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| Treating a drug-dependent person |
| Requirements in Victoria |
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# Introductory notes

The *Drugs Poisons and Controlled Substances Act 1981* (the Act) and the Drugs Poisons and Controlled Substances Regulations 2017 (the regulations) indicate who may possess Schedule 4 and 8 poisons; the extent to which possession is lawful; and the legislative requirements for use, storage and supply of Schedule 4 and 8 poisons. Current versions of the Act and the regulations, which should be considered in concert and not in isolation, can be accessed at [Victorian Law Today](http://www.legislation.vic.gov.au/) <http://www.legislation.vic.gov.au/>.

This is one of a series of documents prepared by Medicines and Poisons Regulation (MPR) to assist multiple or specific categories of health practitioners to understand the more common legislative requirements. Refer to the [Medicines and poisons webpage](http://www.health.vic.gov.au/dpcs) <http://www.health.vic.gov.au/dpcs> on the Health.Vic website for other ‘Documents to print or download’ and for a link to the Poisons Standard, which contains details of poisons schedules plus labelling and packaging requirements.

# What is a drug-dependent person?

The Act does not define the term ‘drug-dependent person’; it refers to when a practitioner has **reason to believe** a patient is a drug-dependent person. **Note**: The term does not relate only to illicit drug users; it also relates to persons with iatrogenic dependence, for whom illicit drug use is not a consideration.

The Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-V) <https://www.psychiatry.org.psychiatrists/practice/dsm> and the International Classification of Diseases 10th Revision (ICD-10) <https://www.who.int/classifications/icd/icdonlineversions/en/> may provide assistance for clinicians seeking to diagnose the condition.

The following list contains some examples of circumstances that might (or should) represent a reason to believe a patient is a drug-dependent person, especially when multiple circumstances apply:

* Admitted current misuse or abuse of pharmaceutical drugs and/or illicit drugs
* Prescription-shopping and/or obtaining prescription drugs from illicit sources
* Physical signs of intravenous drug use
* Forging prescriptions or obtaining drugs of dependence by false representation
* Multiple unsanctioned dose escalations of prescribed drugs
* Current or recent treatment with opioid-replacement therapy for opioid-dependence

# Treating a drug-dependent person

It is an offence to prescribe a drug of dependence **merely** to support the drug-dependence of a person.

Treatment of a drug-dependent person should involve meaningful objectives and appropriate strategies to reduce the risks associated with providing drugs of dependence to a drug-dependent person. Such strategies typically include limiting a patient’s access so that drugs of dependence are prescribed by a single practitioner and supplied, in a controlled manner, by a single pharmacy. A collegiate approach between prescriber and pharmacist often represents an important component of sound treatment of a drug-dependent person.

Before prescribing, a medical practitioner **must** take **all reasonable steps** toensure a therapeutic need exists **and**, before prescribing a drug of dependence, a medical practitioner **must** take all reasonable steps to confirm the identity of the patient. To understand the meaning and application of the important term ‘**all reasonable steps**’, medical practitioners are strongly advised to read the document, ‘*All reasonable steps and other key terms*’, which can be located on the MPR website in the section for ‘Documents to print or download’.

* Prescribing merely because another prescriber has done so is unlikely to satisfy these requirements.
* Whereas a medical practitioner might be considered to have taken all reasonable steps before prescribing a small quantity of a drug of dependence; the same steps might not be considered to be sufficient to prescribe (or supply) a larger quantity of the drug and/or to authorise repeat supplies.
	+ Medical practitioners are **not obliged** to prescribe the maximum PBS quantity of a medicine or any repeats – especially when a minimal quantity (without repeats) can address an immediate need whilst minimising the potential risks associated with drug-seeking behaviour.

# Permits for Schedule 8 poisons

Where there is reason to believea patient is a **drug-dependent person**, a medical practitioner must obtain a permit **before prescribing a Schedule 8 poison** unless a **general exception** applies.

The requirements for Schedule 8 permits are complex so medical practitioners are strongly advised to familiarise themselves with the many requirements and exceptions by reading the following documents:

* ‘Schedule 8 permit requirements’;
* ‘Permits for psychostimulants (for ADHD and narcolepsy).

The noted documents can be located on the [Medicines and poisons webpage](http://www.health.vic.gov.au/dpcs) <http://www.health.vic.gov.au/dpcs> in the section for ‘Documents to print or download’.

# Applying for a permit

Practitioners can apply for permits in SafeScript. Permit application forms are also located on the MPR website (<http://www.health.vic.gov.au/dpcs>).

# General exceptions(prisons, gaols, residential aged care services, inpatients)

In circumstances where patients are confined or not personally managing their medicines, the risk of concurrent prescribing and prescription-shopping is significantly reduced. Accordingly, a permit is not required to prescribe Schedule 8 poisons for:

* prisoners being treated in a prison or police gaol
* patients receiving inpatient treatment in a hospital
* patients receiving treatment in a hospital emergency department or a day procedure centre
	+ **Note**: Each of the preceding exceptions **includes** a period not exceeding 7 days following the release or discharge of the person from the corresponding establishments.
* Residents being treated in a residential aged care service

# Clinical advice

While this document includes references to treatment strategies and options, it relates primarily to legislative issues associated with the prescribing of drugs of dependence for drug-dependent persons. Clinical advice, relating to the treatment of drug-dependent persons (including other treatment options), should be sought from authoritative sources.

Registered health practitioners may phone the Drug and Alcohol Clinical Advisory Service (**DACAS** **1800 812 804)** at any time to seek clinical advice from specialists or other practitioners, who have been specially trained to provide advice in relation to pain, addiction and mental health issues, and for assistance with developing safe treatment plans, gradual dose tapering and alternative treatment options

For 24-hour confidential drug and alcohol counselling and treatment information; patients, family members or health practitioners may phone **Direct Line - 1800 888 236**.

# Opioid-replacement therapy (ORT)

Methadone and buprenorphine (Suboxone®, Subutex®, Buvidal® and Sublocade®) are the Schedule 8 poisons that have been registered in Australia for opioid-replacement therapy (ORT).

Most medical practitioners wishing to prescribe methadone, buprenorphine (Subutex®), buprenorphine in combination with naloxone (Suboxone®) or long-acting injectable buprenorphine (Buvidal® and Sublocade®) to treat opioid-dependent patients, are required to undertake relevant training and assessment to gain approval from the department as ORT prescribers.

However, in recognition of the greater safety associated with the use of **Suboxone®** **film**, **Buvidal® and Sublocade®** any medical practitioner may now prescribe these preparations for up to 10 patients without undergoing the training or assessment to become an approved ORT prescriber.

* **Note: The requirement to obtain a permit before prescribing a Schedule 8 poison for a drug-dependent person is still applicable.**

Medical practitioners who are not approved ORT prescribers are advised to seek advice from an approved prescriber (preferably in the same practice or through the Drug and Alcohol Clinical Advisory Service (DACAS) before prescribing to a patient. Brief guides, in document and video format, are available on the MPR website in the section relating to ‘*Pharmacotherapy’*.

Victoria’s current “Policy for maintenance pharmacotherapy for opioid dependence”, the National Clinical Guidelines for Methadone, the National Clinical Guidelines for Buprenorphine and other relevant information may be accessed on the MPR website in the section for ‘Pharmacotherapy’.

# Notification of a drug-dependent person

## Reportable drug events

A medical practitioner or nurse practitioner, who is aware that a prisoner is to be released from custody and has prescribed methadone or buprenorphine for opioid dependence to the prisoner, prior to the prisoner’s release from custody (or for a period not exceeding 7 days after that prisoner’s release from custody) **must notify MPR**.

Notification forms are located on the [MPR webpage](http://www.health.vic.gov.au/dpcs) <http://www.health.vic.gov.au/dpcs> in the section for ‘Commonly used online forms'. They may be submitted online.

# SafeScript

Since the introduction of Victoria’s monitored poisons database (SafeScript), medical practitioners have a mechanism that allows them to readily review recent records of monitored poisons dispensed for patients so that they may make a better informed decision about whether or not to prescribe a monitored poison.

Since 1 April 2020, it is mandatory for a medical practitioner to review a patient’s SafeScript profile before prescribing (or supplying) a monitored supply poison for a patient. For full details and exceptions relating to SafeScript, please refer to the document ‘*All reasonable steps and other key terms*’, which is available on the MPR website as a ‘Document to print or download’.

**More information about** [**SafeScript**](https://www2.health.vic.gov.au/public-health/drugs-and-poisons/safescript) <https://www.health.vic.gov.au/drugs-and-poisons/safescript> (including online educational and training options), can be found on the Health.Vic website.

**To register to use SafeScript,** go to the [SafeScript website](https://www.safescript.vic.gov.au/) <https://www.safescript.vic.gov.au>

## Monitored supply poisons

The substances that are currently classified as ‘monitored supply poisons’ for SafeScript are:

* all Schedule 8 poisons
* all benzodiazepines (e.g. diazepam; clonazepam)
* ‘Z-drugs’ (zolpidem, zopiclone)
* quetiapine
* gabapentin
* tramadol
* pregabalin
* codeine containing products

# Not to be confused with Medicare Australia services

SafeScript is Victoria’s monitored poisons database; it has no connection to Medicare Australia’s Prescription Shopper Information Service (PSIS), which does not provide details of prescriptions that are not subsidised under the Pharmaceutical Benefits Scheme.

The Pharmaceutical Benefits Scheme (PBS) is operated by Medicare Australia to **subsidise the cost** of listed medicines, including Authority Prescriptions for increased quantities of PBS listed medicines.

* **Note**: Whether a medicine is prescribed under the PBS, on a PBS Authority Prescription, subsidised by another agency (e.g. WorkCover) or prescribed on a ‘private’ prescription has no bearing on whether it is lawful to prescribe or supply the medicine. Failure to comply with the Victorian Act and regulations renders a person liable to prosecution.

# For further information

## Department of Health (DH)

### Medicines and Poisons Regulation

50 Lonsdale Street

Melbourne, 3000

Fax: 1300 360 830

Email: dpcs@health.vic.gov.au

Web: www.health.vic.gov.au/dpcs

* For information and details, relating to current, recent and pending Schedule 8 permits, please refer to the patient’s profile on the SafeScript database.
* For queries relating to the Act or regulations, please:
	+ refer to the ‘Documents to print or download’ that are available on the MPR website (see below); or
	+ if you are unable to address your query by referring to those documents, forward your query via e-mail to dpcs@health.vic.gov.au

## Documents to print or download from the MPR website

The [Medicines and poisons webpage](http://www.health.vic.gov.au/dpcs) <http://www.health.vic.gov.au/dpcs> on the Health.Vic website in the section for ‘Documents to print or download’, contains summaries of legislative requirements that have been prepared in relation to issues that relate to multiple categories of health practitioner as well as to individual categories of health practitioner. These documents, which are intended to assist health practitioners to comply with key legislative requirements, include the following:

* Issues relating to multiple categories of health practitioner, including:
	+ Possession and storage
	+ Supply, administration and recording
	+ Prescribing
	+ Criteria for lawful prescriptions
	+ All reasonable steps and other key terms
	+ Schedule 2 and 3 poisons
* Summaries that are specific to individual categories of health practitioner:
	+ Medical practitioners
	+ Pharmacists
	+ Nurses and midwives
	+ Nurses and midwives with registration endorsement (e.g. nurse practitioners, authorised midwives, etc.)
	+ Dentists (and other dental practitioners)
	+ Optometrists (and orthoptists)
	+ Podiatrists
	+ Veterinary practitioners

## Other possible sources of information

### Australian Health Practitioner Regulation Agency (Ahpra)

Web: [www.ahpra.gov.au](http://www.ahpra.gov.au)

### Drug and Alcohol Clinical Advisory Service (1800 812 804)

Registered health practitioners (only) may phone the **DACAS** at any time to seek **clinical advice** from specialists or other practitioners, who have been specially trained to provide advice in relation to pain, addiction and mental health issues, and for assistance with developing safe treatment plans, gradual dose tapering and alternative treatment options.

### Direct Line (1800 888 236)

* 24-hour confidential **drug and alcohol counselling** serviceforpatients
* 24-hour advisory service about available **treatment facilities** for patients, family or health practitioners

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