

Why Are Drug Users Getting Better Treatment than Smokers?

By Gil Ross — September 11, 2015



^[1]In a recent Forbes blog post, Dr. Sally Satel, psychiatrist and addiction

specialist, and professor of medicine Brad Rodu [asked this question](#) ^[2]: Why do public health care advocates seem to care more about heroin addicts than smokers?

They have a point. There is a seemingly incomprehensible disconnect between "official" public health policy on dealing with some unhealthy behaviors involving addictive substances while engaging in pervasive campaigns against others.

The essence of their cogent argument and thesis is this: The federal health agencies (and thanks to the vast influence these have, the state and local officials as well) support and promote, by policies and funding, methods to allow self-destructive and addictive behaviors regarding tobacco to continue while these same agencies seek to assist users who harm themselves when the substances abused are "street drugs" (opiates such as heroin, or methamphetamine) - harm reduction for tobacco is criticized while every option is embraced for reducing harm from drug users.

Here's an extended excerpt from the op-ed, discussing efforts to boost use of opiate replacement medications such as buprenorphine and methadone and for wider availability of Narcan, a drug that instantly reverses overdose effects and contrasting them to the government stance on smoking cessation.

"We applaud these efforts to reduce the harm from heroin use. But as an opiate addiction expert [Satel] and a tobacco researcher [Dr. Rodu], we are baffled that equivalent amounts of energy and political will are not directed at an even more harmful addiction and public health scourge: smoking.

"The CDC collects data on both behaviors. According to the most recent [government statistics](#) ^[3], HIV and viral hepatitis killed 15,000 Americans (not all deaths were from IV drug use) in 2013 and 16,000 were linked to heroin and/or opioid overdoses. By contrast, smoking ... contributed to 450,000 deaths from all diseases.

"The CDC supports harm reduction for opiates. Its [multi-point plan](#) ^[4] for dealing with the heroin

epidemic, as the agency calls it, includes, not surprisingly, opiate substitution medications and sterile injection equipment. But the CDC warns smokers to stay away from e-cigarettes or smokeless tobacco. This flies in the face of the much-replicated data we have about the safety of these products relative to cigarettes.

"Let's first take e-cigarettes and other vaping devices. They work by heating a solution containing nicotine, propylene glycol and flavorings. Critically, vaping does not combust tobacco; it produces no smoke and thus no carcinogenic tars and gases. This means that the risks of cancer, lung disease, and heart disease are vastly diminished compared to smoking."

Drs. Radu and Satel, [the latter an author of an American Council on Science and Health tobacco harm reduction publication](#) [5], cite examples of how the NIH, CDC, FDA among governmental agencies, and "public health" NGOs such as the American Lung Association, American Cancer Society, et al. exaggerate the risks of e-cigarettes/vaping devices while never comparing those risks to the well-documented poisons and carcinogens in cigarette smoke. As a result, more and more smokers have come to believe that e-cigarettes, which have no smoke, are just as dangerous for their health as cigarettes.

The co-authors eventually get to the nitty-gritty, writing, that "researchers have now accumulated a mountain of data on the value of needle exchange and methadone. The same can be said of long-term use of nicotine and smoke-free tobacco. So why does the heroin surge merit a rational response from public health officials while they oppose harm reduction for smokers? There are many answers ..."

They then go on to consider several of those answers, none of which are acceptable in reality, when dealing with smoking, the worst preventable public health scourge in our nation.

It may be money. By increasing taxes on cigarettes, we have made government social services more dependent on that revenue. Dr. Rodu's own blog, *Tobacco Truth*, [explored this issue in depth](#) [6] not long ago, writing *NIH Funding Stifles Tobacco Harm Reduction Research and Support in Academia*. In his post, he gives numerous examples of the huge amounts of funding support sent by the NIH and its daughter institutes to various academics, all of whom are fervent opponents of harm reduction - and then some of these recipients have actually served on federal panels deliberating on how to deal with the problem of smoking, despite clear conflicts of interest.

Satel and Rodu conclude: "Smoking and heroin abuse are two deadly habits. There is ample room within the portfolios of the CDC, the California Department of Health, the WHO and other respected health agencies to make life safer for both smokers and drug users.

"Their failure to champion tobacco harm reduction the way they have opiate harm reduction is a glaring violation of public trust." (emphasis added).

Source URL: <https://www.acsh.org/news/2015/09/11/why-are-drug-users-getting-better-treatment-than-smokers>

Links

[1] <http://acsh.org/wp-content/uploads/2015/09/images.jpg>

[2] <http://www.forbes.com/sites/sallysatel/2015/09/09/why-public-advocates-care-more-about-heroin-addicts-than-smokers/?source=acsh.org>

[3] <http://wonder.cdc.gov/mortSQL.html>

[4] <http://www.cdc.gov/vitalsigns/heroin/>

[5] http://www.google.com/url?url=http://www.acsh.org/wp-content/uploads/2012/04/20040331_kicking_butts2003.pdf&rct=j&q=&esrc=s&sa=U&ved=0Cxs6IM5nLQxNX9xsStjGQ5QpDA

[6] <http://rodutobaccotruth.blogspot.com/search?q=nih+funding>