

12 November 2020

The Secretariat  
Advisory Committee on Medicines Scheduling  
Therapeutic Goods Administration

By email to: [medicines.scheduling@health.gov.au](mailto:medicines.scheduling@health.gov.au)

Dear Secretariat

**Re: Interim decision to amend the current Poisons Standard in relation to nicotine, Joint ACMS-ACCS meeting #25, June 2020.**

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to provide input into the inquiry into interim decision to strengthen the current Poisons Standard in relation to nicotine by the Therapeutic Goods Authority (TGA).

The RANZCP is the principal organisation representing the medical specialty of psychiatry in Australia and New Zealand and is responsible for training, educating and representing psychiatrists on policy issues. The RANZCP has more than 6900 members and is guided on policy matters by a range of expert committees including the Faculty of Addiction Psychiatry, which is well placed to provide advice on this issue.

The TGA interim decision aims to strengthen nicotine in the Poison Standard to provide further clarity of, and close, regulatory gaps in the use of e-cigarettes and reinforce them as a medically supervised smoking cessation tool. We would like to emphasise that psychiatrists play a significant role in assisting with smoking cessation. As highlighted in the College's [Position Statement 97: E-cigarettes and Vaporisers](#), the RANZCP advocates for targeted support for individuals who have not been able to successfully quit using existing strategies, and who may not be ready to cease tobacco use due to social and psychological factors, where harm reduction may play a role. Many of the individuals that psychiatrists support fall into this latter category.

People with severe mental health conditions are more likely to smoke than the general population.[1] The RANZCP recommends that the TGA consider, with further restriction of vaping nicotine, how to ensure people, particularly those with severe mental health conditions, do not return to smoking cigarettes. For example, severe anxiety may make people with severe mental health conditions reluctant to seek a prescription from a medical professional, particularly if access to nicotine is long term and there are fears of stigma and discrimination attached to the prescription request. This may be particularly relevant in areas where there are limited options to seek medical advice such as rural and remote areas.

It is of paramount importance that health professionals keep the individuals they support at the centre of their focus by listening to their experiences and supporting their autonomy whilst also informing them of the current evidence base and offering options for safe and effective care.

The RANZCP strongly supports and urges that further research is required to ascertain the safety and effectiveness of vaporisers as tools for smoking cessation.

To discuss any of the issues raised in this letter, please contact Rosie Forster, Executive Manager, Practice, Policy and Partnerships Department via [rosie.forster@ranzcp.org](mailto:rosie.forster@ranzcp.org) or by phone on (03) 9601 4943.

Yours sincerely



Associate Professor John Allan  
**President**

Ref: 1991

#### Reference

1. Gilbody S, Peckham E, Bailey D, Arundel C, Heron P, Crosland S, et al. Smoking cessation for people with severe mental illness (SCIMITAR+): a pragmatic randomised controlled trial. *The Lancet Psychiatry*. 2019;6(5):379-90.