



St. Vincent's Hospital, Melbourne
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An update on SafeScript Victoria

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UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES

Background



- Real time prescription monitoring system = SafeScript Vic (2018)
- Monitor the prescribing and dispensing of prescription medications
- Available to prescribers, pharmacists and government regulators
- **Aims to**
 - Reduce inappropriate prescriptions
 - Reduce fraudulent prescriptions
 - Improve quality of care → reducing medication misuse

Medicines monitored by SafeScript

- All schedule 8 medications
- Benzodiazepines
- Zolpidem, zopiclone
- Quetiapine
- Codeine containing products
- **Pregabalin, gabapentin, tramadol **NEW****

What has changed?



- Updated training modules

Inclusion of gababapentinoids & tramadol since 2023

- Austin Health report (2021)
- Department of Health review

Training Modules



Updated SafeScript training modules

Module 1 – The SafeScript system

Module 2 – High-risk medicines and clinical practice

Module 3 – Challenging conversations – high-risk medicines, dependence and your patient

Questions & Comments

Module 2 – High risk medicines and clinical practice

Table 1: When a permit or notification is required

Permit required:

- Any Schedule 8 medicine for a [drug-dependent person](#)
- Methadone, any psychostimulant or any other **'special Schedule 8 poison'**

Note: You must **hold** a Schedule 8 permit **before** prescribing in these above circumstances.

- Any Schedule 8 medicine for more than **8 weeks** (unless exceptions below apply)

Permit or notification NOT required:

- **Certain opioids ≤ 100mg MED daily**
- **Any opioid for cancer pain**
- **Any psychostimulant for childhood ADHD (paediatricians and psychiatrists only)**
- **Any psychostimulant for adult ADHD (psychiatrists only)**
- Any Schedule 8 medicine for aged care residents, hospital in-patients, prisoners, police gaols
- Any Schedule 8 medicine for palliative care
- **Notification of a drug-dependent person not required**

Module 3 – Challenging conversations

High-risk medicines, dependence and your patient



- Focus on Aboriginal people at risk of dependence

Challenging conversations: high-risk medicines, dependence and your patient

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3.0 Aboriginal people at risk of dependence

There is a significant gap in health outcomes between Victoria's **Aboriginal** population and the non-Aboriginal population that reflects a legacy of trans-generational trauma and systemic racism.¹⁹

While there are no reliable data on the extent of misuse of prescription medicines, Aboriginal Victorians are at a high risk of dependence.¹⁹ It is essential to be aware of negative stereotypes and not to make any assumptions based on a patient's Aboriginality.



Module 3 – Challenging conversations



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High-risk medicines, dependence and your patient

Challenging conversations: high-risk medicines, dependence and your patient

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3.4 Strategies for effective communication

Considerations when communicating with Aboriginal people ²⁴

- Respect protocols and sensitivities around Men's and Women's Business.
- Use formal terms of address when interacting with older people and Elders – or ask them how they wish to be acknowledged.
- Always wait your turn to speak.
- Be a good listener and do not talk over people.
- Understand that silence is a common communication style in many Aboriginal communities. Meanings of silence vary depending on the community – it can be used as a show of respect, contemplation, disagreement, a time to reflect and consider what has been said or waiting for community support.
- When communicating, always observe others and rely on local knowledge, particularly regarding eye contact, general body contact such as shaking hands, and personal space.
- If available, involve an Aboriginal health worker.

For more on understanding common Aboriginal communication ways, see [Koorified: Aboriginal Communication and Well-Being](#) and [Making Two Worlds Work](#).



Progress

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Inclusion of gababapentinoids & tramadol **since July 2023**

Inclusion of gababapentinoids & tramadol since July 2023

Austin Health report

- Estimation of current harm
- Trends in misuse
- Substitution effect
- Chilling effect
- Regulatory burden & cost benefit
- Inter jurisdictional approaches

Evaluation

- DoH has announced an independent review of SafeScript
- Prescribers will be invited to complete a survey over the next few months

Conclusion

- SafeScript Victoria remains an integral part of patient care
- Allows quick and easy access to prescription and dispensing
- Identifies high-risk circumstances without preventing prescribing
- Mandatory to check SafeScript for medications that are listed, which have been updated as of July 2023

Questions & Comments
