

## Harm masked as help: vending vape addiction inside our SUD treatment programs

By Bill Stauffer

A close colleague of mine who runs a nonprofit in our field recently forwarded a sales pitch from the company The Detox Solution. This company sells nicotine vending machines to be placed within substance use treatment facilities. On the Detox Solution website, the slogan to promote the placement of these machines is "Recovery is hard enough." To sell their vape, they cite the National Institute on Drug Abuse and a study on cigarettes showing cessation is associated with a 42% higher likelihood of recovering from substance use disorder. That study did not consider vaping. We know that tobacco use is associated with a heightened risk of relapse among individuals in recovery. The evidence is not there to support the claim that shifting the delivery device to vape supports recovery. There is a growing body of literature showing that vaping is deleterious to overall health and may be deleterious to long-term recovery from substance use disorders (SUD) by maintaining nicotine dependence and the repeated engagement of neural reward and reinforcement systems that overlap with those involved in other addictions.

The argument for putting these machines in the programs seems to be a short-term harm reduction strategy, that satiating the nicotine addiction will help keep people in treatment to support recovery efforts from other addictions. This is despite the fact that research has shown the opposite to be true, that including nicotine recovery strategies increases the overall chances of staying in recovery from other substances by 30% (JAMA, 2025).

Supporting nicotine use is inconsistent with effective treatment strategies. It is important to understand that nicotine is not typically impairing in the way alcohol, opioids or many other drugs are, but it is a powerful psychoactive and highly addictive drug that produces durable changes in the neural systems governing reward, learning, motivation and craving. Addiction is a brain disease and nicotine reinforces its mechanisms synergistically. The high prevalence of tobacco use in the recovering community is largely due to the neurobiological basis of SUD.

Some facility operators may believe that allowing access to nicotine helps stabilize clients during the acute phases of detox from other addictive substances, thus keeping them in the program longer. But at what cost? A large, long-term study found that over half of people who went to substance use treatment died not from the substance they sought help for, but from an

illness caused by tobacco use (Bandiera et al., 2015). There is something particularly reprehensible about both the marketing strategy and treatment providers who would put these vending machines in their programs knowing that nicotine is around twice as likely to kill their patients, but they do so to keep their census numbers up to support their bottom line.

We know that services that also focus on tobacco recovery are the standard of care that people seeking help with a substance use condition should get within our treatment system. Instead of delivering nicotine addiction inside our programs, we should integrate tobacco and nicotine recovery strategies into all of our programming structures. Integrating tobacco recovery into our efforts is not a new concept, even as it is one of our systems of care that programs never quite get around to implementing.

Consider that:

- The Substance Abuse and Mental Health Services Administration has long called for the integration of tobacco recovery efforts into treatment programming (2011).
- The Centers for Disease Control has issued detailed guidance for tobacco-free policies in behavioral health programming (2023).
- The American Society for Addiction Medicine has a guide for integrating tobacco recovery efforts into treatment (2022).

The people seeking recovery from one addictive substance have long been placed in environments where another addictive substance was normalized, protected and used as a compliance tool to retain them for the benefit of the program. The industry literature explicitly notes that tobacco companies have long marketed to people with mental illness; supplied cigarettes to psychiatric facilities; funded self-medication research; and used relationships with homeless shelters, psychiatric facilities and drug-treatment programs to advance industry objectives. The tobacco industry also has an economic interest in keeping tobacco addiction outside of the recovery conversation.

Targeting our communities as profit centers by the industries of addiction is not at all new. The alcohol, tobacco, vape and cannabis industries all use the same playbook. There is a long history of the purveyors of addiction preying on our community. For decades, the tobacco industry has marketed tobacco products to the

"downscale" market. They developed relationships with homeless shelters and advocacy groups, gaining positive media coverage and political support. People with mental health and substance use conditions are the primary market the industry targets their advertising to. They don't even like their primary customers. In the mid-1990s, R.J. Reynolds developed a marketing plan called Project SCUM, "Sub-Culture Urban Marketing." It focused on marginalized communities in California. It says everything that needs to be said about the industry culture. This is more of the same, just more subtle.

Tobacco-related illness, including from vaping, is what is killing us. We are their favored revenue stream. Now these groups want to place vending machines delivering illness and death to us within our treatment programs. They have no shame. They get away with it because instead of tobacco recovery being the normalized state in our community, we have normalized tobacco and nicotine addiction. We have normalized low expectations of tobacco recovery within our own community. We need to change.

These companies rely on our complicity to kill us. Recovery is hard enough without addiction entrepreneurs dispensing their drugs in our addiction treatment centers. Our silence equals death. We can't be silent anymore.

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## Continued from page 4

with mental health and addictions through a reduction recovery program that takes places through faith-based organizations. The program was developed by Ayana Jordan, M.D., and Chyrell Bellamy, M.D. The

program is a faith-based, person-centered, culturally informed harm reduction program that engages individuals to access treatment.

The focus of Imani is on wellness, education and referral to medication for addiction treatment or any

pharmacotherapy approved by the U.S. Food and Drug Association for treatment of a substance use disorder (SUD).

Imani is built on "the foundation of spirituality, a high cultural significance among Black and