

# The economics of addiction

When The Dalles City Council was asked to ban tobacco use from the Lewis and Clark Festival Area earlier this month, one local resident stood up to declare that such a move would constitute another example of the “nanny state” at work, specifically because it included snuff and chew, which don’t produce smoke for others to inhale.

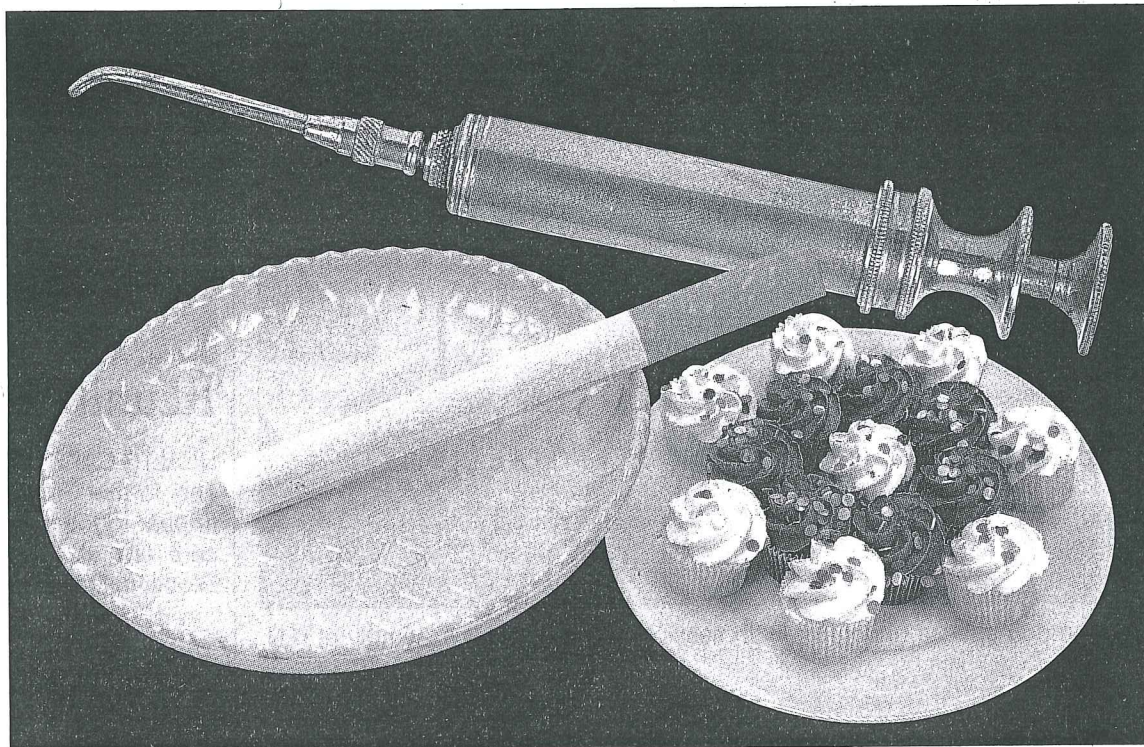
But that’s not strictly true, given the public costs of addictions.

Even before discussing actual tobacco addictions, it’s fair to point out that even smokeless tobacco can have an impact at a public space like the festival park: like tobacco butts, chew leaves a byproduct behind in the form of spit. And not every user is courteous enough to bring and remove a receptacle for that byproduct.

Just as most people don’t appreciate the discomfort of sitting downwind from a smoker, they don’t much care for stepping — or worse sitting — in a brown puddle of spit.

Tobacco, like other addictive substances, has social costs, too.

It contributes to an epidemic of costly illnesses later in life that most often affect Medicare recipients in their severest forms, including heart disease, lung cancer and chronic obstructive pulmonary disease. Smokeless tobacco varieties can cause cancers of the mouth, esophagus and pancreas, as well as heart disease. gum dis-



ease and oral lesions.

These and other preventable so-called “lifestyle diseases” are the heaviest burden of modern health care.

Food addictions have similar consequences, including heart disease and diabetes, among other ailments. Recent studies, including one from Yale University, suggest many of the packaged foods heavily promoted in today’s marketplace are so heavily sweetened in contrast to the whole foods humans evolved to eat that they act on the body’s dopamine receptors

in the same manor as pleasure drugs.

Drug addicts, of both the illegal and legal variety, also experience a variety of costly ailments that often end up the burden of the public, or their fellow insurance premium payers.

The economics of addiction cuts both ways. Many businesses and organizations benefit from addictive behaviors. Tobacco lines the pockets of large tobacco corporations (just as addictive foods, legal and illegal drugs line the pockets of their

manufacturers and sellers) and the governments at state and federal levels that exact “sin” taxes on their users. Likewise, advertising organizations benefit from supplying ads to convince people to use addictive substances.

Health care organizations benefit from performing more surgeries and other procedures related to the consequences of addictions, but they also pay when they can’t turn away uninsured sufferers or when health care insurance turns from a procedure-pay system to

a wellness system.

And, in the case of illegal drugs, law enforcement must employ many more workers to address drug-related crimes, at a high cost to the public and a benefit to the workers employed.

Yes, indeed, the economics strongly suggest that many addictions exact public tolls. And seeing these addictions reduced can result in a reduction of the public costs involved in dealing with them.

At the same time, no one wants to envision a world like “1984” where the government monitors every aspect of individual action, behavior and thought.

People with addictions have the same individual rights as those without, and shouldn’t be subjected to societal judgment. Addictions are not just the result of bad willpower, they are chemical compulsions that many parts of the economy have a vested interest in seeing continue.

We, as a society, need to disrupt the economic engines that feed — and feed on — addictions. Part of that is to start early in teaching and modeling healthy life choices, so people have enough information to help them avoid addiction. Part is helping to motivate people to break their addictions. And part is somehow persuading the profiting economic sectors that selling addiction is no longer good for business.