



**Australian Government**  
**Repatriation Medical Authority**

**EXPLANATORY STATEMENT**

**STATEMENT OF PRINCIPLES CONCERNING  
SUBSTANCE USE DISORDER  
(REASONABLE HYPOTHESIS) (NO. 50 OF 2026)**

***VETERANS' ENTITLEMENTS ACT 1986***  
***MILITARY REHABILITATION AND COMPENSATION ACT 2004***

1. This is the Explanatory Statement to the *Statement of Principles concerning substance use disorder (Reasonable Hypothesis)* (No. 50 of 2026).

**Background**

2. The Repatriation Medical Authority (the Authority), under subsection 196B(8) of the *Veterans' Entitlements Act 1986* (the VEA), repeals Instrument No. 59 of 2017 (Federal Register of Legislation No. F2017L01444) determined under subsection/s 196B(2) and (8) of the VEA concerning substance use disorder.
3. The Authority is of the view that there is sound medical-scientific evidence that indicates that substance use disorder and death from substance use disorder can be related to particular kinds of service. The Authority has therefore determined pursuant to subsection 196B(2) of the VEA a Statement of Principles concerning substance use disorder (Reasonable Hypothesis) (No. 50 of 2026). This Instrument will in effect replace the repealed Statement of Principles.

**Purpose and Operation**

4. The Statement of Principles will be applied in determining claims under the VEA and the *Military Rehabilitation and Compensation Act 2004* (the MRCA).
5. The Statement of Principles sets out the factors that must as a minimum exist, and which of those factors must be related to the following kinds of service rendered by a person:

- operational service under the VEA;
- peacekeeping service under the VEA;
- hazardous service under the VEA;
- British nuclear test defence service under the VEA;
- warlike service under the MRCA;
- non-warlike service under the MRCA,

before it can be said that a reasonable hypothesis has been raised connecting substance use disorder or death from substance use disorder, with the circumstances of that service. The Statement of Principles has been determined for the purposes of both the VEA and the MRCA.

6. This Instrument results from an investigation notified by the Authority in the Government Notices Gazette of 28 August 2025 concerning substance use disorder in

accordance with section 196G of the VEA. The investigation involved an examination of the sound medical-scientific evidence now available to the Authority, including the sound medical-scientific evidence it has previously considered.

7. The contents of this Instrument are in similar terms as the repealed Instrument. Comparing this Instrument and the repealed Instrument, the differences include:
- specifying a day of commencement for the Instrument in section 2;
  - revising the definition of 'substance use disorder' in subsection 7(2);
  - including ICD-10-AM codes for 'substance use disorder' in subsection 7(3) (where applicable);
  - including the reference to 'ICD-10-AM code' in subsection 7(4) (where applicable);
  - revising subsection 10(2) to clarify that only the clinical worsening aspect of the factors in section 9 apply in relation to material contribution to, or aggravation of, bronchiectasis. This replaces the previous reference to factors 9(10) to 9(18) for consistency of format;
  - revising the factor in subsection 9(1) concerning 'clinically significant disorder of mental health and combining separate clinical onset and clinical worsening factors into a single factor';
  - revising the factor in subsection 9(2) concerning category 1A stressor to combine separate clinical onset and clinical worsening factors into a single factor;
  - revising the factor in subsection 9(3) concerning category 1B stressor to combine separate clinical onset and clinical worsening factors into a single factor;
  - revising the factor in subsection 9(4) concerning category 2 stressor and combining separate clinical onset and clinical worsening factors into a single factor;
  - revising the factor in subsection 9(5) concerning the death of a person and combining separate clinical onset and clinical worsening factors into a single factor;
  - revising the factor in subsection 9(6) concerning experience as a child and combining separate clinical onset and clinical worsening factors into a single factor;
  - revising the factor in subsection 9(7) concerning taking a medically prescribed substance at the time of clinical onset only;
  - revising the factor in subsection 9(8) concerning persistent pain and combining separate clinical onset and clinical worsening factors into a single factor;
  - revising the factor in subsection 9(11) concerning inability to obtain appropriate clinical management before clinical worsening only;
  - new factor in subsection 9(9) concerning a morally injurious event;
  - new factor in subsection 9(10) concerning intimate partner violence;
  - deleting the factors concerning medical illness or injury as these are now covered by the factor in subsection 9(4) concerning category 2 stressor;
  - new definitions of 'DSM-5-TR', 'clinically significant disorder of mental health', 'witness', 'morally injurious event', 'intimate partner violence', 'intimate partner relationship' and 'intimate partner' in Schedule 1 - Dictionary;
  - revising the definitions of 'substance', 'category 1B stressor', 'category 2 stressor', in Schedule 1 - Dictionary; and

- deleting the definitions of ‘DSM-5’, ‘clinically significant disorder of mental health as specified’, ‘eyewitness’, ‘corpse’, ‘significant other’, ‘severe childhood abuse’, ‘persistent pain’.

### **Incorporation**

8. This Instrument incorporates by reference the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition, Text Revision (DSM-5-TR), Washington, DC, American Psychiatric Association, 2022. A copy of this document can be obtained upon application in writing to the Repatriation Medical Authority either via our website at [www.rma.gov.au](http://www.rma.gov.au) or postal address GPO Box 1014, Brisbane, Queensland 4001.
9. This Instrument refers to *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification* (ICD-10-AM), Tenth Edition, effective date of 1 July 2017, copyrighted by the Independent Hospital Pricing Authority, ISBN 978-1-76007-296-4.

The reference to the ICD-10-AM in this instrument is included for contextual and explanatory purposes only. Although not incorporated by reference, information about the ICD-10-AM can be obtained upon application in writing to the Repatriation Medical Authority either via our website at [www.rma.gov.au](http://www.rma.gov.au) or postal address GPO Box 1014, Brisbane, Queensland 4001.

### **Consultation**

10. Prior to determining this Instrument, the Authority advertised its intention to undertake an investigation in relation to substance use disorder in the Government Notices Gazette of 28 August 2025, and circulated a copy of the notice of intention to investigate to a wide range of organisations representing veterans, service personnel and their dependants. The Authority invited submissions from the Repatriation Commission, the Military Rehabilitation and Compensation Commission, organisations and persons referred to in section 196E of the VEA, and any person having expertise in the field. No submissions were received for consideration by the Authority in relation to the investigation.

### **Human Rights**

11. This instrument is compatible with the Human Rights and Freedoms recognised or declared in the International Instruments listed in Section 3 of the *Human Rights (Parliamentary Scrutiny) Act 2011*. A Statement of Compatibility with Human Rights follows.

### **Finalisation of Investigation**

12. The determining of this Instrument finalises the investigation in relation to substance use disorder as advertised in the Government Notices Gazette of 28 August 2025.

### **References**

13. A list of references relating to the above condition is available on the Authority's website at: [www.rma.gov.au](http://www.rma.gov.au). Any other document referred to in this Statement of Principles is available on request to the Repatriation Medical Authority at the following address:

Email: [info@rma.gov.au](mailto:info@rma.gov.au)  
Post: The Registrar  
Repatriation Medical Authority  
GPO Box 1014  
BRISBANE QLD 4001



**Australian Government**  
**Repatriation Medical Authority**

## **Statement of Compatibility with Human Rights**

*(Prepared in accordance with Part 3 of the Human Rights (Parliamentary Scrutiny) Act 2011)*

**Instrument No.:** **Statement of Principles No. 50 of 2026**

**Kind of Injury, Disease or Death:** **Substance use disorder**

This Legislative Instrument is compatible with the human rights and freedoms recognised or declared in the international instruments listed in section 3 of the *Human Rights (Parliamentary Scrutiny) Act 2011*.

### **Overview of the Legislative Instrument**

1. This Legislative Instrument is determined pursuant to subsection 196B(2) of the *Veterans' Entitlements Act 1986* (the VEA) for the purposes of the VEA and the *Military Rehabilitation and Compensation Act 2004* (the MRCA). Part XIA of the VEA requires the determination of these instruments outlining the factors connecting particular kinds of injury, disease or death with service such being determined solely on the available sound medical-scientific evidence.
2. This Legislative Instrument:-
  - facilitates claimants in making, and the Repatriation Commission and the Military Rehabilitation and Compensation Commission in assessing, claims under the VEA and the MRCA respectively, by specifying the circumstances in which medical treatment and compensation can be extended to eligible persons who have substance use disorder;
  - facilitates the review of such decisions by the Veterans' Review Board and the Administrative Appeals Tribunal;
  - outlines the factors which the current sound medical-scientific evidence indicates must as a minimum exist, before it can be said that a reasonable hypothesis has been raised, connecting substance use disorder with the circumstances of eligible service rendered by a person, as set out in clause 5 of the Explanatory Statement;
  - replaces Instrument No. 59 of 2017; and
  - reflects developments in the available sound medical-scientific evidence concerning substance use disorder which have occurred since that earlier instrument was determined.
3. The Instrument is assessed as being a technical instrument which improves the medico-scientific quality of outcomes under the VEA and the MRCA.

## Human Rights Implications

4. This Legislative Instrument does not derogate from any human rights. It promotes the human rights of veterans, current and former Defence Force members as well as other persons such as their dependents, including:
- the right to social security (Art 9, *International Covenant on Economic, Social and Cultural Rights*; Art 26, *Convention on the Rights of the Child* and Art 28, *Convention on the Rights of Persons with Disabilities*) by helping to ensure that the qualifying conditions for the benefit are 'reasonable, proportionate and transparent'<sup>1</sup>;
  - the right to an adequate standard of living (Art 11, ICESCR; Art 27, CRC and Art 28, CRPD) by facilitating the assessment and determination of social security benefits;
  - the right to the enjoyment of the highest attainable standard of physical and mental health (Art 12, ICESCR and Art 25, CRPD), by facilitating the assessment and determination of compensation and benefits in relation to the treatment and rehabilitation of veterans and Defence Force members;
  - the rights of persons with disabilities by facilitating the determination of claims relating to treatment and rehabilitation (Art 26, CRPD); and
  - ensuring that those rights "will be exercised without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status" (Art 2, ICESCR).

## Conclusion

This Legislative Instrument is compatible with human rights as it does not derogate from and promotes a number of human rights.

Repatriation Medical Authority

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<sup>1</sup> In General Comment No. 19 (The right to social security), the Committee on Economic, Social and Cultural Rights said (at paragraph 24) this to be one of the elements of ensuring accessibility to social security.