories in 2019 and based on the available survey budget. We have added a description in the Data subsection of the Materials and Methods section as follows: “We set a target sample size of 28,000 people, based on a statistical presumption (i.e., each age and sex stratum required sufficient numbers to estimate the proportion of events) and available survey budget.” (Page 9, Lines 1-7)

Comment 3: The survey methodology should be presented in more detailed manner. One can only deduce from the survey title that it was a web-survey. Also the 'computer -algorithm' as a mean to draw a sample in very vague. Given that the sample (again - which age-range was used?) was representative for age, sex and region(prefecture), it was probably a stratified sampling technique?

After excluding non-eligible participants, did the approx 29% (8196/28,000) remaining participants were still somehow representative for the population? Were study weights applied in the analysis as well?

Response: In our study, we used Rakuten Insight which is a commercial based internet survey agency that pooled about 2,200,000 panels in Japan. Our questionnaires were distributed from 25 August 2020 to 30 September 2020, when the targeted number of respondents was reached (28,000 participants) by sex, age, and prefecture categories. This had been determined in advance according to the population distribution in 2019. Using a computer algorithm, a random sampling method was used to recruit participants for this study. To clarify our recruitment process, we have added descriptions in the Data subsection of the Materials and Methods section as follows: “Our questionnaires were distributed from 25 August 2020 to 30 September 2020, when the target numbers by sex, age, and prefecture category was achieved.” (Page 8, Lines 49-55) and “Using a computer algorithm, a random sampling method was used to recruit participants for this study. We set a target sample size of 28,000 people, based on a statistical presumption (i.e., each age and sex stratum required sufficient numbers to estimate the proportion of events) and available survey budget.” (Page 8, Line 60 – Page 9, Line 7)

However, only 8,196 participants remained after the non-eligible participants were excluded, and that number may not have been an adequate sample size for our study. We have added these descriptions in the limitations of the Discussion as follows: “However, our hypothesis was limited to non-smoking employees, and the 8,196 sample size of our study was determined *post hoc* and may not have been an adequate sample size for our study.” (Page 21, Line 58 – Page 22, Line 1)

Comment 4: Why was 'missing' category for the income variable used as a valid category in the analysis (table 2)? Although item non-response was not reported in the paper, it is plausible that other background variables (e.g. education or self-rated health) could also have missing values. If list-wise exclusion was used in these cases, the same should have been done also for income.

Response: Thank you for pointing this out and we apologize for our mistake. That category of the income variable is not "Missing" but "Did not know/did not want to answer". Moreover, no other background variables had missing values due to the nature of the internet survey. We have revised "Missing" into "Did not know/did not want to answer" in Table1, Table2, Supplemental Table1, and Supplemental Table2 and added "No variables had missing values" to the Measures subsection in the Materials and Methods. (Page 11, Line 22)

Comment 5: Were there also other indicators available on the nature of work (manual, non-manual), employment sector (agriculture, industry, business..) or job skill/occupation - these factors could have been relevant when explaining the patterns between SHS exposure and smoke-free policies

Response: Thank you for pointing this out. We performed a re-analysis by adding employment pattern and labour type as covariates. Employment pattern was categorised as permanent employee, company executive, temporary employee, part-time employee, and self-employed. Labour type was categorised as manual and non-manual labour. Both of them were significantly associated with SHS exposure from cigarettes and exposure to secondhand HTP aerosol. We have added these descriptions to the Measures subsection in the Materials and Methods as follows: "employment pattern (permanent employee, company executive, temporary employee, part-time employee, and self-employed); and labour type (manual and non-manual labour) were also classified. No variables had missing values". (Page 11, Lines 16-22) We have added the ORs and 95% CIs for employment pattern and labour type in the Results (Page 17, Lines 25-28 and 46-52), and employment pattern and labour type as background variables in Table1, Table2, Supplemental Table1, and Supplemental Table2.

Comment 6: Also, it would have been interesting to see how the SHS exposures (and their socio-demographic patterns) differed within complete and partial/no-ban workplaces; a stratified analysis or inclusion of interaction-terms could have given perhaps valuable insights.

Response: Thank you for providing these insights. We conducted an additional stratified analysis to see the difference in the association between SHS exposure and other socio-demographic patterns within complete bans and partial/no-bans. However, there was no significant difference within complete bans and partial/no bans (data not shown). We have added these descriptions to the Discussion as follows: "It could be possible that associations between socio-demographic patterns and SHS exposure within complete smoking bans differ from those within partial smoking bans, but there was no significant difference within complete and partial/no bans (data not shown)." (Page 21, Lines 1-7)

Comment 7: Results section was pretty straight-forward. However, the role of individual level covariates is barely mentioned. Also, the choice of reference categories is not always clear (e.g., female vs males with higher SHS exposure; 50-64 years for age etc.). In general, these covariate patterns could be given bit more attention in the results and discussion sections.

Response: Thank you for your suggestions. We have added the descriptions about Table 1 to the Results as follows: "Other characteristics of the participants exposed to SHS from cigarettes and secondhand HTP aerosol at workplace were: male, younger age, lower level of education, lower equivalent household income, lower regional infection status of COVID-19, no recognition of the adverse health effects of SHS exposure, worse self-rated health status, permanent employment, and manual labour." (Page 12, Line 58 – Page 13, Line 7) We have revised the choice of reference categories and set the low-risk category as the reference (e.g., male for sex, 65-79 years for age). We have added the results of the associations between socio-demographic patterns and SHS exposure to the Results (Page 17, Lines 7-52). In summary, the male sex, younger age, less education, low income, no recognition of the adverse health effects of SHS exposure, bad self-rated health status, permanent employment, and manual labour were significantly associated with SHS exposure from cigarettes and exposure to secondhand HTP aerosol.

Comment 8: Discussion dwelled also mostly on the policy aspects (which given papers aim is OK). However, the analysis could have been a bit more thorough. Again the (relatively) long list of background variables is covered only by one paragraph. The interesting variation between SHS exposure and individual harm awareness (table 1) was not discussed at all. If approx. 30% of respondents were not sure about the harmful nature of SHS (table 1; 2480 of 8196 responding no or neither yes/no), perhaps the general smoke-free policies are missing its target?

Response: Thank you for pointing this out. As the reviewer suggested, we have discussed associations between SHS exposure and background variables more thoroughly in the Discussion. Lack of recognition of adverse health effects of SHS exposure contributed to increased SHS exposure from cigarettes and exposure to secondhand HTP aerosol. People who did not understand the effect might be careless and be less likely to avoid SHS exposure. Moreover, as the reviewer indicated, approximately 30% of respondents were not sure about the adverse health effects of SHS exposure. Although people with less education tend to ignore the effect, this high rate might be attributed to incomplete smoke-free policies which allow partial bans. The comprehensive smoke-free regulation may give such people a chance to know the adverse effects of SHS exposure. We have added the descriptions in the Discussion as follows: "No recognition of adverse health effects of SHS exposure contributed to increased SHS exposure from cigarettes and exposure to secondhand HTP aerosol. People who did not understand the adverse effects might be careless and less likely to avoid SHS exposure. Moreover, approximately 30% of respondents were not sure about the adverse effects of SHS exposure. Although less educated people tend to ignore such effects of SHS exposure, this high rate might be attributed to incomplete smoke-free policies, which allow partial bans as an option. The comprehensive smoke-free regulation is essential to give such people a chance to know the adverse effects of SHS exposure." (Page 20, Line 46 – Page 21, Line 1)

Reviewer: 3

Comment 1: Page 6, Line 3: Mention what was revised in the old law and what the provision of the new law is.

Response: Thank you for pointing this out. We have revised the sentence to explain the smoke-free regulation in Japan as follows: “In Japan, the Health Promotion Law was revised to include the regulation to prohibit indoor smoking as a matter of principle in 2018 with fines, and this amendment came into force in April 2020.[9] However, many exemptions were added, where partial smoking bans were allowed (i.e., indoor smoking spaces have remained unprohibited).[9-12]” in the Introduction (Page 7, Lines 37-46).

[9] Ministry of Health, Labour and Welfare. Workplace smoke-free guideline. *Mhlw*. (Accessed Mar 25, 2021 at) <https://www.2019.go.jp/content/000524718.pdf>).

[10] Katanoda K, Jiang Y, Park S et al. Tobacco control challenges in East Asia: proposals for change in the world’s largest epidemic region. *Tob Control* 2014;23:359–68. doi:[10.1136/tobaccocontrol-2012-050852](https://doi.org/10.1136/tobaccocontrol-2012-050852).

[11] Tabuchi T, Hoshino T, Hama H et al. Complete workplace indoor smoking ban and smoking behavior among male workers and female nonsmoking workers’ husbands: a pseudo cohort study of Japanese public workers. *BioMed Res Int* 2014;2014:303917. doi:[10.1155/2014/303917](https://doi.org/10.1155/2014/303917).

[12] Ministry of Health, Labour and Welfare. Workplace smoke--free guideline. <https://www.mhlw.go.jp/houdou/2003/05/h0509-2.html> (Accessed Mar 25, 2021) 2003.

Comment 2: Page 6, line 58: revise phrase to read, “partial bans may not be as effective as no ban”

Response: We have revised the phrase as the reviewer suggested. (Page 7, Line 60)

Comment 3: Page 7, line 1: change “an argument” to “a call”. Also add who made this call (the public?)

Response: Thank you for pointing this out. We have revised the phrase into “a call by Japan Society for Tobacco Control”. (Page 8, Line 4)

Comment 4: Page 7, line 7: revise sentence to read, “for example, many indoor smoking spaces were closed.”

Response: We have revised the sentence as the reviewer suggested. (Page 8, Line 10)

Comment 5: Page 7, line 13: Delete this phrase at the beginning of the sentence “it is reported that”

Response: We have deleted the phrase: “it is reported that,” as the reviewer suggested.

Comment 6: Page 7, line 16: delete “could”

Response: We have deleted the word “could” as the reviewer suggested.

Comment 7: Page 7, lines 25-29. Revise or delete sentence beginning with “SHS...”

Response: Thank you for pointing this out. This sentence appeared to be meaningless and we have deleted it.

Comment 8: Page 8, line 13: the word “jobless” sounds offensive, consider revising to “people out of jobs” or something similar

Response: Thank you for your pointing out. We have revised the word “jobless” into “people out of jobs” as the reviewer suggested. (Page 9, Lines 34-37)

Comment 9: Page 8, line 22: What was done here? Probably say participants who fall within any of the exclusion criteria were excluded from the study

Response: Thank you for pointing this out. This sentence may be complicated. We have revised the sentence into “Thus, participants who met any of the exclusion criteria were excluded from this study”. (Page 9, Lines 40-43)

Comment 10: Page 10, line 28: add a ref for the sentence ending in “2013”

Response: Thank you for pointing this out. We have added the reference: [25] World Medical Association (WMA). World Medical Association Declaration of Helsinki: ethical principles for medical research involving human subjects. *JAMA* 2013;310:2191-4. doi: 10.1001/jama.2013.281053 (Page 11, Line 58)

Comment 11: Page 12, line 39: delete the word “in”

Response: We have deleted the word “in” as the reviewer suggested.

Comment 12: Page 15, line 46: add “globally” after the last word on this section

Response: We have added the word “globally” as the reviewer suggested. (Page 22, Line 22)

VERSION 2 – REVIEW

REVIEWER	Ruaraidh Dobson University of Stirling, Institute for Social Marketing & Health
REVIEW RETURNED	04-Feb-2022
GENERAL COMMENTS	Thank you for addressing my concerns. I have no further comments to make.