New Jersey Health Officials Must Be Smoking (Crack)

By Josh Bloom — January 15, 2021

New Jersey health officials' interpretation of CDC guidance is going to put smokers ahead of nonsmokers in the COVID vaccination program. Crazy? We think so.

Somewhere up there the ghost of Lloyd Bridges is looking down at New Jersey and having a good laugh. While this is hardly the first time that Jersey has been the butt of a joke it's probably the first time that it's been the butt of jokes because of butts.

"I picked the wrong week to give up smoking"

Lloyd Bridges in Airplane, 1980

Bridges, who died in 1998, was nothing if not prescient. For reasons that were "explained," if you can call it that, New Jersey Gov. Phil Murphy announced that the state would follow an odd interpretation of CDC advice, which puts smokers (and 11 other groups) at higher risk should they get COVID. As such, in Jersey smokers get to jump ahead of non-smokers in the torpid COVID vaccine lines.

I mentioned interpretation. Here's why. The wording of the CDC advice is: "Adults of any age with..."
the following conditions are at increased risk of severe illness from the virus that causes COVID-19. The list includes cancer, Down Syndrome, pregnancy, obesity smoking... The CDC does not say that everyone in this group (1) should be prioritized for vaccination; it merely lists 12 conditions that put people at increased risk and another 11 that might be at increased risk. Here they are:

- Asthma (moderate-to-severe)
- Cerebrovascular disease (affects blood vessels and blood supply to the brain)
- Cystic fibrosis
- Hypertension or high blood pressure
- Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines
- Neurologic conditions, such as dementia
- Liver disease
- Overweight (BMI > 25 kg/m², but < 30 kg/m²)
- Pulmonary fibrosis (having damaged or scarred lung tissues)
- Thalassemia (a type of blood disorder)
- Type 1 diabetes mellitus

This is madness. Cigarette smokers get to jump the line ahead of people with severe asthma, cystic fibrosis, or heart disease? No way. I don't care what the quality of the evidence that established those lists. Even a modicum of common sense dictates that people with severe asthma or heart disease must go ahead of smokers, not the other way around. Heart disease and cystic fibrosis are conditions that are known and measurable. Smoking is not.

What to do? If I lived in Joisey I'd listen to Lloyd. It's arguably healthier not only not to quit smoking (at least until you've slithered your way to immunity) but maybe even start puffin' away, if only for a couple of days, rather than face whatever the hell COVID might do to you.

But, how much do I need to smoke to qualify? A couple of puffs while driving to the pharmacy that is going to be out of vaccines anyhow? Or does it need to be something more serious? Like this guy?
Murphy’s adaptation of the CDC “advice” has generated much scorn, but not everyone agrees. Dr. Esther Choo, an emergency physician at the Oregon Health and Science University argued that it’s wrong to de-prioritize smokers or others with substance abuse.

“There’s a very steep and judgmental slippery slope when we start to say that one group or the other does not deserve vaccines based on your health behavior, particularly when we understand smoking to be a substance use disorder.”

Esther Choo, M.D.

Dr. Choo. Please tell me you’re kidding. Because if I’ve got it right you’re not penalizing people for a "health behavior," you’re rewarding them for it. This silliness brings up all kinds of questions, some of them less sarcastic than others:

1. Does smoking guarantee let alone mean that smokers' lungs are in any worse shape than those of non-smokers?

2. Ever hear of dose-response? Does a 10-year old who tried a couple of puffs of a Virginia Slims in 1968 (You've come a long way, baby!) and hurled into his mother's lingerie drawer count as much as a coal miner who's been sucking down a carton of Viceroy's every week for 30 years?

3. Will CT scans first be administered to assess actual lung damage or is the mere admission of grabbing a bogey once in a while sufficient to claim priority?

4. What about marijuana? It only follows that obligatory stoners are gonna have some lung damage too. Maybe not as much, but "New Jersey logic" dictates that ganja gluttons need to go in front of non-imbibers, right? Perhaps they should only get privileged treatment for the first shot.

5. Would Cheech go before Chong or the other way around?

6. This policy is clearly discriminatory toward cocaine users since it has been shown to cause
hypertension - a known risk factor for COVID sufferers. Of course, provisions would need to be made to get the vaccine needle into the coke head within 15-minute intervals following a toot because the drug causes only acute, not chronic hypertension [5].

7. Do you have anything to add?

(7A. Update 1/17 - I wish I could take credit for this, but it's from a reader)

**Should we give priority to people who refuse to wear masks?** Let's take the thought a bit further. How about people who ignore social distancing? Both groups are at an elevated risk and we don't want to be judgemental, right?

Gotta wrap this up. I'm heading for Jersey and fast before their supply of two vaccines runs out. So, if you see some maniac doing 95 on the Turnpike, seatbelt off, a pit bull hanging out the back window and puffin' away like Peter, Paul, and Mary don't hesitate to wave hi. Just because I'm taking advantage of a stupid rule doesn't mean I'm a bad person.
Links
[5] https://watermark.silverchair.com/11_11_1279.pdf?token=AQECAHi208BE49Ob0an9kkhW_Ercy7Dm3ZL_9Cf3qfKAc48pwU8JdHFdl7Urylymyfew4JZ89CtplIBSw-Xk0FkELKdLS_usaZozOHhV3j29WCDv8qflfAArTi1UG84HFWzex0yGTcXil6Ey01HNakLBB0OTGrwUEKYw0Mu6iDaStfi
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