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Tobacco control, harm reduction and the problem of pleasure

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Abstract

Purpose: This article examines the relationship between tobacco control and tobacco harm reduction, illuminating the differences and similarities between them.

Design/methodology/approach: Drawing on published sources, I conduct a critical analysis of the prevailing discourses on tobacco control and tobacco harm reduction.

Findings: Although tobacco control and tobacco harm reduction differ in their views on the resolutions to the tobacco ‘problem’, they manifest similar underlying assumptions about the nature of ‘the smoker’ and are equally silent on the topic of pleasure.

Originality/value: This article emphasises the need for tobacco harm reduction to take pleasure seriously and highlights the limitations of approaches focused exclusively on risk and harm reduction.

Introduction

Today, cigarettes hold the dubious distinction of being the most lethal of all drugs, with morbidity and mortality rates exponentially higher than for alcohol and illicit drugs combined (Single et al., 1999; Rehm et al., 2006). As Nick, the tobacco lobbyist in the satirical novel *Thank You For Smoking*, observes in an argument with Polly, an alcohol lobbyist, “I’ll put my numbers against your numbers any day. My product puts away 475,000 deaths a year. That’s 1,300 a day... So how many alcohol related deaths a year? A hundred thousand, tops. Two hundred and seventy something a day. Well wow-ee” (Buckley, 1995, p. 128).

Although nicotine is the addictive ingredient in tobacco, the harms associated with smoking stem primarily from the carcinogens in cigarette smoke rather than nicotine itself. While the long-term effects of nicotine have not been well studied, and both its potential therapeutic benefits and carcinogenic properties remain contested, available evidence suggests that nicotine is not in itself particularly harmful (e.g., Waldum et al., 1996). Nor does it impair consciousness in the manner of other licit and illicit drugs; indeed, it often enhances it. Thus, in contrast to recreational drugs such as alcohol, heroin or cocaine, tobacco’s main advantage is its compatibility with the requirements of everyday life (Keane, 2002). For these reasons, it’s perhaps the clearest instance of a drug where the ‘delivery system’ (the cigarette) rather than the drug itself causes harm.

In light of the distinctive attributes of tobacco/nicotine, harm reduction approaches would, at first glance, appear to have a lot to offer tobacco control and public health. However, as Britton and Edwards (2008, p. 442) observe, “Effective harm reduction strategies, and particularly the option of providing nicotine without smoke as an acceptable long-term or

even lifelong substitute for smoking, have not been widely applied to tobacco smoking”. This careful statement disguises the passions the topic of tobacco harm reduction currently arouses. Along with a number of self-declared “agnostics” (Warner, 2002, p. S62), today there two distinct and mutually hostile camps working in the field of public health and tobacco control: those who oppose tobacco harm reduction as a myth and those who support it as a way of reducing the toll currently exacted by smoking.

In this paper I examine the relationship between tobacco control and tobacco harm reduction; my overarching goal is to articulate both the differences between these approaches as well as the underlying parallels between them. I should emphasise at the outset that my position here is that of an interested observer rather than an active combatant in the tobacco harm reduction ‘wars’. While I am generally sympathetic to tobacco harm reduction agendas, in this paper I seek to explicate – and disrupt – the prevailing narratives on ‘the smoker’ embedded in mainstream tobacco control *and* tobacco harm reduction, focusing especially on their inability to grapple with pleasure.

Tobacco control, public health and tobacco harm reduction

Tobacco control and public health have a complicated relationship with nicotine. Today, nicotine is differentiated into two discrete categories: ‘good’ remedial nicotine and ‘bad’ recreational nicotine (Keane, 2002; Bell and Keane, 2012). Remedial nicotine is a tightly restricted category that includes the various nicotine replacement products developed by the pharmaceutical industry to treat tobacco dependence (e.g., nicotine gum, nicotine patches, nicotine inhalers, etc.). Currently endorsed as the ‘gold standard’ treatment for smoking cessation (Raw et al., 2002), the extent of the public health embrace of medicinal

nicotine is evidenced in the World Health Organization's decision in 2009 to add nicotine gum and patches to its list of essential medicines (WHO, 2009).

But let me be clear. Remedial forms of nicotine are not currently endorsed as a long-term replacement for smoking; they are authorised only as a *treatment* for it. Although there is growing interest in the potential long-term use of nicotine replacement products as a means of reducing smoking-related harm (e.g., Shields, 2011), to date these calls have not yet led to any substantive changes in the policies of major public health agencies. For example, while the US Food and Drug Administration (FDA) has flirted with the possibility of changing indications on packaging (FDA, 2010; Kesmodel and Hellicker, 2011), its official position is that nicotine replacement products “should be used for a short time to help you deal with nicotine craving and withdrawal” (FDA, 2012a).

All other forms of nicotine, including smokeless tobacco (chewing tobacco, dipping tobacco, snuff, Swedish snus, tobacco gum, etc.), and newer products such as electronic cigarettes, are placed in the category of recreational nicotine and are generally treated as equivalent to smoking in their risks and harms. For example, the World Health Organization makes no distinction between cigarettes, e-cigarettes and smokeless tobacco in the production of “tobacco-related disease” (WHO, 2011) and the stated aim of its annual “World No Tobacco Day” is to eradicate all forms of tobacco use (WHO, 2013). Likewise, the FDA (2011) maintains the position that: “To date, no tobacco products have been scientifically proven to reduce risk of tobacco-related disease, improve safety or cause less harm than other tobacco products”.¹

Although the conceptual boundaries between remedial and recreational nicotine are tightly maintained, in practice these distinctions become difficult to sustain (see Bell and Keane, 2012). First, while the harms associated with various smokeless tobacco products differ, all appear to be substantially less toxic than cigarettes (Royal College of Physicians, 2007). For example, while chewing tobacco does increase the risk of oral cancer, products such as Swedish snus appear to carry little if no health risks (Sweanor, Alcabes and Drucker, 2007); one panel of experts estimated a 90% reduction in relative risk of low-nitrosamine smokeless tobacco use in comparison with smoking (Levy et al., 2004). E-cigarettes, too, while they may carry some risks, are indisputably less harmful than smoking (Keller, 2010).

Second, although currently endorsed only as a treatment for tobacco dependence, it's clear that a proportion of smokers who turn to nicotine replacement products to 'kick the habit' continue to use them long-term. For example, a number of people have written confessionals about replacing their cigarette addiction with a Nicorette addiction (e.g., Joseph, 2010) and there are also several Facebook groups devoted to this topic, including "Nicorette Addicts" and "I'm addicted to Nicorette (but at least I quit smoking)". Thus, "'good' nicotine has an unstable identity, whereby the therapeutic project to rid the smoker of his or her addiction is undermined by the abuse potential of the drug" (Bell and Keane, 2012, p. 246).

Further complicating the picture is that some smokers clearly turn to 'bad' forms of nicotine to quit smoking, a pattern particularly evident in e-cigarette usage (Bullen et al., 2010; Etter and Bullen 2011; Heavner et al., 2010; Cahn and Siegel 2011; Siegel, Tanwar and Wood, 2011; McQueen, Tower and Summer, 2011). Swedish snus – a low-nitrosamine form

of smokeless tobacco widely available in Sweden but banned throughout the majority of the European Union – is another form of recreational nicotine that has helped displace smoking, with attendant improvements in the rates of lung cancer and heart disease in Swedish men (Foulds et al., 2003; Furberg et al., 2005; Ramström and Foulds, 2006).

These blurred lines between ‘good’ and ‘bad’ forms of nicotine therefore beg the question of why mainstream tobacco control and public health organisations are so reluctant to embrace harm reduction approaches. The reason for this reluctance is relatively straightforward. As Benson (2010, p. 52) observes: “Members of the tobacco control movement fear that this expanded concept [of harm reduction] will help sustain existing tobacco markets and facilitate new ones, and that it is really a project of ‘harm maintenance’”. The spectre of Big Tobacco thus looms large in the debates about tobacco harm reduction, buttressed by a strong degree of scepticism stemming from the industry’s past experiments with ‘harm reduction’ – i.e., the development of so-called “light” and “low tar” cigarettes in the 1950s and 60s (Pierce, 2002; Warner, 2002; Sweanor, Alcabes and Drucker, 2007; Benson, 2010).

However, beyond concerns about the ways tobacco harm reduction may serve industry interests, there is clearly an underlying moralism evident in the resistance towards harm reduction in some segments of the tobacco control movement. According to Sweanor, Alcabes and Drucker (2007, p. 72), “In regard to substance use and sex, the pragmatism that marks the typical harm-reduction approach to product safety collides with moralistic approaches to human behaviour”, where abstinence-only agendas predominate. In this respect, the reception of tobacco harm reduction must be contextualised within the larger history of tobacco control advocacy, which has historically had many of the characteristics

of a moral crusade (Klein, 1993; Sullum, 1998).

For these reasons, harm reduction advocates frequently highlight the “irrationality” of contemporary tobacco control policy, pointing to the lives that could be saved by a “rational” and “pragmatic” approach to tobacco use (e.g., Sweanor, Alcabes and Drucker, 2007; Britton and Edwards, 2008). Of course, as Keane (2003) notes, “a view that drug use is neither right nor wrong is not neutral but is itself a committed and critical standpoint” (p. 228); however, in the highly moralised landscape of drug use, while neutrality may not be achievable in practice, it nevertheless constitutes a “powerful rhetorical intervention” (p. 227).

The limits of tobacco harm reduction

Although tobacco harm reduction departs from mainstream tobacco control in its proposed resolutions to the tobacco ‘problem’, it evidences a curious mirroring of tobacco control in several key respects. Mainstream approaches to tobacco control are underpinned by two key assumptions: 1) that people smoke primarily because tobacco companies enslave them in an addictive trap from which escape is difficult; and 2) that revealing these structures of enslavement and their health consequences will produce the desired effect of reducing smoking prevalence (Bell and Dennis, 2013). These assumptions articulate a particular vision of ‘the smoker’. As Macnaughton, Russell and Lewis (2012) note, the “rational agent” view assumes that smokers are rational agents who “need only be presented with the facts to respond appropriately” (p. 4), while the non-agent view understands smokers as “Pavlovian automatons” (p. 5) fuelled by their addiction and need for instant gratification. Tobacco harm reduction similarly invokes the “rational agent” and the “Pavlovian automaton” fuelled by addiction. However, in contrast to mainstream tobacco control, these

two paradigms don't rub up against each other in an awkward and incompatible fashion; instead, they are brought into mutual service. In this framework, "Most people continue to smoke because they are addicted to nicotine" (Britton and Edwards, 2008, p. 441). Here we see the Pavlovian automaton paradigm at work. However, for tobacco harm reduction advocates, this 'fact' is perceived not only as the heart of the problem, but also the key to solving it. Thus, for Gray and Boyle (2003, p. 846), "If it is accepted that nicotine addiction is here for the foreseeable future, a new and better range of addictive recreational nicotine is needed". The goal therefore is to wean people off cigarettes by "allow[ing] smokers to buy satisfying nicotine substitutes" (Laugesen et al., 2010, p. 3).

In this framing, smokers are presented as rational consumers, who, if presented with the option for less harmful (albeit equally addictive) alternates to smoking, will invariably take them (e.g., Kozlowski, 2002; Britton and Edwards, 2008). In its invocation of the "rational consumer" with a "right" to safer nicotine options, tobacco harm reduction discourses closely echo mainstream harm reduction discourses. As several observers have noted, dominant discourses on drugs and harm reduction are informed by a particular conceptualisation of the sovereign individual centred on ideals of autonomy and rationality (Keane, 2003; O'Malley and Valverde, 2004; Moore and Fraser, 2006). In this framework, drug users are understood as "health conscious citizens capable of rational decision making, self-determination, self-regulation and risk management in order to minimise drug-related harm" (Moore and Fraser, 2006, p. 3037).

Given that rationality and reason are social practices, never established in pure form (Kapferer, 2002), this prevailing model premised on an assumption of the universal rational human deserves to be treated with a great deal of caution (Bell, 2012; Dennis, 2013). As

Dennis (2013) notes:

Stepping outside the rational frame might reveal that smoking as it happens in everyday contexts might not only refuse to heed external ‘realities’, such as public health knowledge, it might not simply be some rational inverse of such a refusal – it might not, in other words, be resultant of nicotine dependence, or to cope with stress, or because smokers lack the information that would turn them into obedient followers of public health advice on smoking. It might instead have *its own logic*.... (emphasis in original).

What if, when we step outside the rational frame, we find that people smoke for reasons beyond addiction? What if we find out that the pleasures of smoking are inextricably bound up with its risks?

Searching for tobacco’s “chocolate laxative”

As Moore (2008) has observed, in the field of harm reduction the pleasures of drug use are subjugated knowledges elided by the dominant discourses of medicine, psychology and epidemiology (see also O’Malley and Valverde, 2004; Race, 2008 for similar points). Echoing mainstream harm reduction discourse, in tobacco harm reduction the pleasures of smoking tend to be articulated exclusively in terms of the nicotine hit cigarettes provide. The language here is that of “satisfying cravings” and pleasure is reframed as a neurological disorder produced by the release of dopamine; at no point does a positive element of actively seeking pleasure or enjoyment enter into the picture (Keane, 1999; O’Malley and Valverde, 2004). Thus, for Laugesen et al. (2010, p. 7): “At low doses, nicotine loses its ability to provide smoking pleasure. Smoking a reduced nicotine content cigarette... though

sufficient to relieve cravings... does not release dopamine, the pleasure drug, and so the cigarette does not satisfy". Accordingly, lowering the dose of nicotine in cigarettes and raising it in alternative sources of nicotine will cause cigarettes to become less pleasurable and substitutes more "satisfying".

However, the pleasures of smoking – as cigarette manufacturers and marketers long ago realised – have never been limited to the presence of nicotine. Marketed as an everyday luxury (albeit one strongly differentiated along class, gender and ethnic lines), pro-smoking advertisements have been quick to highlight the positive temporal dimensions of smoking as a "parenthesis in the time of ordinary experience" (Klein, 1993, p. 16; see also Keane, 2002, p. 131). Thus, in the marketing imaginary, smoking becomes a pleasurable time-out, with smokers stepping out to Marlboro Country for a quick break from the drudgery of work or making a brief escape to the sun-bleached tropical islands that make up the Menthol group (Dennis, 2006, 2011; Bell and Dennis, 2013).

These pleasurable dimensions of the *act* of smoking are elided by tobacco harm reduction's focus on smoking as purely a form of "nicotine delivery". Thus, advocates focus exclusively on finding a product that delivers the benefits of nicotine with the fewest harms. They search, in the words of the philosopher Slavoj Žižek (2004), for tobacco's equivalent of the "chocolate laxative": a product, like decaffeinated coffee, which contains the agent of its own containment. Žižek argues that the paradox of the chocolate laxative reveals that pleasure is no longer understood in opposition to constraint. Instead, today's hedonism combines pleasure *with* constraint: "Everything is permitted, you can enjoy everything so long as it is deprived of the substance that makes it dangerous" (Žižek, 2004). However, contemporary pleasures are strictly regulated ones, deprived of their "passionate excess" (Žižek, 2012).

For Žižek (2012), by rejecting this contemporary formulation of constrained pleasure, where products can only be ‘legitimately’ enjoyed when their benefits and dangers have been carefully titrated, smokers and drug users are today’s “true hedonists”.

In many respects, Žižek’s critique is reminiscent of Richard Klein’s (1993) earlier insights in his important book *Cigarettes are Sublime*. For Klein, the logic of desire entailed in smoking is not utilitarian (despite what tobacco harm reductionists, with all their talk of cravings, would suggest) but aesthetic. “Cigarette smoking, like a Kantian work of art, does not serve any purpose, has no aim outside itself” (p. 45). Touring a dizzying array of literary, philosophical and visual works, Klein illustrates the “sublimely, darkly beautiful pleasure that cigarettes bring to the lives of smokers” (p. 17), from the forms of aesthetic satisfaction and reflective consciousness they induce, to their value in managing and mitigating anxiety, to their important role in mediating social interactions (see also Keane, 2002; Dennis, 2006, 2011; Macnaughton, Russell and Lewis, 2012, for similar points).

At the end of the book, Klein reflects: “Perhaps one cannot simply weigh the advantages of cigarettes against the risks, if it is their very harmfulness that makes them sublime” (p. 185). If the harms and the pleasures of cigarettes cannot be separated, what implications does this have for the project of tobacco harm reduction? At the very least it should challenge the sort of risk-benefit analysis assumed in dominant tobacco harm reduction narratives, where smokers make a ‘rational’ decision to ‘choose’ health. In Klein’s view, cigarettes resist all arguments directed against them from the perspectives of health and utility; as he observes, understanding the health effects of smoking is not usually sufficient reason to cause anyone to quit or resist starting in the first place (p. 1).

The reality is that some smokers may not want tobacco harm reduction's version of the chocolate laxative, where nicotine is permitted, so long as it's deprived of the substance that makes it dangerous. E-cigarettes – arguably the product on the market closest to the chocolate laxative – provide an important lesson here. While there are clearly many smokers who have turned to e-cigarettes as a 'healthier' alternative to smoking, they are not understood exclusively in these terms – witness the rapid rise of a “vaping” subculture, where e-cigarette enthusiasts come together at regional festivals (“Vapefests”) and share nicotine solution recipes and product reviews through a monthly magazine. While some distributors of e-cigarette products tout their health benefits, others speak only of pleasure – such as Pink Spot Vapors, whose slogan is “Happy vaping! This juice will hit the spot” (Vaper Monthly, 2011). My point is that the popularity of e-cigarettes cannot be reduced to their 'harm reduction' potential – and attempts to frame them as such are likely to be counter-productive.

To conclude, although there are important differences between the approaches to the tobacco 'problem' in mainstream tobacco control and tobacco harm reduction, with the latter committed to an approach to substance use that challenges the underlying moralism of tobacco control discourse, they both evidence underlying limitations. Alongside the discourses of harm and addiction that dominate both tobacco control and tobacco harm reduction, there must also be a place for pleasure. What, if we were to take pleasure *seriously*, might tobacco control and tobacco harm reduction actually look like? Taking seriously the subject of pleasure is no easy task; nor is this challenge restricted to harm reduction and tobacco control alone, given the longstanding inability of public health to grapple with the concept (Coveney and Bunton, 2003; Bunton and Coveney, 2011).

However, it would require that we move beyond health as an unassailable value, or at the

very least recognise that the self-evident value of 'health' may not be quite so self-evident after all. As Klein (1993, p. 185) asks: "What is the value assigned to health that makes it, in this case, the criterion of what is good and beautiful?" (see also Klein, 2010).

Notes

¹ In March 2012 the FDA began accepting applications for "modified risk tobacco products" (see FDA, 2012b). However, given that companies are required to produce evidence not only on the health risks of their product, but also the effect of the tobacco product and its marketing on: a) current users, b) tobacco use initiation, c) consumer understandings and perceptions, and d) the population as a whole, it seems unlikely that any products will achieve this status.

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