

**PARLIAMENTARY INQUIRY QUESTION ON NOTICE**

**Department of Health**

**Select Committee on Tobacco Harm Reduction**

**Tobacco Harm Reduction**

**13 November 2020**

**PDR Number: IQ20-000716**

**Prescription model**

**Spoken**

**Hansard Page number: 10**

**Senator: Matthew Canavan**

**Question:**

Senator CANAVAN: Is there any other country in the world that has adopted the prescription model for all delivery of liquid nicotine products?

Dr Skerritt: Not at this stage. There are a range of other countries that have absolute prohibitions on vaping. Recognising the fact that some individuals would like to explore this avenue with their doctor, the prescription model does give individuals that opportunity in Australia.

Senator CANAVAN: What evidence base have we used to adopt a model that hasn't been adopted in any other country?

Dr Skerritt: The evidence base is: one of the best people to work with an individual on smoking cessation is their general practitioner, who understands their full health and their medical history. There's a lot of evidence, also, that having a mentor, a coach or another individual involved in smoking cessation discussions will increase the success of smoking cessation, rather than not talking to anyone about it.

Senator CANAVAN: But how can there be any evidence if no other country has adopted it? I would have presumed evidence requires real-world data.

Dr Skerritt: There is evidence that the involvement of a health care professional in smoking cessation attempts is more successful than not involving a health care professional.

Senator CANAVAN: Can you take those studies on notice?

Dr Skerritt: We're happy to provide references to that

**Answer:**

The 2020 United States Surgeon General's report on smoking cessation concluded that the likelihood of successfully quitting smoking is increased when approved smoking cessation pharmacotherapies and behavioural counselling are used, and are even more effective

when used in combination.<sup>1</sup> The report asserts that this is *'in part because it allows healthcare professionals who are delivering the behavioural therapy to instruct smokers on using cessation medications properly, managing side effects from the medications, understanding and managing cravings and withdrawal symptoms, and simultaneously addressing the behavioural aspects of tobacco dependence'*. Other studies have provided broadly similar findings that smoking cessation advice and behavioural support from a healthcare professional provides an additional benefit in increasing quit rates.<sup>2,3</sup>

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<sup>1</sup> US Department of Health and Human Services. Smoking cessation. A report of the Surgeon General. Rockville: Public Health Service, Office of the Surgeon General; Atlanta: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2020. Available from: <https://www.hhs.gov/sites/default/files/2020-cessation-sgr-full-report.pdf>.

<sup>2</sup> Hartmann-Boyce J, Hong B, Livingstone-Banks J, Wheat H and Fanshawe TR. Additional behavioural support as an adjunct to pharmacotherapy for smoking cessation. Cochrane Database of Systematic Reviews 2019; (6): CD009670. doi: 10.1002/14651858.CD009670.pub4.

<sup>3</sup> Stead LF, Buitrago D, Preciado N, Sanchez G, Hartmann-Boyce J and Lancaster T. Physician advice for smoking cessation. Cochrane Database of Systematic Reviews 2013; (5): CD000165. doi: 10.1002/14651858.CD000165.pub4.