



# Statement of Principles

concerning

## **SUBSTANCE USE DISORDER**

**Instrument No. 4 of 2009 as amended**

made under section 196B(3) of the

*Veterans' Entitlements Act 1986*

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This compilation was prepared on 7 April 2014 taking into account Amendment Statement of Principles concerning SUBSTANCE USE DISORDER (*Instrument No. 32 of 2014*)

Prepared by the Repatriation Medical Authority Secretariat, Brisbane

Statement of Principles  
concerning  
**SUBSTANCE ABUSE DISORDER**  
**No. 4 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 substance use disorder No. 4 of 2009.

**Determination**

2. The Repatriation Medical Authority under subsection **196B(3)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
  - (a) revokes Instrument No. 16 of 2008 concerning drug dependence and drug 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 **substance use disorder** and **death from substance use disorder**.
  - (b) "**substance use disorder**" means a mental disorder that meets the following diagnostic criteria (derived from DSM-5):

A problematic pattern of substance use leading to clinically significant impairment or distress, as manifested by at least four of the following criteria, occurring within a 12-month period:

    - (1) Substances are often taken in larger amounts or over a longer period than was intended.
    - (2) There is a persistent desire or unsuccessful efforts to cut down or control substance use.
    - (3) A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.
    - (4) Craving, or a strong desire or urge to use substances.

- (5) Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.
- (6) Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of substances.
- (7) Important social, occupational, or recreational activities are given up or reduced because of substance use.
- (8) Recurrent substance use in situations in which it is physically hazardous.
- (9) Continued substance use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
- (10) Tolerance, as defined by either of the following:
  - (i) A need for markedly increased amounts of substances to achieve intoxication or desired effect; or
  - (ii) A markedly diminished effect with continued use of the same amount of an substance.[Note: This criterion is not considered to be met for those individuals taking substances solely under appropriate medical supervision.]
- (11) For substances other than hallucinogens or inhalants, withdrawal, as manifested by either of the following:
  - (i) The characteristic substance withdrawal syndrome; or
  - (ii) Substances (or a closely related substance) are taken to relieve or avoid withdrawal symptoms.[Note: This criterion is not considered to be met for those individuals taking substances solely under appropriate medical supervision.]

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

#### **Basis for determining the factors**

- 4. On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that **substance use disorder** and **death from substance use disorder** can be related to relevant service rendered by veterans 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 exist before it can be said that, on the balance of probabilities, **substance use disorder** or **death from substance use disorder** is connected 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 substance use disorder; or
  - (b) experiencing a category 1A stressor within the two years before the clinical onset of substance use disorder; or
  - (c) experiencing a category 1B stressor within the two years before the clinical onset of substance use disorder; or
  - (d) experiencing the death of a significant other within the five years before the clinical onset of substance use disorder; or
  - (e) having a medical or psychiatric condition for which a substance was medically prescribed, at the time of the clinical onset of substance use disorder, where the substance use disorder involves one or more agents from the same pharmacological class as the prescribed medication; or
  - (f) being the recipient of severe childhood abuse within the ten years before the clinical onset of substance use disorder; or
  - (g) having a clinically significant psychiatric condition at the time of the clinical worsening of substance use disorder; or
  - (h) experiencing a category 1A stressor within the two years before the clinical worsening of substance use disorder; or
  - (i) experiencing a category 1B stressor within the two years before the clinical worsening of substance use disorder; or
  - (j) experiencing the death of a significant other within the five years before the clinical worsening of substance use disorder; or
  - (k) being the recipient of severe childhood abuse within the ten years before the clinical worsening of substance use disorder; or
  - (l) inability to obtain appropriate clinical management for substance use disorder.

## **Factors that apply only to material contribution or aggravation**

7. Paragraphs **6(g) to 6(l)** apply only to material contribution to, or aggravation of, substance use disorder where the person's substance 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 substance use disorder"** in relation to a person includes death from a terminal event or condition that was contributed to by the person's substance use disorder;

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

**"relevant service"** means:

- (a) eligible war service (other than operational service) under the VEA;
- (b) defence service (other than hazardous service) under the VEA; or
- (c) peacetime 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;

**"substance"** means any of the following substances, alone or in combination:

- (a) amphetamine-type substances;
- (b) cannabis and cannabis derivatives;
- (c) cocaine;
- (d) hallucinogens, including phencyclidine and pharmacologically similar substances;
- (e) hydrocarbon-based inhalants;
- (f) opioids, and opioid derivatives and synthetic opioids with morphine-like effects;
- (g) sedatives, hypnotics and anxiolytics, including barbiturates, nonbarbiturate sedatives and benzodiazepines, and tranquillisers with similar effect; or
- (h) tobacco;

**"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 120B of the VEA or section 339 of the MRCA applies.

**Date of effect**

- 11.** This Instrument takes effect from 14 January 2009.

## Notes to Statement of Principles concerning substance use disorder (Instrument No. 4 of 2009)

The Statement of Principles concerning substance use disorder (Instrument No. 4 of 2009) in force under section 196B(3) of the *Veterans' Entitlements Act 1986*, as shown in this compilation is amended as indicated in the Tables below.

### Table of Instruments

Title	Date of FRLI registration	Date of commencement	Application, saving or transitional provisions
<i>Statement of Principles concerning drug dependence and drug abuse (Instrument No. 4 of 2009)</i>	24 December 2008 F2008L04749	14 January 2009	
<i>Amendment Statement of Principles concerning substance use disorder (Instrument No. 32 of 2014)</i>	24 March 2014 F2014L00337	26 March 2014	

### Table of Amendments

ad. = added or inserted    am. = amended    rep. = repealed    rs. = repealed and substituted

Provision affected	How affected
Clause 1 – Title changed	am. Instrument No.32 of 2014
Replacing the phrases 'drug dependence and drug abuse' and 'drug dependence or drug abuse' with 'substance use disorder'.	rs. Instrument No.32 of 2014
Clause 3 – Replacing the definition of 'drug dependence' and 'drug abuse' with 'substance use disorder'.	rs. Instrument No.32 of 2014
Clause 6 (e) – having a medical or.....'.	am. Instrument No.32 of 2014
Clause 9 – "'a clinically significant.....'.	am. Instrument No.32 of 2014
Clause 9 – "'a specified disorder .....'.	ad. Instrument No.32 of 2014
Clause 9 – "'DSM-IV-TR"...'.	rs. Instrument No.32 of 2014
Clause 9 – "'DSM-5".....'.	ad. Instrument No.32 of 2014
Clause 9 – "'substance"...'.	ad. Instrument No.32 of 2014
Clause 9 – "'drug".....'.	rs. Instrument No.32 of 2014