

**QoN 008-01 In your opening statement, you mentioned the possibility of pharmacists to be able to prescribe the use of nicotine in e-cigarettes.**

- a. Could you elaborate the reasons why you've made this suggestion?**
- b. Would you foresee any problems with allowing prescriptions out of pharmacists?**
- c. Do you believe that this is an option the TGA should consider as they determine how to structure the prescription pathway?**

**a. Response:**

Pharmacists are highly trained health professionals who are experienced in prescribing (Schedules 2, 3 and unscheduled medicines) and dispensing medicines (all schedules). In our view they would be as capable of advising on nicotine vaping products as medical practitioners. Adding the extra cost and time required for a consultation with a medical practitioner creates barriers to people who smoke to access substitute products that have lower risk products than cigarettes. Making these products very difficult to access while cigarettes remain widely accessible has the perverse effect of making the most harmful product easier to purchase than a lower risk alternative (e.g. see Hall et al 2015). Efforts also need to be made to reduce the widespread availability of tobacco cigarettes.

Pharmacists can provide advice on smoking cessation, organise referral to additional support if indicated (e.g. quitline counselling or a medical practitioner for prescription medicines). They can supply other approved nicotine replacement products without the need for a medical prescription. Pharmacists can also collect data for monitoring purposes (e.g. they monitor the supply of pseudoephedrine preparations).

A pharmacist prescribing model is still much more restrictive than the regulation of tobacco cigarettes but pharmacists are more accessible than medical practitioners. Most people in Australia have relatively easy access to a pharmacist without the need for an appointment. It would reflect the government's policy preference for maintaining a therapeutic framework for nicotine vaping products.

Research among pharmacy staff found that 39% of pharmacy staff surveyed in 2015 reported having been asked by customers about vaping products, indicating that many consumers already see pharmacies as a place that may supply these products (Erku et al, 2019).

**References**

Hall W, Gartner C, Forlini C. Ethical issues raised by a ban on the sale of electronic nicotine devices. *Addiction*. 2015;110(7):1061–7. doi: 10.1111/add.12898.

Erku DA, Gartner CE, Do JT, Morphett K, Steadman KJ. Electronic nicotine delivery systems (e-cigarettes) as a smoking cessation aid: A survey among pharmacy staff in Queensland, Australia. *Addictive Behaviors*. 2019 Apr 1;91:227-33.

**b. Response:**

Some pharmacists may be reluctant to prescribe and dispense nicotine vaping products, similar to the response we have seen from some medical practitioners.

A review of Australian pharmacy news media found that nicotine vaping products were presented negatively with an emphasis on potential risks rather than potential benefits and these articles often had alarmist headlines (Erku et al 2020). Given this negatively framed information targeted at pharmacists, it may take considerable education and encouragement from the TGA for pharmacists to agree to supply nicotine vaping products to people who smoke.

In a survey of pharmacy staff (Erku et al 2019), supply by pharmacies was the option that received the most support with 24% supporting direct supply by pharmacists (as a schedule 2 or 3 medicine) and 21% supporting supply by pharmacists with a medical prescription. However, since there was no clear majority support for a particular model it is uncertain what proportion of pharmacists will supply nicotine vaping products to people who smoke.

In a survey of pharmacy customers, regulation as a tobacco product was the preferred regulatory option of tobacco smokers (62% support). Regulation as a medicinal product was the next most supported option (22% support) (Erku et al 2019). In a survey conducted in 2014 of people who vape, very few respondents supported restricting supply of nicotine vaping products to pharmacies either supplied as a Schedule 2 medicine (7%), a Schedule 3 medicine (6%), or with a doctor's prescription (2%) (Fraser et al, 2015).

Since supply via pharmacies is not the preferred option of the target consumer groups, it is unclear how many consumers would make the switch from cigarettes to nicotine vaping under a pharmacy supply model.

**References**

Erku, D.A., Zhang, R., Gartner, C.E., Morphett, K. and Steadman, K.J. (2020), How are nicotine vaping products represented to pharmacists? A content analysis of Australian pharmacy news sources. *Int J Pharm Pract*, 28: 390-394. <https://doi.org/10.1111/ijpp.12623>

Erku DA, Gartner CE, Do JT, Morphett K, Steadman KJ. Electronic nicotine delivery systems (e-cigarettes) as a smoking cessation aid: A survey among pharmacy staff in Queensland, Australia. *Addictive behaviors*. 2019 Apr 1;91:227-33.

Erku DA, Gartner CE, Tengphakwaen U, Morphett K, Steadman KJ. Nicotine vaping product use, harm perception and policy support among pharmacy customers in Brisbane, Australia. *Drug and Alcohol Review*. 2019 Sep;38(6):703-11.

Fraser D, Weier M, Keane H, Gartner C. Vapers' perspectives on electronic cigarette regulation in Australia. *International Journal of Drug Policy*. 2015 Jun 1;26(6):589-94.

**c. Response:**

Yes, we believe that this is a viable option that the TGA should seriously consider as a compromise that increases accessibility for people who smoke who would like to use nicotine vaping products as a lower risk alternative to cigarettes, but it is still is a highly restrictive model.

Rather than imposing the SAS Category B option, TGA could use the SAS Category C pathway and specify pharmacists as a category of health practitioner authorised to supply nicotine liquids for vaping. This would provide a more streamlined process. We have discussed the pros and cons of different regulatory options for supply of nicotine liquid, including discussion of the SAS Category C option in previous publications (Gartner et al, 2018; Gartner and Hall, 2015). The incorporation of nicotine vaping into clinical practice in England stop smoking clinics and guidelines for clinicians to use nicotine vaping products in this way provides an example of this use (see NCSCCT briefing).

References

Gartner C, Bromberg M, Musgrove T, Luong K. Vape Club: Exploring Non-Profit Regulatory Models for the Supply of Vaporised Nicotine Products. *International journal of environmental research and public health*. 2018 Aug;15(8):1744.

Gartner C, Hall W. A licence to vape: Is it time to trial of a nicotine licensing scheme to allow Australian adults controlled access to electronic cigarettes devices and refill solutions containing nicotine?. *International Journal of Drug Policy*. 2015 Jun 1;26(6):548-53.

McEwen A, McRobbie H. Electronic cigarettes: a briefing for stop smoking services. *National Centre for Smoking Cessation and Training*. 2016.