FIORE RESPONDS

My colleagues and I thank Schrand for his letter. However, we respectfully disagree with

the majority of his comments. He appears to suggest that persons who have suffered adverse childhood experiences and other at-risk populations benefit less from cessation than do others, and that the stress of tobacco control efforts further marginalizes these populations. We agree that many smokers feel marginalized and embarrassed by their smoking. Researchers and public health officials should emphasize that smokers are the true victims of tobacco dependence—they often end up paying the ultimate costs of premature disability and death as a result of their tobacco use.

Schrand suggests that cessation programs cause iatrogenic effects. There is little or no evidence that this is the case.[1,2] This hypothetical risk must be weighed against the known and significant benefits of cessation treatments and policies. Such interventions have been rigorously evaluated and the results replicated in numerous settings. Smokers deserve access to effective tobacco interventions, just as patients suffering from diseases resulting from tobacco use (e.g., cancer, myocardial infarction, chronic obstructive pulmonary disease) deserve access to effective treatments. We contend that all smokers, especially those from at-risk populations, will benefit from a supportive environment that fosters successful cessation.

We disagree with Schrand's contention that the recommendations in the National Action Plan for Tobacco Cessation are punitive. Rather, this plan recommends evidence-based policies (e.g., cigarette excise tax increases) and the provision of evidence-based tobacco dependence treatment to help tobacco users quit and enjoy the benefits of good health. Further, the plan recommends a new research agenda to identify effective tobacco dependence treatments for a variety of vulnerable populations, including pregnant smokers and individuals with psychiatric comorbidities, and recommends additional research funding to study these questions.

Schrand also seems to suggest that helping someone quit early in his or her smoking career (prior to the development of disease) is not a desirable outcome because such a person would not enjoy immediate disease reduction. In fact, we would argue that such a person would have the most to gain from cessation; such a person would reap especially large benefits over many years in the form of enhanced quality of life, monetary savings, and the prevention of diseases caused by tobacco use.[1,2]

In sum, the evidence for the benefits of effective tobacco treatments and policies is so strong that a failure to support them is ethically and medically indefensible. ■

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