

## Key terms used during face-to-face training

#### The following key terms are provided for information only for the trainer.

#### Dependence

In strict pharmacological terms, **dependence** refers to a state that develops during chronic medicine treatment in which stopping the medicine elicits symptoms of withdrawal.

#### High-risk medicines

For the purposes of this training, high-risk medicines are medicines where there is a risk of dependence or use beyond therapeutic need.

The supply of the following prescription medicines will be monitored through the SafeScript system:

* All Schedule 8 medicines
* Selected Schedule 4 medicines including
  + all benzodiazepines (bromazepam, clobazam, clonazepam, diazepam, lorazepam, midazolam, nitrazepam, oxazepam, temazepam)
  + Z-drugs (zopiclone and zolpidem)
  + quetiapine
  + combination medicines containing codeine.

It is possible that new medicines will be added to SafeScript over time. To find out more about the monitored medicines, visit [health.vic.gov.au/SafeScript](https://www2.health.vic.gov.au/public-health/drugs-and-poisons/SafeScript).

#### High-risk use

A non-stigmatising term for **misuse** related to high-risk medicines.

#### Misuse

Misuse refers to the use of a substance for a purpose that is not consistent with legal or medical guidelines, and includes the non-medical use of prescription medication. Patients may inadvertently misuse medicines by taking them as prescribed but in response to inappropriate prescribing practices. Patients may also deliberately misuse medicine for non-medical purposes.

**Psychological dependence** refers to the experience of impaired control over substance use, while **physiological or physical dependence** refers to tolerance or withdrawal symptoms. The term ‘dependence’ has also been used to refer to a cluster of behavioural, cognitive and physiological phenomena that may develop after repeated substance use, however the preferred terminology is now substance use disorder (SUD).

In the Diagnostic and Statistical Manual of Mental Disorders fifth edition (DSM-5, 2013), **substance use disorder** (SUD) was established as a separate condition to reduce confusion associated with the terms dependence, abuse and addiction, and to reduce the stigma experienced by patients given these labels.

#### SafeScript Access

Prescribers (including nurse practitioners) and pharmacists will have access to SafeScript to view records of all monitored high-risk medicines that have been supplied to patients under their care. For more information and FAQs about SafeScript privacy visit [health.vic.gov.au/SafeScript](https://www2.health.vic.gov.au/public-health/drugs-and-poisons/SafeScript)

For health professionals working in hospitals, or where the system interfaces are not yet in place, access is via the SafeScript portal.

***Substance use disorder***

Substance use disorder (SUD) is a problematic pattern of substance use leading to clinically significant impairment or distress.

In the DSM-5, SUD now encompasses substance dependence and substance abuse.

The essential feature of SUD is a cluster of cognitive, behavioural and physiological symptoms indicating that an individual is continuing to use a substance despite significant substance-related problems.

For more information on the specific criteria for SUD, refer to Section 4.2.2 (‘Assessment of substance use disorder’) in *Prescribing drugs of dependence in general practice, Part A: Clinical governance framework (2015)*.

\*DSM-5 = Diagnostic and Statistical Manual of Mental Disorders fifth edition (2013)