

3.6.3.60 Guidelines to Table 6 - Functioning Related to Alcohol, Drug & Other Substance Use

Summary

Table 6 is used to assess functional impairment due to excessive use of alcohol, drugs or other harmful substances or the misuse of prescription drugs.

Excessive use means that which results in damage to a person's mental or physical health.

Harmful substances are those which on taking them result in damage to a person's mental or physical health for example, glue or petrol sniffing.

The misuse of prescription drugs means using prescription drugs in a way outside that which has been prescribed by a medical practitioner.

The diagnosis of the condition must be made by an appropriately qualified medical practitioner. This includes a general practitioner or medical specialists such as an addiction medicine specialist or psychiatrist with experience in diagnosis of substance use disorders.

Table 6 applies only to people who have current, continuing alcohol, drug or other harmful substance use disorders and those in active treatment.

People who suffer from long-term impairment which has resulted from previous alcohol, drug or other substance use but who no longer have an active substance use disorder and are no longer receiving active treatment, must be assessed under the other relevant Tables and not Table 6. For example, if the person has a resulting brain injury they should be assessed under Table 7 - Brain Function. Similarly, if a person had resulting chronic liver disease they should be assessed using Table 10 - Digestive and Reproductive Function.

Regardless of the number of substances the person is dependent on, only one rating is to be assigned under Table 6 to reflect the overall functional impairment.

Within the 10 point descriptor, point (2) states the rating level includes a person in receipt of treatment and in sustained remission who is able to complete most activities of daily living. To meet the 10 point descriptor, if a person meets (2) there would also need to be a moderate functional impact resulting from their previous substance use or from the side effects of treatment such as Methadone.

Act reference: [Social Security \(Tables for the Assessment of Work-related Impairment for Disability Support Pension\) Determination 2011](#) Table 6 - Functioning related to Alcohol, Drug and Other Substance Use, Table 7 - Brian Function, Table 10 - Digestive and Reproductive Function

Determining the level of functional impact

When determining which impairment rating applies to a person the rating that best describes the person's abilities or difficulties must be applied. In applying the descriptors in Table 6, each descriptor sets out how the points within it are to apply.

For example, the 5 point descriptor states at least one of the following applies. The 10 point descriptor states most of the following apply and that it also applies to people receiving treatment who are in sustained remission and are able to complete most activities of daily living. Under the 20 and 30 point descriptors, most of the following apply.

Where the descriptor refers to most of the following, most is taken to be more than half.

Determination of the descriptor that best fits the person's impairment level must be based on the available medical evidence including the person's medical history, investigation results and clinical findings. A person's self-reported symptoms must not solely be relied on. It would be inappropriate to apply an impairment rating based solely on a person's self-reported functional history if this level of functional impairment is not consistent with the medical evidence available.

High levels of intake will increase health risks but the use of alcohol, drugs or other harmful substances in itself does not necessarily indicate significant and permanent functional impairment. For example, a person with a high level of alcohol intake may not have developed any medical complications or experienced significant problems in how they function. Each person should be assessed on an individual basis, as the level of impairment cannot be predicted from the reported level of drug or alcohol use alone. It should not be assumed for example, that a person on a methadone program is severely functionally impaired and has no work capacity.

If reasonable treatment has not been undertaken, it should be considered whether the person has a reasonable medical or other compelling reason for not doing so. For example, due to their condition, the person may have lost their insight and ability to make sound judgements and this may therefore affect their compliance with recommended treatment. Such a person's impairment could then be considered stable and permanent if it is unlikely to improve significantly within 2 years.

However, in cases where the person is considered to retain good insight and judgement and their decision to abstain from reasonable treatment is due to a fully informed personal choice without medical or other compelling grounds, then the impairment should be considered temporary even if significant improvement could be expected to occur with reasonable treatment.

Some conditions causing impairment commonly assessed using Table 6

Guidelines to the Tables effective from 1 January 2012

These include but are not limited to:

- alcohol dependence,
- dependence on illicit drugs (e.g. heroin),
- dependence on other harmful substances such as glue or petrol,
- misuse of analgesic medications or prescription drugs.

***Example:** A 35 year old man is diagnosed with alcohol dependence. The medical evidence shows he has participated in rehabilitation treatments over the last 5 years but continues to be alcohol dependent. He uses alcohol every day and is often unable to complete his daily activities such as preparing meals or showering due to the effects of alcohol. His relationships with family members are often strained and at times family members are not on speaking terms with him. His work attendance records show that he often does not attend work for one or 2 days within a fortnight, but this varies.*

Also, he has undergone liver function tests which identified significantly impaired liver function.

Under Table 6, this man would receive an impairment rating of 10 points due to the moderate impact his condition of alcohol dependence has on his ability to function. In this case, consideration should also be given to whether his liver condition is permanent and fully diagnosed, treated and stabilised and, if so, whether it receives an impairment rating under Table 10 - Digestive and Reproductive Function.

Act reference: [Social Security \(Tables for the Assessment of Work-related Impairment for Disability Support Pension\) Determination 2011](#) Table 6 - Functioning related to Alcohol, Drug and Other Substance Use, Table 10 - Digestive and Reproductive Function

Impairments that should not be assessed using Table 6

Long term impairments that result from the alcohol, drug and other substance use, for example, neurological or cognitive impairment, cirrhosis or chronic liver disease, pancreatitis or other complications of end organ damage. These resulting conditions should be assessed under the appropriate Table according to the area of function affected.