Statement of Principles

concerning

ALCOHOL USE DISORDER

Instrument No. 1 of 2009 as amended

made under section 196B(2) of the

Veterans’ Entitlements Act 1986

This compilation was prepared 8 April 2014 taking into account Amendment Statement of Principles concerning ALCOHOL USE DISORDER (Instrument No. 29 of 2014)

Prepared by the Repatriation Medical Authority Secretariat, Brisbane
Statement of Principles

concerning

ALCOHOL USE DISORDER

No. 1 of 2009

for the purposes of the

Veterans’ Entitlements Act 1986
and

Military Rehabilitation and Compensation Act 2004

Title

1. This Instrument may be cited as Statement of Principles concerning alcohol use disorder No. 1 of 2009.

Determination

2. The Repatriation Medical Authority under subsection 196B(2) and (8) of the Veterans’ Entitlements Act 1986 (the VEA):
   (a) revokes Instrument No. 17 of 2008 concerning alcohol dependence and alcohol abuse; and
   (b) determines in its place this Statement of Principles.

Kind of injury, disease or death

3. (a) This Statement of Principles is about alcohol use disorder and death from alcohol use disorder.
   (b) For the purposes of this Statement of Principles:

"alcohol use disorder" means a mental disorder that meets the following diagnostic criteria (derived from DSM-5):

A problematic pattern of alcohol use leading to clinically significant impairment or distress, as manifested by at least four of the following, occurring within a 12-month period:
A. Alcohol is often taken in larger amounts or over a longer period than was intended.
B. There is a persistent desire or unsuccessful efforts to cut down or control alcohol use.
C. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.
D. Craving, or a strong desire or urge to use alcohol.
E. Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home.
F. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol.
G. Important social, occupational, or recreational activities are given up or reduced because of alcohol use.
H. Recurrent alcohol use in situations in which it is physically hazardous.
I. Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol.
J. Tolerance, as defined by either of the following:
   (i) A need for markedly increased amounts of alcohol to achieve intoxication or desired effect; or
   (ii) A markedly diminished effect with continued use of the same amount of alcohol.
K. Withdrawal, as manifested by either of the following:
   (i) The characteristic withdrawal syndrome for alcohol; or
   (ii) Alcohol (or a closely related substance, such as a benzodiazepine) is taken to relieve or avoid withdrawal symptoms.

The definition of alcohol use disorder excludes acute alcohol intoxication in the absence of alcohol use disorder.

Basis for determining the factors

4. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that alcohol use disorder and death from alcohol use disorder can be related to relevant service rendered by veterans, members of Peacekeeping Forces, or members of the Forces under the VEA, or members under the Military Rehabilitation and Compensation Act 2004 (the MRCA).
Factors that must be related to service

5. Subject to clause 7, at least one of the factors set out in clause 6 must be related to the relevant service rendered by the person.

Factors

6. The factor that must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting alcohol use disorder or death from alcohol use disorder with the circumstances of a person’s relevant service is:

(a) having a clinically significant psychiatric condition at the time of the clinical onset of alcohol use disorder; or

(b) experiencing a category 1A stressor within the five years before the clinical onset of alcohol use disorder; or

(c) experiencing a category 1B stressor within the five years before the clinical onset of alcohol use disorder; or

(d) experiencing the death of a significant other within the five years before the clinical onset of alcohol use disorder; or

(e) having a medical illness or injury which is life-threatening or which results in serious physical or cognitive disability, within the five years before the clinical onset of alcohol use disorder, or

(f) being the recipient of severe childhood abuse within the ten years before the clinical onset of alcohol use disorder; or

(g) having a clinically significant psychiatric condition at the time of the clinical worsening of alcohol use disorder; or

(h) experiencing a category 1A stressor within the five years before the clinical worsening of alcohol use disorder; or

(i) experiencing a category 1B stressor within the five years before the clinical worsening of alcohol use disorder; or

(j) experiencing the death of a significant other within the five years before the clinical worsening of alcohol use disorder; or

(k) having a medical illness or injury which is life-threatening or which results in serious physical or cognitive disability, within the five years before the clinical worsening of alcohol use disorder, or

(l) being the recipient of severe childhood abuse within the ten years before the clinical worsening of alcohol use disorder; or
(m) inability to obtain appropriate clinical management for alcohol use disorder.

Factors that apply only to material contribution or aggravation

7. Paragraphs 6(g) to 6(m) apply only to material contribution to, or aggravation of, alcohol use disorder where the person’s alcohol use disorder was suffered or contracted before or during (but not arising out of) the person’s relevant service.

Inclusion of Statements of Principles

8. In this Statement of Principles if a relevant factor applies and that factor includes an injury or disease in respect of which there is a Statement of Principles then the factors in that last mentioned Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.

Other definitions

9. For the purposes of this Statement of Principles:

"a clinically significant psychiatric condition" means a specified disorder of mental health, which is of sufficient severity to warrant ongoing management, which may involve regular visits (for example, at least monthly) to a psychiatrist, counsellor or general practitioner;

"a category 1A stressor" means one or more of the following severe traumatic events:
(a) experiencing a life-threatening event;
(b) being subject to a serious physical attack or assault including rape and sexual molestation; or
(c) being threatened with a weapon, being held captive, being kidnapped, or being tortured;

"a category 1B stressor" means one of the following severe traumatic events:
(a) being an eyewitness to a person being killed or critically injured;
(b) viewing corpses or critically injured casualties as an eyewitness;
(c) being an eyewitness to atrocities inflicted on another person or persons;
(d) killing or maiming a person; or
(e) being an eyewitness to or participating in, the clearance of critically injured casualties;

"a significant other" means a person who has a close family bond or a close personal relationship and is important or influential in one’s life;

"a specified disorder of mental health" means:
(a) a bipolar disorder or related disorder;
(b) a depressive disorder;
(c) a disruptive, impulse-control or conduct disorder;
(d) a dissociative disorder;
(e) a feeding disorder or eating disorder;
(f) a neurocognitive disorder;
(g) a neurodevelopmental disorder;
(h) a paraphilic disorder;
(i) a personality disorder;
(j) a schizophrenia spectrum disorder or other psychotic disorder;
(k) a sexual dysfunction;
(l) a sleep-wake disorder;
(m) a somatic symptom disorder or related disorder;
(n) a trauma and stressor-related disorder;
(o) an anxiety disorder;
p) an obsessive compulsive disorder or related disorder; or
(q) gender dysphoria;

"an eyewitness" means a person who observes an incident first hand and can give direct evidence of it. This excludes a person exposed only to media coverage of the incident;

"death from alcohol use disorder" in relation to a person includes death from a terminal event or condition that was contributed to by the person’s alcohol use disorder;


"relevant service" means:
(a) operational service under the VEA;
(b) peacekeeping service under the VEA;
(c) hazardous service under the VEA;
(d) warlike service under the MRCA; or
(e) non-warlike service under the MRCA;

"severe childhood abuse" means:
(a) serious physical, emotional, psychological or sexual harm whilst a child aged under 16 years; or
(b) neglect involving a serious failure to provide the necessities for health, physical and emotional development, or wellbeing whilst a child aged under 16 years;

where such serious harm or neglect has been perpetrated by a parent, a care provider, an adult who works with or around that child, or any other adult in contact with that child;

"terminal event" means the proximate or ultimate cause of death and includes:
(a) pneumonia;
(b) respiratory failure;
(c) cardiac arrest;
(d) circulatory failure; or
(e) cessation of brain function.

Application

10. This Instrument applies to all matters to which section 120A of the VEA or section 338 of the MRCA applies.

Date of effect

11. This Instrument takes effect from 14 January 2009.
Notes to Statement of Principles concerning alcohol use disorder (Instrument No. 1 of 2009)

The Statement of Principles concerning alcohol use disorder (Instrument No. 1 of 2009) in force under section 196B(2) of the Veterans’ Entitlements Act 1986, as shown in this compilation is amended as indicated in the Tables below.

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