

Revocation

of

Statement of Principles
concerning

**PSYCHOACTIVE SUBSTANCE ABUSE OR
DEPENDENCE**

and

Determination

of

Statement of Principles
concerning

**ALCOHOL DEPENDENCE OR ALCOHOL
ABUSE**

ICD-9-CM CODES: 303, 305.0

Veterans' Entitlements Act 1986

1. The Repatriation Medical Authority under subsection **196B(2)** of the *Veterans' Entitlements Act 1986* (the Act):
 - (a) revokes Instrument No.5 of 1994 (Statement of Principles concerning psychoactive substance abuse or dependence); and
 - (b) determines in its place the following Statement of Principles.

Kind of injury, disease or death

2. (a) This Statement of Principles is about **alcohol dependence or alcohol abuse** and **death from alcohol dependence or alcohol abuse**.

(b) For the purposes of this Statement of Principles,

“alcohol dependence” means the presence of a constellation of cognitive, behavioural and physiological symptoms indicating the use of alcohol despite significant alcohol-related problems. The pattern of repeated self administration may result in tolerance, withdrawal and compulsive alcohol use behaviour.

The diagnostic criteria for alcohol dependence are those specified in DSM-IV, and are as follows:

A maladaptive pattern of alcohol use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period:

- (1) tolerance, as defined by either of the following:
 - (a) a need for markedly increased amounts of alcohol to achieve intoxication or desired effect
 - (b) markedly diminished effect with continued use of the same amount of alcohol
- (2) withdrawal, as manifested by either of the following:
 - (a) the characteristic withdrawal syndrome for alcohol
 - (b) the same (or closely related) substance is taken to relieve or avoid withdrawal symptoms
- (3) alcohol is often taken in larger amounts or over a longer period than was intended
- (4) there is a persistent desire or unsuccessful efforts to cut down or control alcohol use
- (5) a great deal of time is spent in activities necessary to obtain alcohol, use alcohol or recover from its effects
- (6) important social, occupational or recreational activities are given up or reduced because of alcohol use
- (7) 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;

“**alcohol abuse**” means the presence of cognitive, behavioural or physiological symptoms indicating the use of alcohol despite significant alcohol-related problems, however these symptoms have never met the criteria for alcohol dependence. Additionally, signs of tolerance or withdrawal are absent.

The diagnostic criteria for alcohol abuse are those specified in DSM-IV, and are as follows

A. A maladaptive pattern of alcohol use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:

- (1) recurrent alcohol use resulting in a failure to fulfil major role obligations at work, school, or home
- (2) recurrent alcohol use in situations in which it is physically hazardous
- (3) recurrent alcohol -related legal problems
- (4) continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol

B. The symptoms have never met the criteria for alcohol dependence.

The definitions for alcohol dependence and alcohol abuse exclude acute alcohol intoxication in the absence of alcohol dependence or alcohol abuse.

Alcohol dependence or alcohol abuse attracts ICD-9-CM code 303 or 305.0.

Basis for determining the factors

3. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **alcohol dependence or alcohol abuse and death from alcohol dependence or alcohol abuse** can be related to relevant service rendered by veterans, members of Peacekeeping Forces, or members of the Forces.

Factors that must be related to service

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

Factors

5. The factors that must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **alcohol dependence or alcohol abuse** or **death from alcohol dependence or alcohol abuse** with the circumstances of a person's relevant service are:
- (a) suffering from a psychiatric disorder at the time of the clinical onset of alcohol dependence or alcohol abuse; or
 - (b) experiencing a severe stressor within the two years immediately before the clinical onset of alcohol dependence or alcohol abuse; or
 - (c) suffering from a psychiatric disorder at the time of the clinical worsening of alcohol dependence or alcohol abuse; or
 - (d) experiencing a severe stressor within the two years immediately before the clinical worsening of alcohol dependence or alcohol abuse; or
 - (e) inability to obtain appropriate clinical management for alcohol dependence or alcohol abuse.

Factors that apply only to material contribution or aggravation

6. Paragraphs **5(c) to 5(e)** apply only to material contribution to, or aggravation of, alcohol dependence or alcohol abuse where the person's alcohol dependence or alcohol abuse was suffered or contracted before or during (but not arising out of) the person's relevant service; paragraph 8(1)(e), 9(1)(e), 70(5)(d) or 70(5A)(d) of the Act refers.

Inclusion of Statements of Principles

7. 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.

Other definitions

8. For the purposes of this Statement of Principles:

“death from alcohol dependence or alcohol abuse” in relation to a person includes death from a terminal event or condition that was contributed to by the person’s alcohol dependence or alcohol abuse;

“DSM-IV” means the fourth edition of the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders*;

“experiencing a severe stressor” means, the person experienced, witnessed or was confronted with, an event or events that involved actual or threat of death or serious injury, or a threat to the person’s or other people’s physical integrity, which event or events might evoke intense fear, helplessness or horror.

In the setting of service in the Defence Forces, or other service where the Veterans’ Entitlements Act applies, events that qualify as severe stressors include:

- (i) threat of serious injury or death; or
- (ii) engagement with the enemy; or
- (iii) witnessing casualties or participation in or observation of casualty clearance, atrocities or abusive violence;

“ICD-9-CM code” means a number assigned to a particular kind of injury or disease in the Australian Version of The International Classification of Diseases, 9th revision, Clinical Modification (ICD-9-CM), effective date of 1 July 1996, copyrighted by the National Coding Centre, Faculty of Health Sciences, University of Sydney, NSW, and having ISBN 0 642 24447 2;

“psychiatric disorder” means any Axis 1 or 2 disorder of mental health attracting a diagnosis under DSM IV;

“relevant service” means:

- (a) operational service; or
- (b) peacekeeping service; or
- (c) hazardous service;

“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

9. This Instrument applies to all matters to which section 120A of the Act applies.

Dated this *First* day of *December* 1998

The Common Seal of the)
Repatriation Medical Authority)
was affixed to this instrument)
in the presence of)

KEN DONALD
CHAIRMAN