Reference Determination Content

Example document — fictitious patient. A suggested draft determination prepared by the Veterans Health Centre from the matching example Diagnostic Assessment, to show how a DVA delegate could determine the claim. Names, dates, service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.

Alcohol Use Disorder, Severe

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 8 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 8 April 2025;
- A ship's medical record by the medical officer, dated 2 February 1991;
- A deployed health record by the medical officer, East Timor, dated 28 October 1999;
- An incident report and welfare record by the ship's company, dated 11 August 2000;
- A ship's medical record and CT brain report by the medical officer and radiologist, dated 18 March 2003;
- A ship's medical record by the medical officer, dated 26 March 2003;
- An operation report by the bariatric surgeon, dated 10 July 2003;
- A police attendance report and welfare record dated 12 October 2003;
- A psychiatric assessment by the consultant psychiatrist, dated 20 November 2003;
- An outpatient health record by the medical officer, Naval health centre, dated 15 April 2004;
- A psychiatric assessment by the consultant psychiatrist, dated 4 May 2004;
- A hospital discharge summary by the physician, dated 14 June 2007.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

15 January 1990 and 19 October 2009

Alcohol Use Disorder, Severe

You have stated that your condition was caused by:

- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: (a) agoraphobia; (b) anorexia nervosa; (c) antisocial personality disorder; (d) attention-deficit/hyperactivity disorder; (e) avoidant-restrictive food intake disorder; (f) binge-eating disorder; (g) bipolar disorder; (h) borderline personality disorder; (i) bulimia nervosa; (j) conduct disorder; (k) generalised anxiety disorder; (l) major depressive disorder; (m) panic disorder; (n) persistent depressive disorder; (o) posttraumatic stress disorder; (p) social anxiety disorder; (q) specific phobia; or (r) substance use disorder*
- *experiencing a category 1A stressor within the 2 years before clinical onset or clinical worsening*
- *experiencing a category 1B stressor within the 2 years before clinical onset or clinical worsening*
- *experiencing a category 2 stressor within the 6 months before clinical onset or clinical worsening*
- *experiencing the death of a person with whom one has a close family bond or a close personal relationship, within the 10 years before clinical onset or clinical worsening*
- *having experienced as a child (under the age of 18) one of the following: (a) serious physical, emotional, or sexual harm; (b) neglect involving a serious failure to provide the necessities for health, physical and emotional development, or wellbeing by adults with obligations to provide such necessities; before clinical onset or clinical worsening*
- *having Roux-en-Y gastric bypass surgery within the 3 years before clinical onset or clinical worsening*
- *experiencing intimate partner violence within 2 years before clinical onset or clinical worsening*
- *having smoked tobacco at least 0.5 pack-years before clinical onset or clinical worsening, and where smoking has ceased, clinical onset or clinical worsening occurred within 3 months of cessation*
- *having a concussion or moderate to severe traumatic brain injury within the 3 years before clinical onset or clinical worsening*

Diagnosis: Alcohol Use Disorder, Severe

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 8 April 2025, and is supported by a psychiatric assessment by the consultant psychiatrist, dated 4 May 2004.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Alcohol Use Disorder (Balance of Probabilities) (No. 86 of 2025)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: (a) agoraphobia; (b) anorexia nervosa; (c) antisocial personality disorder; (d) attention-deficit/hyperactivity disorder; (e) avoidant-restrictive food intake disorder; (f) binge-eating disorder; (g) bipolar disorder; (h) borderline personality disorder; (i) bulimia nervosa; (j) conduct disorder; (k) generalised anxiety disorder; (l) major depressive disorder; (m) panic disorder; (n) persistent depressive disorder; (o) posttraumatic stress disorder; (p) social anxiety disorder; (q) specific phobia; or (r) substance use disorder*
- *experiencing a category 1A stressor within the 2 years before clinical onset or clinical worsening*
- *experiencing a category 1B stressor within the 2 years before clinical onset or clinical worsening*
- *experiencing a category 2 stressor within the 6 months before clinical onset or clinical worsening*
- *experiencing the death of a person with whom one has a close family bond or a close personal relationship, within the 10 years before clinical onset or clinical worsening*
- *having experienced as a child (under the age of 18) one of the following: (a) serious physical, emotional, or sexual harm; (b) neglect involving a serious failure to provide the necessities for health, physical and emotional development, or wellbeing by adults with obligations to provide such necessities; before clinical onset or clinical worsening*
- *having Roux-en-Y gastric bypass surgery within the 3 years before clinical onset or clinical worsening*
- *experiencing intimate partner violence within 2 years before clinical onset or clinical worsening*
- *having smoked tobacco at least 0.5 pack-years before clinical onset or clinical worsening, and where smoking has ceased, clinical onset or clinical worsening occurred within 3 months of cessation*
- *having a concussion or moderate to severe traumatic brain injury within the 3 years before clinical onset or clinical worsening*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with drinking larger amounts than intended most nights, inability to cut down, craving, and morning tremor and sweats relieved by drinking on 15 April 2004.

The diagnosis was made by a psychiatrist on 4 May 2004. You met nine of the eleven criteria within a 12-month period: drinking more than intended, persistent desire and failed attempts to cut down, a great deal of time spent drinking and recovering, craving, failure to fulfil duties, continued use despite marital and legal problems, hazardous use including drink-driving, use despite worsening depression, and withdrawal tremor relieved by alcohol. This meets the Statement of Principles definition of alcohol use disorder, and six or more criteria define the severe specifier.

This has then led to further investigations and the diagnosis of your condition of *Alcohol Use Disorder, Severe*. I have accepted your condition of *Alcohol Use Disorder, Severe*.

Having considered your service records and the available medical evidence, I am satisfied the SOP is met and that this condition is related to your peacetime service.

I have therefore accepted that this condition is related to your service with effect from 1 March 2004.

Alcohol Use Disorder, Severe (Worsening)

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 8 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 8 April 2025;
- A ship's medical record by the medical officer, dated 2 February 1991;
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- An outpatient health record by the medical officer, Naval health centre, dated 15 April 2004;
- A psychiatric assessment by the consultant psychiatrist, dated 4 May 2004;
- A hospital discharge summary by the physician, dated 14 June 2007.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

15 January 1990 and 19 October 2009

Alcohol Use Disorder, Severe (Worsening)

You have stated that the worsening of your condition was caused by:

- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: (a) agoraphobia; (b) anorexia nervosa; (c) antisocial personality disorder; (d) attention-deficit/hyperactivity disorder; (e) avoidant-restrictive food intake disorder; (f) binge-eating disorder; (g) bipolar disorder; (h) borderline personality disorder; (i) bulimia nervosa; (j) conduct disorder; (k) generalised anxiety*

disorder; (l) major depressive disorder; (m) panic disorder; (n) persistent depressive disorder; (o) posttraumatic stress disorder; (p) social anxiety disorder; (q) specific phobia; or (r) substance use disorder

- *experiencing a category 1A stressor within the 2 years before clinical onset or clinical worsening*
- *experiencing a category 1B stressor within the 2 years before clinical onset or clinical worsening*
- *experiencing a category 2 stressor within the 6 months before clinical onset or clinical worsening*
- *experiencing the death of a person with whom one has a close family bond or a close personal relationship, within the 10 years before clinical onset or clinical worsening*
- *having experienced as a child (under the age of 18) one of the following: (a) serious physical, emotional, or sexual harm; (b) neglect involving a serious failure to provide the necessities for health, physical and emotional development, or wellbeing by adults with obligations to provide such necessities; before clinical onset or clinical worsening*
- *having Roux-en-Y gastric bypass surgery within the 3 years before clinical onset or clinical worsening*
- *experiencing intimate partner violence within 2 years before clinical onset or clinical worsening*
- *having smoked tobacco at least 0.5 pack-years before clinical onset or clinical worsening, and where smoking has ceased, clinical onset or clinical worsening occurred within 3 months of cessation*
- *having a concussion or moderate to severe traumatic brain injury within the 3 years before clinical onset or clinical worsening*
- *inability to obtain appropriate clinical management for alcohol use disorder before clinical worsening*

Diagnosis: Alcohol Use Disorder, Severe (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 8 April 2025, and is supported by a psychiatric assessment by the consultant psychiatrist, dated 4 May 2004.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Alcohol Use Disorder (Balance of Probabilities) (No. 86 of 2025)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening: (a) agoraphobia; (b) anorexia nervosa; (c) antisocial personality disorder; (d) attention-deficit/hyperactivity disorder; (e) avoidant-restrictive food intake disorder; (f) binge-eating disorder; (g) bipolar disorder; (h) borderline personality disorder; (i) bulimia nervosa; (j) conduct disorder; (k) generalised anxiety disorder; (l) major depressive disorder; (m) panic disorder; (n) persistent depressive disorder; (o) posttraumatic stress disorder; (p) social anxiety disorder; (q) specific phobia; or (r) substance use disorder*
- *experiencing a category 1A stressor within the 2 years before clinical onset or clinical worsening*
- *experiencing a category 1B stressor within the 2 years before clinical onset or clinical worsening*
- *experiencing a category 2 stressor within the 6 months before clinical onset or clinical worsening*
- *experiencing the death of a person with whom one has a close family bond or a close personal relationship, within the 10 years before clinical onset or clinical worsening*
- *having experienced as a child (under the age of 18) one of the following: (a) serious physical, emotional, or sexual harm; (b) neglect involving a serious failure to provide the necessities for health, physical and emotional development, or wellbeing by adults with obligations to provide such necessities; before clinical onset or clinical worsening*
- *having Roux-en-Y gastric bypass surgery within the 3 years before clinical onset or clinical worsening*
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- *having a concussion or moderate to severe traumatic brain injury within the 3 years before clinical onset or clinical worsening*
- *inability to obtain appropriate clinical management for alcohol use disorder before clinical worsening*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with drinking larger amounts than intended most nights, inability to cut down, craving, and morning tremor and sweats relieved by drinking on 15 April 2004.

The diagnosis was made by a psychiatrist on 4 May 2004. You met nine of the eleven criteria within a 12-month period: drinking more than intended, persistent desire and failed attempts to cut down, a great deal of time spent drinking and recovering, craving, failure to fulfil duties, continued use despite marital and legal problems, hazardous use including drink-driving, use

despite worsening depression, and withdrawal tremor relieved by alcohol. This meets the Statement of Principles definition of alcohol use disorder, and six or more criteria define the severe specifier.

After the condition arose, it was worsened during your service. A psychiatrist diagnosed posttraumatic stress disorder and major depressive disorder on 20 November 2003, both items on the list, related to your abuse in service in 1990 and the traumatic events of the 2003 boarding operations. On 18 March 2003, on duty in a boarding party, a crew member pointed a loaded rifle at your face, and that night you fell between vessels in a heavy swell and was knocked unconscious. On 22 March 2003 you recovered the bodies of three drowned crew from a capsized vessel as part of your duties, witnessing human remains, which is a category 1B stressor. Your marriage broke down with police involvement and separation in October 2003, after strain from repeated deployments, and from September 2003 you were bullied by your chief petty officer at your shore establishment. Your closest friend, a fellow sailor and your son's godfather, drowned in a shipboard diving training accident on 11 August 2000, and you took part in the recovery. In December 1990, aged 17 and serving as a junior sailor, you were beaten and sexually assaulted by three senior sailors, which is serious physical and sexual harm. You underwent Roux-en-Y gastric bypass surgery on 10 July 2003, referred and funded by Defence, for obesity that developed after your service-related lumbar injury limited your activity. From August 2003 your wife hit you, smashed your belongings and took control of your pay, and on 12 October 2003 you assaulted you with a kettle, leading to police attendance. You began smoking 15 cigarettes a day in recruit training in 1990 with cheap duty-free tobacco on board, increasing to 25 a day from August 2000. On 18 March 2003 you fell between a boarding boat and a dhow, struck your head and lost consciousness for about two minutes, with an hour of amnesia. A residential alcohol program was recommended in March 2006, but your posting to a patrol boat on extended border protection patrols kept you at sea, no relief was provided and your admission was deferred three times.

This has then led to further investigations and the diagnosis of your condition of *Alcohol Use Disorder, Severe (Worsening)*. I have accepted your condition of *Alcohol Use Disorder, Severe (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the SOP is met and that the worsening of this condition is related to your peacetime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 14 June 2007.

Example document — fictitious patient. A suggested draft determination prepared by the Veterans Health Centre from the matching example Diagnostic Assessment, to show how a DVA delegate could determine the claim. Names, dates, service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.