



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
ALCOHOL USE DISORDER
(Reasonable Hypothesis)
(No. 48 of 2017)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

Dated 18 August 2017

The Common Seal of the
Repatriation Medical Authority
was affixed to this instrument
at the direction of:

A handwritten signature in black ink, appearing to read 'Nicholas Saunders', written in a cursive style.

Professor Nicholas Saunders AO
Chairperson

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1 Name

This is the Statement of Principles concerning *alcohol use disorder (Reasonable Hypothesis)* (No. 48 of 2017).

2 Commencement

This instrument commences on 18 September 2017.

3 Authority

This instrument is made under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

4 Revocation

The Statement of Principles concerning alcohol use disorder No. 1 of 2009, as amended, made under subsections 196B(2) and (8) of the VEA is revoked.

5 Application

This instrument applies to a claim to which section 120A of the VEA or section 338 of the *Military Rehabilitation and Compensation Act 2004* applies.

6 Definitions

The terms defined in the Schedule 1 - Dictionary have the meaning given when used in this instrument.

7 Kind of injury, disease or death to which this Statement of Principles relates

- (1) This Statement of Principles is about alcohol use disorder and death from alcohol use disorder.

Meaning of alcohol use disorder

- (2) For the purposes of this Statement of Principles, alcohol use disorder means a disorder of mental health meeting 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 fulfil 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.

Note: *DSM-5* is defined in the Schedule 1 – Dictionary.

Death from alcohol use disorder

- (3) For the purposes of this Statement of Principles, 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.

Note: *terminal event* is defined in the Schedule 1 – Dictionary.

8 Basis for determining the factors

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 MRCA.

Note: *relevant service* is defined in the Schedule 1 – Dictionary.

9 Factors that must exist

At least one of the following factors 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:

- (1) having a clinically significant disorder of mental health as specified at the time of the clinical onset of alcohol use disorder;

Note: *clinically significant disorder of mental health as specified* is defined in the Schedule 1 - Dictionary.

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

Note: *category 1A stressor* is defined in the Schedule 1 - Dictionary.

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

Note: *category 1B stressor* is defined in the Schedule 1 - Dictionary.

- (4) experiencing the death of a significant other within the ten years before the clinical onset of alcohol use disorder;

Note: *significant other* is defined in the Schedule 1 - Dictionary.

- (5) experiencing severe childhood abuse before the clinical onset of alcohol use disorder;

Note: *severe childhood abuse* is defined in the Schedule 1 - Dictionary.

- (6) experiencing a category 2 stressor within the one year before the clinical onset of alcohol use disorder;

Note: *category 2 stressor* is defined in the Schedule 1 - Dictionary.

- (7) having persistent pain of at least three months duration at the time of the clinical onset of alcohol use disorder;

Note: *persistent pain* is defined in the Schedule 1 - Dictionary.

- (8) undergoing Roux-en-Y gastric bypass surgery within the two years before the clinical onset of alcohol use disorder;

- (9) having a clinically significant disorder of mental health as specified at the time of the clinical worsening of alcohol use disorder;

Note: *clinically significant disorder of mental health as specified* is defined in the Schedule 1 - Dictionary.

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

Note: *category 1A stressor* is defined in the Schedule 1 - Dictionary.

- (11) experiencing a category 1B stressor within the five years before the clinical worsening of alcohol use disorder;
Note: *category 1B stressor* is defined in the Schedule 1 - Dictionary.
- (12) experiencing the death of a significant other within the ten years before the clinical worsening of alcohol use disorder;
Note: *significant other* is defined in the Schedule 1 - Dictionary.
- (13) experiencing severe childhood abuse before the clinical worsening of alcohol use disorder;
Note: *severe childhood abuse* is defined in the Schedule 1 - Dictionary.
- (14) experiencing a category 2 stressor within the one year before the clinical worsening of alcohol use disorder;
Note: *category 2 stressor* is defined in the Schedule 1 - Dictionary.
- (15) having persistent pain of at least three months duration at the time of the clinical worsening of alcohol use disorder;
Note: *persistent pain* is defined in the Schedule 1 - Dictionary.
- (16) undergoing Roux-en-Y gastric bypass surgery within the two years before the clinical worsening of alcohol use disorder;
- (17) inability to obtain appropriate clinical management for alcohol use disorder.

10 Relationship to service

- (1) The existence in a person of any factor referred to in section 9, must be related to the relevant service rendered by the person.
- (2) The factors set out in subsections 9(9) to 9(17) 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 did not arise out of) the person's relevant service.

11 Factors referring to an injury or disease covered by another Statement of Principles

In this Statement of Principles:

- (1) if a factor referred to in section 9 applies in relation to a person; and
- (2) that factor refers to an injury or disease in respect of which a Statement of Principles has been determined under subsection 196B(2) of the VEA;

then the factors in that Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.

Schedule 1 - Dictionary

Note: See Section 6

1 Definitions

In this instrument:

alcohol use disorder—see subsection 7(2).

category 1A stressor means one 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.

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.

Note: *eyewitness* is also defined in the Schedule 1 - Dictionary.

category 2 stressor means one of the following negative life events, the effects of which are chronic in nature and cause the person to feel ongoing distress, concern or worry:

- (a) being socially isolated and unable to maintain friendships or family relationships, due to physical location, language barriers, disability, or medical or psychiatric illness;
- (b) experiencing a problem with a long-term relationship including the break-up of a close personal relationship, the need for marital or relationship counselling, marital separation or divorce;
- (c) having concerns in the work or school environment including ongoing disharmony with fellow work or school colleagues, perceived lack of social support within the work or school environment, perceived lack of control over tasks performed and stressful workloads, or experiencing bullying in the workplace or school environment;
- (d) experiencing serious legal issues including being detained or held in custody, ongoing involvement with the police concerning violations of the law, or court appearances associated with personal legal problems;
- (e) having severe financial hardship including loss of employment, long periods of unemployment, foreclosure on a property or bankruptcy;
- (f) having a family member or significant other experience a major deterioration in their health; or

- (g) being a full-time caregiver to a family member or significant other with a severe physical, mental or developmental disability.

clinically significant disorder of mental health as specified means one of the following conditions, which is of sufficient severity to warrant ongoing management:

- (a) acute stress disorder;
- (b) adjustment disorder;
- (c) agoraphobia;
- (d) Alzheimer-type dementia;
- (e) anxiety disorder;
- (f) attention-deficit/hyperactivity disorder;
- (g) bipolar disorder;
- (h) conduct disorder;
- (i) depressive disorder;
- (j) eating disorder;
- (k) gambling disorder;
- (l) gender dysphoria;
- (m) insomnia disorder;
- (n) obsessive-compulsive disorder;
- (o) panic disorder;
- (p) paraphilic disorder;
- (q) personality disorder;
- (r) posttraumatic stress disorder;
- (s) schizophrenia;
- (t) sexual dysfunction;
- (u) social anxiety disorder;
- (v) somatic symptom disorder;
- (w) specific phobia;
- (x) substance use disorder; or
- (y) vascular dementia.

Note 1: "Management" of the condition may involve regular visits (for example, at least monthly) to a psychiatrist, counsellor or general practitioner.

Note 2: To "warrant ongoing management" does not require that any actual management was received or given for the condition.

DSM-5 means the American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013.

eyewitness means a person who experiences an incident first hand and can give direct evidence of it. This excludes persons exposed only to public broadcasting or mass media coverage of the incident.

MRCAs means the *Military Rehabilitation and Compensation Act 2004*.

persistent pain means:

- (a) continuous pain; or
- (b) almost continuous pain; or
- (c) frequent, severe, intermittent pain;

which is severe enough to interfere with usual work or leisure activities or activities of daily living.

relevant service means:

- (a) operational service under the VEA;
- (b) peacekeeping service under the VEA;
- (c) hazardous service under the VEA;
- (d) British nuclear test defence service under the VEA;
- (e) warlike service under the MRCA; or
- (f) non-warlike service under the MRCA.

Note: *MRCA* and *VEA* are also defined in the Schedule 1 - Dictionary.

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.

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.

terminal event means the proximate or ultimate cause of death and includes the following:

- (a) pneumonia;
- (b) respiratory failure;
- (c) cardiac arrest;
- (d) circulatory failure; or
- (e) cessation of brain function.

VEA means the *Veterans' Entitlements Act 1986*.