



Notice of a final decision to amend (or not amend) the current Poisons Standard

6 June 2019

This web publication constitutes a notice for the purposes of regulation 42ZCZS of the *Therapeutic Goods Regulations 1990* (**Regulations**). In accordance with regulation 42ZCZS, this notice publishes:

- the decision made by a delegate of the Secretary pursuant to regulation 42ZCZR;
- the reasons for the final decision; and
- the date of effect of the decision.

1. Final decision(s) made pursuant to regulation 42ZCZR

1.1. Final decision in relation to alkyl nitrites

Final decision:

Pursuant to regulation 42ZCZR of the Regulations, a delegate of the Secretary has made a final decision to vary the interim decision and amend the current Poisons Standard in relation to alkyl nitrites as follows:

Schedule 10 – New entries

ISOPROPYL NITRITE

N-PROPYL NITRITE

Schedule 4 – Amend entries

ALKYL NITRITES **except** when separately specified in these schedules

AMYL NITRITE **except** when included in Schedule 3

BUTYL NITRITE

ISOAMYL NITRITE

ISOBUTYL NITRITE

OCTYL NITRITE

Schedule 3 – New entry

AMYL NITRITE when in preparations for human therapeutic use and packaged in containers with child-resistant closures

INDEX – Amend entries

ALKYL NITRITES

Schedule 4

AMYL NITRITE

Schedule 4

Schedule 3

BUTYL NITRITE

Schedule 4

ISOAMYL NITRITE

Schedule 4

ISOBUTYL NITRITE

Schedule 4

ISOPROPYL NITRITE

Schedule 10

N-PROPYL NITRITE

Schedule 10

OCTYL NITRITE

Schedule 4

Appendix A – Amend Entry

LUBRICANTS in preparations that provide a lubricating action between machinery parts, except soluble oils and solvent-deposited lubricating agents.

Appendix E – New entries in Part 2

ALKYL NITRITES A

AMYL NITRITE A

BUTYL NITRITE A

ISOAMYL NITRITE A

ISOBUTYL NITRITE A

OCTYL NITRITE A

Date of effect of the decision: 1 February 2020

Reasons for the final decision (including findings on material questions of fact):

I have made the decision to place isopropyl nitrite and N-propyl nitrite in Schedule 10 to make them prohibited substances for the reasons set out below. On my reading of the toxicity data for isopropyl nitrite there is some evidence for serious but rare temporary or permanent retinal maculopathy. It is my understanding that N-propyl nitrite has a high acute toxicity and volatility and based on the limited data, the relative toxicity of the alkyl nitrites, including carcinogenicity, is likely to correlate with increasing volatility, as indicated by their vapour pressure. In making my decision I considered that there was no support for the scheduling of all alkyl nitrites in Schedule 10.

I find that the inclusions of isopropyl nitrite and N-propyl nitrite in Schedule 9 are not consistent with the Scheduling Factors. In particular, neither substance is included in the Schedule IV to the United Nations Single Convention on Narcotic Drugs, 1961 or in Schedule I to the United Nations Convention on Psychotropic Substances 1971 (SPF, 2018). I have taken into account the second Scheduling Factor for Schedule 9 substances; *'The substance has no currently established therapeutic value and is likely to present a high risk of dependency, abuse, misuse or illicit use'*. I find that, on balance, isopropyl nitrite and N-propyl nitrite do not fully satisfy these criteria for the following reasons:

- These substances are considered by some of the community to be of therapeutic 'value'.
- These substances are not dependency forming.
- The public health risks posed by isopropyl nitrite and N-propyl nitrite are related to their pharmacological action rather than their value on the illicit market.
- Although some products are labelled as leather cleaners or room deodorisers and could be said to be misused, my view is that this is a minor consideration in this particular case.
- There is little evidence of abuse.

I am satisfied that isopropyl nitrite and N-propyl nitrite do not meet the Scheduling Factors for inclusion in Schedule 9. Inclusion in Schedule 10 would indicate that prohibition of the sale, supply and use is related to risks associated with health factors rather than criminal activity. It is my view that isopropyl nitrite and N-propyl nitrite pose a high public health risk, including potential risk, that the sale, supply and/or use requires very strict controls. For the reasons referred to above, I find that the prohibition of access under the provision of a Schedule 10 classification to be appropriate.

I have made a decision to not change the entries in Schedule 4 for isoamyl nitrite, butyl nitrite, isobutyl nitrite and octyl nitrite which currently enable their supply with a prescription. In the following section I will set out the reasons for these decisions.

I have taken into consideration the evidence on the toxic outcomes resulting in hospitalisation, evidence of harm from use recreationally, and accidental paediatric exposures. Notwithstanding the evidence of adverse outcomes, I have considered their potential benefit for relaxing smooth muscle and preventing potential tearing of the inner sphincter during receptive anal intercourse, which I note was the central argument put forward in the majority of public submissions in support for a less restrictive or unrestricted access to alkyl nitrites. I took into account that the documented clinical experience in support of the muscle relaxant effects associated with the alkyl nitrite family of substances are limited to amyl nitrite, which I note was previously used for the treatment of angina. There is clinical evidence that amyl nitrite relaxes the large veins and arteries resulting in the lowering of blood pressure and subsequent restoration of normal blood pressure in angina patients.

In making my decision I have had regard for the potential risk of cardiovascular harm if these substances are used in conjunction with other vasodilators, and the evidence that co-use with phosphodiesterase type 5 (PDE-5) inhibitors, can lead to severe hypotension (low blood pressure). I considered the view from the public meetings that a Schedule 4 entry may present a barrier in terms of patient-doctor communication and disclosure of personal circumstances. However, on balance I find that the potential for harm in the absence of medical practitioner oversight carries more weight than any harms or barriers to access arising from disclosure of personal circumstances.

In making my decision, among other things, I have relied on the advice from the state and territory chief health officers who provided input, that alkyl nitrites should be included as a group entry in Schedule 4. The requirement for a prescription provides an opportunity for a medical practitioner to fully assess a patient's need for a medicine and provide information to reduce the risks associated with alkyl nitrites while not preventing access.

In view of the limited clinical evidence and experience, and the seriousness and severity of the adverse effects and interactions (drug-drug), I have decided that the diagnosis, medical management or monitoring of (cardiovascular) medical conditions should be undertaken before these substances are used, and that this should occur under the care of a prescriber. It is my view that monitoring or intervention by a medical practitioner would minimise the risks associated with using these substances but still would enable access for patients if a therapeutic need is established.

In making my decision I have had regard for the public submissions. In particular, I have taken into account the most common recommendation from the public meetings and submissions that, alkyl nitrites should have a degree of regulation through more appropriate labelling, packaging and education. At the time of making my decision I considered that a medicinal product containing alkyl nitrite registered through the TGA is currently unavailable. It is on these grounds that I have decided to not make a decision on labelling and packaging.

I find that public education is a matter relevant to my considerations under part (f) of section 52E of the *Therapeutic Goods Act 1989*. I have considered the public submissions in support of a public education campaign to inform users on the safe use of alkyl nitrites, and the argument that education can minimise the risk of harms from use. Taking into account the potential for significant and serious toxicity, I am not satisfied that an education campaign on the safe use of alkyl nitrites alone can sufficiently reduce the risk to public health to enable any member of the alkyl nitrite family to be unscheduled or a lower schedule entry than I have proposed.

I considered the view from the public submissions and public meetings that any changes which would remove alkyl nitrites from adult shops or sex on premises venues may adversely affect members of the LGBTIQI community in terms of sexual health, sociocultural and psycho-social harm. I have taken these matters into account in my deliberations. I find it is conceivable that a change to the current way in which alkyl nitrites are accessed could have some bearing on public health outcomes, under part (f) of section 52E of the *Therapeutic Goods Act 1989*, which I must consider in exercising my powers. Taking into account the increasing instances of poisoning and toxicity I find that, on balance, it is not in the interest of public health to have alkyl nitrites unregulated such that they are freely available at adult only stores and for general sale. It is my view that that their lawful supply under the regulatory framework for medicines, which has a number of inherent and important protections for consumers, is in the interest of promoting public health while not preventing access. The supply of alkyl nitrites through a qualified health practitioner would mean that there is an opportunity for counselling and education on safe use and other related public health issues.

I have decided to add to Schedule 4 a group entry for 'alkyl nitrites except when separately specified in these schedules'. This will capture future unnamed variants in Schedule 4, and afford the regulatory protections to consumers under the care of a prescriber.

I will now set out my reasons for my decision to down-schedule amyl nitrite to Schedule 3 when in preparations for human therapeutic use and packaged in containers with child-resistant closures, to allow it to be made available to the public from a pharmacist without a prescription. I have made this decision on the grounds there is some clinical experience and a more robust safety profile for this member of the alkyl nitrite family of substances given it has been used clinically to treat angina. Having considered the SPF, 2018 I am satisfied that amyl nitrite meets the Scheduling Factors for Schedule 3. In summary, those reasons included that:

- i) the medicine is substantially safe with pharmacist intervention to ensure the quality use of the medicine. There may be potential for harm if used inappropriately.
- ii) the use of the medicine is not expected to produce dependency.
- iii) the risk profile of the medicine is well defined (in comparison to other members of the alkyl nitrite family of substances). The risk factors for adverse effects, interactions and contraindications are known, identifiable and manageable by a pharmacist (when in preparations for human therapeutic use and packaged in containers with child-resistant closures.)

I have considered that additional controls over access and training to enable amyl nitrite to be provided by a pharmacist through inclusion in Appendix M may be relevant. However, in the absence of a registered product, I have decided to not make a decision on this matter.

It is understood that poppers containing alkyl nitrites have sometimes been labelled as lubricants to fall within the terms of the Appendix A exemption for lubricants. I have decided to amend the Poisons Standard Appendix A entry in relation to lubricants to clarify the meaning of lubricants to be for lubricating action between machinery parts.

I have decided the appropriate implementation date is 1 February 2020, in view of the fact that there are new Schedule 10 entries and the incorporation of a group alkyl nitrite entry in Schedule 4 which captures previously unscheduled substances.