

Table 6 – Functioning related to Alcohol, Drug and Other Substance Use

Introduction to Table 6
<ul style="list-style-type: none"> • Table 6 is to be used to assess the functional impact of a diagnosed condition resulting from excessive use of alcohol, drugs or other harmful substances (such as glue or petrol) or the misuse of prescription drugs. • The diagnosis of the condition causing the impairment must be made by an appropriately qualified medical practitioner. For example a general practitioner or medical specialist such as an addiction medicine specialist, or psychiatrist with experience in diagnosis of substance use disorders. • There must be corroborating evidence of the person’s impairment. • Self-report of symptoms must be supported by corroborating medical evidence. • This Table applies to people who have current, continuing substance use disorders and those in receipt of alcohol or other drug treatment. • People with a past history of substance use disorder with resulting long-term impairments should be assessed under the relevant Table(s). <p><i>Example 1:</i> Table 7 should be used where the person has neurological impairment resulting from previous alcohol, drug or other harmful substance use.</p> <p><i>Example 2:</i> Table 5 should be used where the person suffers a mental health impairment resulting from previous alcohol, drug or other harmful substance use.</p> <ul style="list-style-type: none"> • The use of drugs or alcohol does not in itself constitute or necessarily indicate a functional impairment. • Examples of corroborating evidence for the purposes of this Table include, but are not limited to, the following: <ul style="list-style-type: none"> ○ a report from the person’s treating doctor; ○ supporting letters, reports or assessments relating to the person’s substance use disorder; ○ a report from a medical specialist (such as a general practitioner, addiction medicine specialist or psychiatrist with experience in diagnosis or treatment of substance use disorders) confirming diagnosis of substance use disorder and resulting impairment of other body systems or functions; ○ a report from an allied health practitioner (such as a psychologist) confirming the person’s functional impairment; ○ results of investigations (such as liver function tests, alcohol and substance use assessment scales); ○ interviews with the person and those who provide care or support to the person; ○ reports or other records of participation in treatment programs; ○ work or training attendance records.

- In using Table 6, evidence from a range of sources should be considered in determining which rating applies to the person being assessed.
- The person may not have sufficient self-awareness of their substance use disorder or may not be able to accurately describe its effects. This is to be kept in mind when discussing issues with the person and reading supporting evidence.
- The signs and symptoms of substance use disorder may vary over time. The person's presentation on the day of the assessment should not be solely relied upon.
- When determining whether a descriptor applies that involves a person performing an activity, the descriptor applies if that person can do the activity when they would be expected to do so and not only once or rarely.
- When assessing episodic or fluctuating impairments and conditions, a rating must be assigned which reflects the overall functional impact of those impairments, taking into account the severity, duration and frequency of the episodes or fluctuations as appropriate.
- The examples used in descriptors are not an exhaustive list and are to be used only as a guide.

Points	Descriptors
0	<p><i>There is no or minimal functional impact from alcohol, drugs or other harmful substance use.</i></p> <p>(1) The person has no or minimal difficulties attending to all aspects of self-care and daily living tasks, and is able to attend and effectively participate in work, education and training activities.</p>
5	<p><i>There is mild functional impact from alcohol, drugs or other harmful substance use.</i></p> <p>(1) As a result of a person's substance use disorder they experience at least one of the following:</p> <p>(a) mild physical or cognitive effects that carry over into working hours; or</p> <p><i>Example: the person occasionally experiences poor concentration, lethargy or irritability, which affects their ability to focus on and complete tasks due to the effects of their substance use.</i></p> <p>(b) occasional difficulties in reliably attending work, education or training sessions or appointments or completing duties or assigned</p>

	<p>tasks; or</p> <p><i>Example:</i> the person is occasionally late to work and does not perform tasks at expected capacity due to the effects of their substance use.</p> <p>(c) infrequent absences from work, education or training activities.</p> <p><i>Example:</i> the person takes occasional days off work due to the effects of their substance use.</p>
10	<p><i>There is moderate functional impact from alcohol, drugs or other harmful substance use.</i></p> <p>(1) As a result of a person's substance use disorder they experience at least 3 of the following:</p> <p>(a) moderate difficulties performing physical or cognitive tasks;</p> <p><i>Example:</i> the person regularly experiences poor concentration, lethargy or irritability, which affects their ability to focus on and complete tasks due to the effects of their substance use.</p> <p>(b) moderate difficulties in maintaining self-care, hygiene, nutrition and general health;</p> <p><i>Example:</i> the person regularly prioritises activities associated with their substance use over self-care activities, such as showering and eating meals.</p> <p>(c) moderate difficulties with family or social relationships and activities;</p> <p><i>Example 1:</i> the person has moderate difficulties sustaining relationships with family or making and keeping friends not associated with their substance use.</p> <p><i>Example 2:</i> the person has interpersonal relationships that are strained, often with tension or arguments related to the person's substance use.</p> <p>(d) moderate difficulties in reliably attending appointments or completing duties or assigned tasks;</p> <p><i>Example:</i> the person is regularly late to engagements, neglects tasks or financial obligations or requires more than the usual prompts and assistance to complete tasks.</p> <p>(e) is often absent from work, education or training activities.</p> <p><i>Example:</i> the person takes regular days off work due to the effects of their substance use.</p>
20	<p><i>There is severe functional impact from alcohol, drug or other harmful substance use.</i></p> <p>(1) As a result of a person's substance use disorder they experience at least 3 of the following:</p>

	<p>(a) severe difficulties in maintaining self-care, hygiene, nutrition and general health;</p> <p><i>Example:</i> the person frequently neglects self-care activities, such as showering, washing clothes and eating meals as a result of their substance use.</p> <p>(b) severe difficulties in prioritising activities that are not related to the procurement or use of a substance, despite harm or negative consequences;</p> <p><i>Example 1:</i> the person prioritises purchasing substances of purchasing necessities, such as food.</p> <p><i>Example 2:</i> the person engages in harmful substance use behaviour despite severe health consequences.</p> <p>(c) severe physical or cognitive impairment resulting from chronic and ongoing use of a substance;</p> <p><i>Example:</i> the person has a diagnosed condition, such as end organ damage, psychological or psychiatric assessment showing sustained and significant impairment or behavioural dysfunction linked to brain damage resulting from their substance use.</p> <p>(d) severe difficulties in withdrawing from a substance or avoiding harmful use of a substance;</p> <p><i>Example 1:</i> the person experiences brief or limited periods of remission, if it occurs at all.</p> <p><i>Example 2:</i> the person experiences severe withdrawal symptoms, such as seizures, when they abstain from substance use.</p> <p>(e) frequent absences from work, education or training activities</p> <p><i>Example 1:</i> the person is rarely able to attend work due to the ongoing effects of substance use.</p> <p><i>Example 2:</i> the person has severe difficulty sustaining employment due to the potential harm to self or others, including aggressive or risky behaviours.</p>
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30	<p><i>There is an extreme functional impact from alcohol, drug or other harmful substance use.</i></p> <p>(1) As a result of a person's substance use disorder they experience at least 3 of the following:</p> <p>(a) extreme difficulties in maintaining personal care, hygiene, nutrition and general health;</p> <p><i>Example:</i> the person has extreme difficulties undertaking any self-care activities as a result of their substance use.</p> <p>(b) extreme physical or cognitive impairment resulting from chronic and ongoing use of a substance;</p> <p><i>Example:</i> the person has sustained irreparable damage to their physical health, such as failure of the liver or other organs, or brain injury with severely impaired cognitive function as a result of their substance use.</p> <p>(c) extreme difficulties with most aspects of relationships, social interaction and community involvement;</p> <p><i>Example:</i> the person is socially isolated, unless they are interacting with people related to their substance use.</p> <p>(d) extreme difficulties in withdrawing from or avoiding harmful use of a substance and unable to attend work or activities.</p> <p><i>Example:</i> the person is unable to withdraw from a substance due to their dependence on the substance.</p>
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