



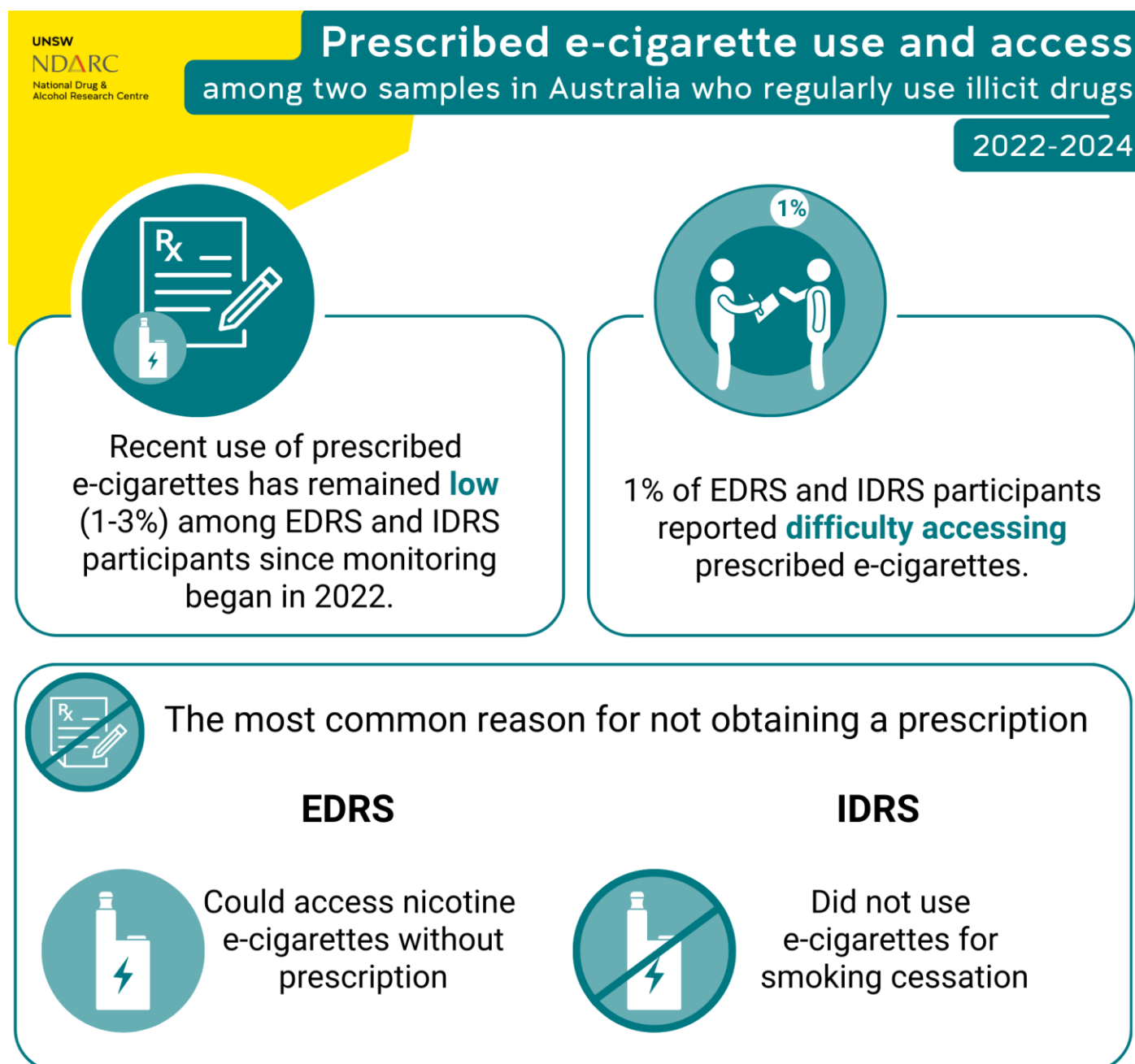
Prescribed e-cigarette use and access among two samples in Australia who regularly use illicit drugs, 2022-2024

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Key Findings



Based on two national samples of people who use drugs in Australia and were interviewed as part of the Illicit Drug Reporting System (IDRS) and Ecstasy and Related Drugs Reporting System (EDRS) from 2022 to 2024.

Introduction

Electronic cigarettes, also known as e-cigarettes or vapes, are battery-powered devices that vaporise e-liquids, commonly referred to as vape juice. These liquids can contain a variety of flavours and substances, such as nicotine. E-cigarettes are available in a range of shapes and sizes, from cigarette-like models to larger, more customisable options.

In 2021, regulations were introduced requiring individuals to obtain a prescription from a medical practitioner to legally access e-cigarettes containing nicotine. This prescription-only model restricted legal access to individuals aged 18 years and over who were using the products for smoking cessation purposes, while prohibiting all other non-prescribed use (1).

While data suggest these regulations have had little impact on the use of non-prescribed e-cigarettes containing nicotine (2), there has been little research that has explicitly examined engagement with the prescription model. Analyses of submissions from people who use e-cigarettes to the Therapeutic Goods Administration's public consultation found that a prescription model was perceived as having numerous negative consequences (e.g., consumers returning to tobacco smoking; the prescription model was difficult/time consuming/inconvenient; the prescription model will foster demand for black market products) (3). Further, the 2022–2023 National Drug Strategy Household Survey found that only 13% of individuals who reported using e-cigarettes had obtained their nicotine-containing products via a prescription (2).

Thus, the aim of this bulletin is to examine the recent use of and access to prescribed e-cigarettes containing nicotine, difficulty accessing prescribed e-cigarettes and reasons why participants were unable to obtain a prescription among the 2022–2024 EDRS and IDRS samples.

Methods

This bulletin utilises data collected from the Ecstasy and Related Drug Reporting System (EDRS) and the Illicit Drug Reporting System (IDRS). The EDRS consists of annual interviews with people who regularly use ecstasy and/or other illicit stimulants, and the IDRS consists of interviews with people who regularly inject illicit drugs. Participants are recruited from each capital city, with a total of 740 participants interviewed for the 2024 EDRS and 884 participants interviewed for the 2024 IDRS. Please refer to the [EDRS Background and Methods](#) (4) and [IDRS Background and Methods](#) (5) for further details. For information regarding the characteristics of the national EDRS and IDRS samples, please refer to the [2024 National EDRS report](#) and [2024 National IDRS report](#).

From 2022 to 2024, participants were asked about their access to and use of prescribed e-cigarettes in the six months preceding the interview (note: the 2021 surveys took place before the prescription model had come into effect). Participants were asked who provided their e-cigarette prescription and where they obtained their prescribed nicotine e-cigarette products.

In 2024, new questions were introduced to explore reasons participants had difficulty accessing prescribed e-cigarette products, as well as reasons why participants using non-prescribed e-cigarettes had not tried to obtain a prescription. Given that the IDRS has historically reported lower percentages of participants reporting e-cigarette use (6), a condensed set of questions was included in the 2024 IDRS questionnaire.

Results

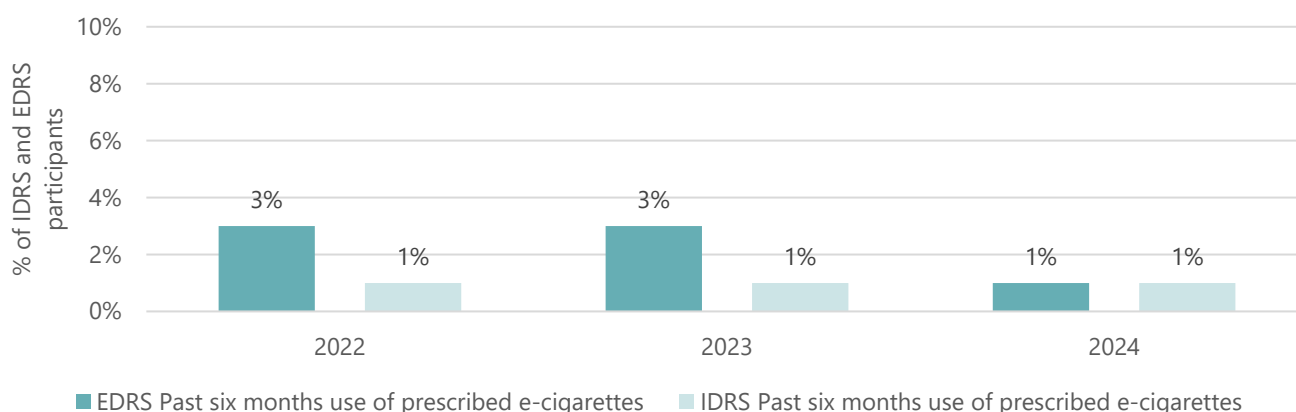
Recent use of prescribed e-cigarettes among the 2024 EDRS and IDRS samples

Past six months use of prescribed e-cigarettes has remained low in the EDRS and IDRS samples since monitoring began in 2022. In 2024, 1% of the EDRS and IDRS samples reported using prescribed e-cigarettes in the six months preceding the interview (Figure 1).

Among the EDRS participants who reported recent prescribed use and commented in 2024 (n=11), 82% reported using e-cigarettes containing nicotine. This question was not asked of the IDRS sample. EDRS participants reported using prescribed e-cigarettes on a median of 180 days (IQR=125–180; n=11) in the six months preceding the interview. Similarly, IDRS participants who reported recent prescribed use reported a median of 180 days (IQR=69–180; n=7) of use in the six months preceding the interview.

Fifty-five per cent of EDRS participants who reported recent prescribed e-cigarette use (n=11) reported concurrently using non-prescribed e-cigarettes, while two thirds (66%) reported concurrent use of tobacco. In contrast, few (n≤5) IDRS participants who reported recent prescribed e-cigarette use (n=7) reported concurrent use of non-prescribed e-cigarettes, while all (100%) reported concurrent use of tobacco.

Figure 1: Past six months use of prescribed e-cigarettes, EDRS and IDRS, nationally, 2024.



Note. Y-axis reduced to 10% to improve visibility of trends.

Past six months access to prescribed e-cigarette products among the 2024 EDRS and IDRS samples

The majority (90%) of EDRS participants who reported recent prescribed e-cigarette use (n=11) reported obtaining their prescription from an Australian prescriber and, similarly, most (82%) reported obtaining their prescribed e-cigarette products from an Australian online pharmacy (Table 1).

Table 1: Past six month access to e-cigarette products, EDRS and IDRS, nationally, 2024.

	EDRS N=740 % (n)	IDRS N=884 % (n)
Who prescribed your e-cigarettes in the last six months?^	n=11	/
Australian prescriber	90 (9)	/
International prescriber#	-	/
Where did you obtain your prescribed e-cigarettes in the last six months?^		
Online Australian pharmacy	82 (9)	/
Physical pharmacy	-	/
Other (e.g., from friends, darknet)	-	/

Note. (-) Values suppressed due to small size (n≤5 but not 0). / Indicates question was not asked in 2024. ^Participants could endorse multiple responses. #Participants were asked if they obtained their prescription from an international prescriber to identify use of prescription channels not recognised by the Therapeutic Goods Association (TGA).

Difficulty accessing prescribed e-cigarettes containing nicotine in the six months preceding the interview among the 2024 EDRS and IDRS samples

Among the total EDRS sample (n=740), most (90%) participants had not attempted to access prescribed e-cigarettes containing nicotine in the six months preceding the interview. Nine per cent reported being able to access these products without any difficulty, while 1% reported experiencing difficulty (Table 2). The most commonly reported reason for recently experiencing difficulty was categorised as 'Other', and included issues such as not being able to obtain the strength, flavour or type preferred by the participant, being unable to locate a store to purchase e-cigarette products and not having valid identification.

In contrast, almost one fifth (19%) of the EDRS sample reported trouble accessing non-prescribed e-cigarettes, with the most common reason being inability to find a physical store that sold them (16%).

Similar to the EDRS sample, most (94%) IDRS participants reported not having recently attempted to access prescribed e-cigarettes containing nicotine. Four per cent reported being able to access these products without any difficulty, while 1% of the sample reported difficulty (Table 2), most commonly due to their doctor refusing to provide a prescription (1%). A similarly small percentage of participants (4%) reported difficulty accessing non-prescribed e-cigarettes, with the most commonly reported reason being the inability to find a physical store that sold e-cigarette products (13%).

Table 2: Difficulty accessing prescribed e-cigarettes containing nicotine in the past six months, EDRS and IDRS, nationally, 2024.

	EDRS N=740 % (n)	IDRS N=884 % (n)
Have you had any issues accessing prescribed e-cigarettes containing nicotine in the six months preceding the interview?^		
No, I have not tried to obtain a prescription	90 (665)	94 (828)
No, I was able to access these products without any difficulty	9 (64)	4 (38)
Yes, the doctor wouldn't give me a prescription (only select this option if the doctor was authorised to prescribe nicotine vaping products)	-	1(8)
Yes, I obtained a prescription but was unable to get it filled	-	-
Yes, purchased online but it never arrived	0	0
Yes, purchased online, but package was intercepted and I was asked to provide a copy of my prescription	0	0
Yes, I couldn't find a prescribing doctor	0	-
Other	1 (7)	0
Total percentage of participants who reported trouble accessing prescribed e-cigarettes containing nicotine	1 (8)	1 (11)

Note. (-) Values suppressed due to small size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. ^Participants could endorse multiple responses.

Reasons for not attempting to obtain a prescription for e-cigarettes among 2024 EDRS and IDRS participants who reported recent non-prescribed e-cigarette use

Among the EDRS sample, the most common reason for not attempting to obtain a prescription among those who reported non-prescribed e-cigarette use was due to being able to access nicotine e-cigarettes without one (32%). This was followed by participants stating that they did not use e-cigarettes for smoking cessation purposes (27%). Notably, 18% reported being unaware that a prescription was required for nicotine e-cigarette products. Twelve per cent selected 'Other' reasons (Table 3), which included both personal and logistical factors, such as wanting to reduce or stop their current e-cigarette use, personal preference not to obtain one, uncertainty about how to get a prescription, or the process being too difficult or time-consuming.

Among the IDRS sample, the most commonly reported reason for not obtaining a prescription was also not using e-cigarettes for smoking cessation purposes (29%), followed by a lack of awareness that a prescription was required (26%). One quarter (25%) indicated they were able to obtain nicotine e-cigarettes without a prescription. Eight per cent selected 'Other' reasons (Table 3), which included both personal and practical reasons and barriers, such as not wanting a prescription, not knowing how to obtain one, perceived ineligibility due to criminal history, stigma, or the belief that their use was too infrequent to justify seeking a prescription.

Table 3: Reasons for not attempting to obtain a prescription in the past six months among those who reported non-prescribed use, EDRS and IDRS, nationally, 2024.

	EDRS N=509 % (n)	IDRS N=241 % (n)
Why have you not tried to obtain a prescription?^		
I am not using e-cigarettes as a smoking cessation tool	27 (135)	29 (71)
I did not know I needed a prescription	18 (93)	26 (62)
I can obtain e-cigarettes containing nicotine without a prescription	32 (165)	25 (60)
Concerns regarding cost of obtaining a prescription and prescription e-cigarette products	8 (40)	4 (9)
I can't find a prescribing doctor	2 (10)	-
I'm worried the doctor will not give me a prescription	4 (19)	-
I plan to but haven't yet	3 (16)	4 (10)
I am worried I can't get the type, strength and/or flavour of e-cigarettes containing nicotine that I want with a prescription	5 (23)	-
Other (specify)	12 (62)	8 (20)

Note. (-) Values suppressed due to small size (n≤5 but not 0). ^Participants could endorse multiple responses.

Discussion

Recent use of prescribed e-cigarettes remained low between 2022 and 2024, with 1% of the EDRS and IDRS samples reporting recent prescribed use in 2024. Among those in the EDRS sample who had recently used prescribed e-cigarettes in 2024, most reported using nicotine-containing products (82%) and using their prescribed e-cigarettes daily (180 days; IQR=125–180). The majority of these participants reported obtaining their products from an online pharmacy (82%).

One per cent of the EDRS and IDRS samples reported experiencing any difficulty accessing prescribed nicotine e-cigarettes in the six months preceding the interview. Among the EDRS sample, the most commonly reported problem was categorised as 'Other' and included a range of personal and logistical reasons. In contrast, the most frequently reported difficulty among the IDRS sample was being refused a prescription by their doctor. While this study did not examine the nature of the refusal, the new pharmacy-only model, introduced on 1 July 2024, may help reduce this particular barrier for IDRS participants, as it no longer requires a prescription to access products in which the nicotine concentration does not exceed 20 mg/mL. However, while the 2024 reforms may improve legal access by removing the requirement to obtain a prescription, barriers related to cost, pharmacy availability, and restrictions on product type and nicotine concentration may continue to limit accessibility through legal channels.

Among those who reported recent non-prescribed use, the majority of EDRS and IDRS participants reported not trying to obtain a prescription (90% and 94%, respectively). When asked why they had not sought a prescription, a common reason reported across both groups was simply not knowing that a prescription was required (18% EDRS vs. 26% IDRS). This is perhaps unsurprising, given the multiple regulatory changes that have occurred since the introduction of legislation in 2021. Indeed, as noted above, on 1 July 2024, new legislation came into effect allowing individuals aged 18 years and over to access nicotine-containing e-cigarettes without a prescription, provided the nicotine concentration does not exceed 20 mg/mL and the products are purchased from a pharmacy. All other e-cigarettes obtained from alternative sources or locations are prohibited (7). As one of the key aims of the new pharmacy-only regulatory model is to reduce demand for illicit e-cigarette products among people who use e-cigarettes (8), it is crucial that the public is made aware of the 2024 regulatory changes. Furthermore, with the regulations now applying to both nicotine-containing and nicotine-free e-cigarettes (9), a wider group of people must be informed about the updated legal framework to ensure its success in achieving its goals.

Australia remains the only known country to have implemented a pharmacy-only model for e-cigarette access. Under this model, individuals must still be using e-cigarettes for the purpose of quitting smoking or managing nicotine dependence (7). Given that a significant proportion of EDRS and IDRS participants reported not seeking a prescription because they were not using e-cigarettes for smoking cessation (27% EDRS; 29% IDRS), it will be important to continue monitoring whether the 2024 legislative changes are effective in reducing the uptake of illicit and unregulated nicotine e-cigarette products and preventing initiation among people who have never smoked traditional cigarettes.

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