



Obama and McCain: Where They Stand on Addiction Issues

June 6, 2008

News Feature

By Bob Curley

Based on their records, neither John McCain or Barack Obama can really be considered a leader in the drug-policy arena. Still, both appear to have a broader and more nuanced understanding of addiction issues than their White House predecessor, and William Cope Moyers, vice president of external affairs at Hazelden, says that he has "never been more hopeful that addiction treatment will begin to get the attention it deserves, because we at least have two candidates who are aware of the issue."

"I feel guardedly hopeful that both candidates recognize that alcohol and other drugs should be an integral part of their platforms," said Moyers.

Up to this point, we've heard far more about the candidates' personal histories involving alcohol, tobacco and other drugs than how either John McCain or Barack Obama would approach treatment and prevention from a policy perspective.

Much has been made, for example, about Obama's admission that he used cocaine and marijuana in his youth: Billy Shaheen, co-chair of Hillary Clinton's New Hampshire campaign, was forced to step down in December 2007 after saying that Obama's admissions would be a liability in the general election. "The Republicans are not going to give up without a fight ... and one of the things they're certainly going to jump on is his drug use," said Shaheen in an interview with the Washington Post.

McCain has admitted to heavy drinking (but no illicit-drug use) as a youth, and both he and Obama are former smokers. McCain has long been a thorn in the side of the tobacco industry. However, he also has routinely recused himself from votes on matters pertaining to the alcohol industry because his wife, Cindy, heads a large Anheuser-Busch distributor in Arizona -- a luxury he won't have if elected president.

Like many Americans, McCain has a family history of addiction: his father was an alcoholic, and Cindy struggled with an addiction to prescription drugs in the 1990s, including illegally obtaining painkillers from a charity where she worked and filling prescriptions in the names of staff members. That led to a DEA investigation but no criminal charges, with Mrs. McCain diverted into a treatment program instead.

Tom Coderre, national field director for Faces and Voices of Recovery, praised both Obama and McCain for their support of addiction parity legislation and noted that Obama also supported the Second Chance Act of 2007, which provided greater support for offenders reentering society.

"Some advocates have been cautious about McCain's connections with the alcohol industry," said Coderre, "but we also know that Cindy McCain is in recovery from addiction, so it's an interesting dynamic there."

As a one-term senator, Obama has compiled relatively little legislative history on addiction issues but has made a number of public statements on aspects of drug policy, and his cornerstone campaign document, the Blueprint for Change, includes a number of positions and statements related to alcohol, tobacco and other drug use. McCain's campaign documents go into less detail on his positions related to addiction issues, but his voting record is longer.

Moyers predicted that regardless of who becomes president this fall, healthcare reform will be coming in 2009 and that it is "imperative that the president and Congress include addiction and treatment in whatever reform ultimately evolves."

"There will be a lot of issues on the table; let's just hope that not just addiction but treatment and recovery will be on the agenda," he added.

Obama: Blueprint for America

Obama's Blueprint for America spells out the Democratic nominee's approach to a broad range of issues, including a pledge to sign a universal healthcare plan by the end of his first term as president. "The benefit package will be similar to that offered through Federal Employees Health Benefits Program (FEHBP), the plan members of Congress have," the Blueprint states. "The plan will cover all essential medical services, including preventive, maternity and mental-health care." (The FEHBP requires parity coverage of addictive diseases, although this is not explicitly mentioned in Obama's document.)

Obama cites the need to spend more money on disease prevention. However, the candidate also plans to reinstate pay-as-you-go (PayGo) rules in Congress, meaning any new spending would have to be offset but program cuts or funded with new tax revenues.

Obama's plan for supporting rural communities includes a pledge to combat methamphetamine. "Obama has a long record of fighting the meth epidemic," according to the Blueprint. "As President he will continue the fight to rid our communities of meth and offer support to help addicts heal. "

Expansion of drug courts, meanwhile, shows up as a priority in Obama's civil-rights agenda. "Obama will give first-time, nonviolent offenders a chance to serve their sentence, where appropriate, in the type of drug rehabilitation programs that have proven to work better than a prison term in changing bad behavior," the Blueprint states.

In his platform on civil rights, Obama cites the need to address sentencing and other disparities that disproportionately impact African-Americans and Hispanics. "Disparities in drug sentencing laws, like the differential treatment of crack as opposed to powder cocaine, are unfair," the candidate states.

Among Obama's military priorities is a pledge to improve mental-health treatment for troops and veterans suffering from combat-related psychological injuries. "Veterans are coming home with record levels of combat stress, but we are not adequately providing for them," according to the Obama Blueprint.

The Blueprint also includes a pledge to reduce recidivism by providing more support for ex-offenders to fight crime and poverty. "Obama will work to ensure that ex-offenders have access to job training, substance abuse and mental health counseling, and employment opportunities," the document says. "Obama will also create a prison-to-work incentive program and reduce barriers to employment."

I'll Engage Parents, Obama Tells PDFA

In December 2007, the Partnership for a Drug-Free America (PDFA), asked candidates, "If you become President, how will you bolster efforts to reduce alcohol and drug abuse in communities throughout America?" and, "A recent national survey found a significant decline in the number of parents talking to children about the risks of drugs and alcohol. If you become President, how will you encourage parents to engage with their kids on this health issue?"

McCain did not respond to the PDFA questions, but Obama did, citing the need for international cooperation on drug enforcement, expansion of drug courts, strengthening enforcement efforts aimed at methamphetamine, and supporting afterschool programs.

"I will promote healthy communities and work to strengthen our public-health and prevention systems," said Obama. "I will promote healthy environments, which would include restricted advertising for tobacco and alcohol to children and wellness and educational campaigns. I will increase funding to expand community based preventive interventions to help Americans make better choices to improve their health."

Obama called parents "our first line of defense against alcohol and drug abuse," but said parents need more resources and information. "My health care plan includes strengthening our public health and prevention infrastructures so that parents get the information they need about substance abuse, and guidance on how

to talk about it," he said. "And my poverty plan calls for the creation of 'Promise Neighborhoods' in our cities that will support similar public-health initiatives."

"Some parents are just not taking the time to engage with their kids on [the drug] issue," said Obama. "We need to tell parents to turn off the television, put away the video games, and spend some time providing the guidance our children so badly need and desire. Parents need to strike up a conversation with their kids and warn them against the perils of drug use ... I've been quite open about my struggles as a young man growing up without a father in the home. I had to learn very early on to figure out what was important and what wasn't, and exercise my own judgment and in some ways to raise myself. Along the way, I made mistakes. And so I recognize the importance of parents talking to their children and actively engaging them on this issue, and will promote these values as president."

In other public statements, Obama said he would consider harm-reduction strategies like needle-exchange programs to fight the spread of HIV/AIDS and would support medical use of marijuana under certain conditions.

"I think it is important that we are targeting HIV/AIDS resources into the communities where we're seeing the highest growth rates," Obama told Politico in a Feb. 11, 2008 interview. "That means education and prevention, particularly with young people. It means that we have to look at drastic measures, potentially like needle exchange in order to insure that drug users are not transmitting the disease to each other. And we've got to expand on treatment programs."

When it comes to medical marijuana, Obama told a reporter in March, "I have more of a practical view than anything else. My attitude is that if it's an issue of doctors prescribing medical marijuana as a treatment for glaucoma or as a cancer treatment, I think that should be appropriate because there really is no difference between that and a doctor prescribing morphine or anything else. I think there are legitimate concerns in not wanting to allow people to grow their own or start setting up mom and pop shops because at that point it becomes fairly difficult to regulate."

On the other hand, Obama stated in a September 2007 Democratic primary debate that he was opposed to lowering the legal drinking age from 21 to 18.

McCain's Interest in Addiction Mostly Indirect

John McCain's finest moments on addiction policy during the past decade were related to his early -- and impassioned -- campaign to regulate the tobacco industry, tax tobacco products more heavily, and limit tobacco advertising. McCain also signed on to the current legislation to give the U.S. Food and Drug Administration the power to regulate tobacco products, but lost points with advocates when he opposed a child-health bill that would have been funded by an increase in the federal tobacco tax.

His current campaign documents, however, mention only a pledge to make smoking-cessation products more available. "Most smokers would love to quit but find it hard to do so," according to the healthcare position statement on [McCain's campaign website](#). "Working with business and insurance companies to promote availability, we can improve lives and reduce chronic disease through smoking cessation programs."

McCain's healthcare priorities include paying more attention to chronic diseases, although addiction is not explicitly included. "Chronic conditions account for three-quarters of the nation's annual health care bill," the statement notes. "By emphasizing prevention, early intervention, healthy habits, new treatment models, new public health infrastructure and the use of information technology, we can reduce health care costs. We should dedicate more federal research to caring and curing chronic disease."

Addiction issues only get direct attention in McCain's military priorities, where he tackles the special health needs of veterans and the transition to civilian life. "He supported efforts to provide veterans with treatment for tobacco-related illnesses and substance-abuse problems, and he sponsored legislation to cover mental-health care in military retiree health plans," the McCain website says. "He has supported numerous bills to help homeless veterans by providing them with counseling, independent living training, and residential treatment programs so that they can address and overcome those ailments that plague many homeless veterans, such as post-traumatic stress disorder and substance abuse."

McCain has also pledged to impose a one-year freeze on discretionary spending growth and to submit a balanced budget to Congress. He also says he will eliminate government programs that don't perform; under the Bush administration, a number of key addiction-related programs were identified as nonperforming.

Ontheissues.org, which compiles information on candidates positions on various issues, cited a Project Vote Smart profile from 1998 that said McCain supported stricter penalties for drug crimes, including mandatory sentences for selling drugs and capital punishment for international drug traffickers. He also supported expansion of federal drug education and treatment programs, and said that alcohol should be included in such programs along with illicit drugs.

In 1999, McCain introduced legislation that would prohibit the use of federal funds for methadone maintenance programs unless they worked toward eliminating addiction and featured mandatory drug testing. He also sponsored legislation to establish drug-testing standards for professional sports leagues in 2005.

McCain has opposed marijuana legalization, including for medical purposes. "Every medical expert I know of, including the AMA [American Medical Association], says that there are much more effective and much better treatments for pain than medical marijuana," McCain said in a September 2007 town-hall meeting in New Hampshire. "I still would not support medical marijuana because I don't think that the preponderance of medical opinion in America agrees with [the] assertion that it's the most effective way of treating pain."

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