

# Court listened to AMA on defining alcoholism as a disease, not a crime

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Alcoholism wasn't always seen as a disease needing treatment, and the American Medical Association's work was on the forefront of changing how the court system viewed and treated those who cannot control their alcohol consumption.

Over the years, the U.S. Supreme Court has looked to AMA policies and an amicus brief to help it first establish that alcoholism is in fact a disease.

The high court's first reference to AMA policy defining alcoholism as a disease came in a dissenting opinion in a case the majority decided not to consider. The 1966 case, *Budd v. California*, posed the question of whether it is constitutional for California to punish someone who suffers from alcoholism, not just someone who periodically voluntarily overindulges.

In his dissent, Justice Abe Fortas referenced a 1956 JAMA "Reports of Officers" that describes a policy the AMA adopted on hospitalizing and treating patients with alcoholism. He wrote that the question before the court "has great practical and social significance. We are told that some 6 million Americans are afflicted with alcoholism and that each year more than 1.5 million arrests—three of every eight—are for drunkenness. Although we do not know how many of those arrested for drunkenness are properly classifiable as alcoholic—that is, whose conduct may be traced to illness rather than to choice—there is ample evidence that the number is very large."

## Disease designation builds momentum

Two years later, the court agreed to hear a case involving a man who argued he was afflicted with chronic alcoholism and that to punish him for his conduct would be cruel and unusual. The court, in the 1968 case *Powell v. State of Texas*, ultimately allowed the man to face punishment for his crime.

But justices in their opinion established that the AMA designated alcoholism as a “major medical problem” in 1956 and “urged that alcoholics be admitted to general hospitals for care.” Justices said, “this significant development marked the acceptance among the medical profession of the ‘disease concept of alcoholism.’”

The court noted that the medical community didn’t agree on what it meant to say alcoholism was a disease and that there was no known generally effective treatment. Justices said that the AMA “defined alcoholics as ‘those excessive drinkers whose dependence on alcohol has attained such a degree that it shows a noticeable disturbance or interference with their bodily or mental health, their interpersonal relations, and their satisfactory social and economic functioning.’”

## Recognizing alcoholism as disease

In 1988, the Supreme Court decided a case in which the U.S. Department of Veterans Affairs (VA) wouldn’t grant more time for two veterans who were primary alcoholics—or had alcoholism unrelated to a psychiatric condition—to use the educational benefits allowed under the GI Bill. This time, the AMA got involved by filing an amicus brief, which the court referenced in its opinion that sided with the veterans.

Veterans must use their benefits within 10 years of leaving the military unless granted an extension because “a physical or mental disorder that was not the result of [their] own willful misconduct” prevented them from using it. In *Traynor v. Turnage*, two veterans sued saying the VA regulation violated the Rehabilitation Act after the VA defined alcoholism as willful misconduct.

The Supreme Court ruled that Congress intended to include people with alcoholism in the Rehabilitation Act and that the veterans should be allowed an extension to use their benefits. In the ruling, the justices cited the AMA brief, saying that the policy “does not deny extensions of the delimiting period to all alcoholics but only to those whose drinking was not attributable to an underlying psychiatric disorder. It is estimated by some authorities that mental illness is responsible for 20% to 30% of all alcoholism cases.”

The court also recognized that the AMA, the American Psychiatric Association and the National Council on Alcoholism, Inc. emphasized in their respective briefs that the primary or secondary distinction of alcoholism “is a crude one. A diagnosis of alcoholism as primary or secondary may

depend as much on the nature of the facility in which the diagnosis is made as it does on the alcoholic's true clinical history.”

## **Other AMA guidance in court rulings**

When it comes to how to handle cases that involve alcohol, the nation’s high court has looked to the AMA as far back as 1926. Justices then considered a case a physician filed against the Prohibition Act’s interference with him prescribing “vinous or spiritous liquors” for medicinal purposes looked to a 1917 AMA meeting where delegates declared using alcoholic liquor as a therapeutic agent was without “scientific basis” and “should be discouraged.”

The opinion in *Lambert v. Yellowley* also referenced resolution from the 1921 AMA meeting that said “reproach has been brought upon the medical profession by some of its members who have misused the law which permits the prescription of alcohol.”

The high court looked to the AMA most recently in a 2016 case, *Birchfield v. North Dakota*, challenging the state’s law instituting blood alcohol breath tests. In its reasoning, the court noted that the AMA and National Safety Council had committees that studied the nation’s drunken driving problem and concluded that a driver with a blood alcohol content of 0.15% or high could be presumed to be inebriated.