**Final report**

**Research Aims**

Aim:

To explore how the harm reduction (HR) approaches and nicotine-containng products (NCPs) under discussion in academic and policy contexts are understood and experienced by

smokers and recent ex-smokers.

Research questions:

1. How do smokers and recent ex-smokers understand their smoking and the process of quitting smoking?
2. How do smokers conceptualise nicotine as a substance and what understanding do they have of the risks and benefits of different NCPs?
3. How do these understandings shape smokers’ and recent ex-smokers’ attitudes towards and experiences of short and long-term use of different NCPs?
4. What are smokers’ and recent ex-smokers’ attitudes towards and experiences of tobacco HR?
5. Are HR approaches and NCPs understood differently by different groups of smokers?
6. What are the implications for tobacco HR policy and practice?

**Research Progress**

This study explored how the harm reduction approaches and and nicotine-containng products under discussion in academic and policy contexts are understood and experienced by smokers and recent ex-smokers. It took a qualitative approach combining focus groups and semi-structured interviews.

Key findings

Data collection took place between September 2013 and February 2014 in central Scotland. The visibility and popularity of e-cigarettes increased substantially over the period from planning the project (early 2013) to completing data collection, as a result the focus of the project shifted slightly to concentrate more on e-cigarettes. We conducted 12 focus groups, with 2-8 participants in each, and 11 individual interviews; a total of 64 participants. Thirty three of the participants were women and 31 were men. The age of participants ranged from 16 to 67. Forty were smokers and 21 were ex-smokers1. Three focus groups, comprising 17 participants in total, were held with National Health Service stop smoking groups. Seven participants identified as having mental health issues.

Participants varied considerably as to how they felt about their smoking and quitting in ways that are important for understanding their attitudes towards NCPs (see ‘smoker spectrum’ in Figure 1, Appendix). At one end of the spectrum were those who had been unhappy about their smoking, often for health reasons, and had quit smoking, then those who were dissatisfied with their smoking and were planning to/in the process of quitting and feeling reasonably confident about it. In the middle were those who were somewhat concerned with their smoking but had no immediate intentions to stop. Towards the other end, were participants for whom smoking played an important role in relieving stress or anxiety and did not feel they could think about quitting at the moment, and those who enjoyed smoking and had no interest in quitting – often young adult smokers.

*Understandings of NCPs*

Most participants were familiar with a range of nicotine replacement therapies (NRTs) and had some knowledge of e-cigarettes. Almost all participants had tried one or two NRTs. Around half had tried an e-cigarette, whilst only eight had used them on a more long-term basis. For most participants NRT and e-cigarettes were seen as belonging to different categories. NRTs were viewed as medical products for smokers who want to quit. Sold by trusted retailers such as Boots pharmacy and prescribed by doctors, they were generally viewed as safe and trusted, but not very effective. For e-cigarettes, on the other hand, there was uncertainty over their intended purpose and correct use. Participants had predominantly come across e-cigarettes locally. Seen as less obviously about quitting smoking than NRTs, e-cigarettes were characterised as occupying an ambiguous space in between smoking and quitting smoking. The language around e-cigarettes was also in flux, and often drew on smoking terminology.

Although there was general agreement that e-cigarettes did not fit the category of smoking cessation aid, what sort of thing they were was uncertain, contested and varied depending on participants’ smoking status. Three key positions on e-cigarettes were identified: *not interested*, *potentially interested* and *definitely interested* in using products. These positions to some extent map onto participants’ position on the ‘smoker spectrum’ described above (see Figure 1, Appendix for how these positions intersect).

Participants who were concerned about the impact of smoking on their health but saw themselves as addicted and previously had, and/or thought they would, find it very difficult to stop smoking were most likely to be *definitely interested* in e-cigarettes. This included most of those with mental health problems. These participants used (or thought they would use) e-cigarettes as a substitute for smoking or to help them cut down the number of cigarettes they smoke. They identified advantages such as: they are healthier; save money; they are a satisfying replacement because of their similarity to smoking (inhaling vapour; similar hit to smoking; gives you something to do with your hands). They had some concerns: that e-cigarettes are not quite as effective as smoking (particularly for stress/anxiety-relief) and also about the safety of products.

Those who were *potentially interested* in e-cigarettes were a more diverse group. In general they were participants who were thinking about making a change to their smoking but had no immediate intentions to stop. Some thought they might use e-cigarettes on a short-term basis to wean them off smoking; others saw them as a cheaper alternative. They discussed a number of uncertainties about products including: knowing what to choose; knowing how to use them; feeling self-conscious using them in public; that e-cigarettes are too similar to smoking and might make it harder to break the habit; the safety of products. They also considered benefits such as: saving money; healthier; easier to switch to because of the similarity to smoking.

There were two distinct groups of smokers, with contrasting views on smoking, who were not particularly interested in e-cigarettes. One was comprised of those who were unconcerned about the health effects of smoking and not interested in quitting; they tended to be younger smokers, although a couple of older smokers also fell into this category. They were not particularly interested in e-cigarettes because they were happy smoking. They were curious about e-cigarettes but often unsure whether they are healthier for you than smoking. The second group were recent ex-smokers who were concerned about the health effects of smoking. They felt that e-cigarettes were too similar to smoking, stressing the important role willpower plays in stopping smoking and the need to ‘break the habit’. The key risks they saw with e-cigarette use were: continuing nicotine addiction, more likely to relapse back to smoking, and the safety of products.

Overall most participants saw e-cigarettes as healthier than smoking, but had (differing levels of) doubts about whether they could be confident in the safety of products and what they contain. Some participants were unclear about whether nicotine itself was harmful; however, general concern about what is in e-cigarettes was more common. Some participants compared the uncertainty around e-cigarettes unfavourably to the certainty of knowledge about the damaging health effects of smoking cigarettes. Concerns about e-cigarettes were often linked to matters of oversight and trust: who, if anyone, is monitoring whether new products are harmful to health and whether or not a trusted company is selling the products. Various areas of divergence were also found: whether a product’s similarity to smoking is a benefit or concern; whether e-cigarettes should be seen as a short term quitting aid or a long term replacement for smoking; and attitudes on how problematic continuing nicotine addiction is varied substantially across the different groups of smokers.

*Harm reduction*

During data collection we discussed ideas about HR from the 2012 NICE guidance. In general we found that public health conceptions of HR did not fit well with how participants saw their use of NCPs. Although some participants’ descriptions of NCP use would certainly fit into categories of HR behaviours, participants also commonly drew on other logics besides physical health: e.g. saving money, mental wellbeing, using them to tide you over when you can not smoke. Some participants, particularly ex-smokers, did not see the point in HR. They saw it as half-hearted and suggested you should ‘just stop’ and that the whole idea is to move away from nicotine. For others, often smokers who found quitting difficult, the idea seemed very sensible and logical and they connected it to e-cigarette use.

Conclusions and implications for public health policy

Current feelings about smoking and quitting were found to be especially important in shaping participants’ understanding of products. It is clear that some smokers do perceive e-cigarettes to be a valuable tool in stopping or reducing smoking. Those who wanted to quit smoking but had previously and/or thought they would find it very difficult emerged in this study as most likely to perceive significant benefits from using e-cigarettes. Conversely, ex-smokers commonly found e-cigarettes threatening to their beliefs about quitting and the new non-smoking identities they were constructing.

The acceptability of continued addiction and the similarity of e-cigarettes to conventional cigarettes were central themes on which participants commonly held conflicting views depending on their position on the smoker spectrum. Whilst for more dependent participants, e-cigarettes’ similarity to conventional cigarettes – focussed on performative and sensory elements of smoking – were their key attraction; for those towards the other end of the spectrum this conflicted with ideas about the importance of breaking these aspects of the habit of smoking and raised concerns that the similarity would increase the risk of relapsing back to smoking from e-cigarettes. Whilst the former group were fairly unconcerned about ongoing addiction to nicotine, others found dependence itself to be a concerning state. These ambiguities reflect key tensions within public health policy debates.

The findings highlight some important points about risk perceptions in relation to NCPs. There was significant uncertainty amongst participants around the constituents, safety, health effects and regulatory oversight of e-cigarettes. For some smoking existed as a taken-for-granted background risk whilst the uncertainties identified about e-cigarettes loomed much larger. Some of the concerns raised echo previously identified misperceptions about nicotine, whilst others reflect the confusing information about e-cigarettes that smokers (and health professionals) are currently faced with.

The findings of this project underline that different groups of smokers may bring significantly different expectations, requirements and concerns to their evaluations of NCPs. The cross-cutting uncertainties about safety highlight that there is a need for wide distribution of clear, up-to-date, impartial information about e-cigarettes, which communicates benefits, risks and current uncertainties to both health professionals and publics. Further, that the risks of e-cigarettes should be conveyed in relation to, and whilst continuing to underscore, those of smoking tobacco.

Participants’ multifaceted understandings of risk and harm were highlighted; physical health was discussed as one aspect of a complicated set of considerations including general wellbeing, mental health, finance, and social aspects such as norms and identity. It is necessary, therefore, to engage with smokers’ own understandings and terminology in discussions about harm reduction and NCPs, as well as to consider whether harm reduction or abstinence is the desired end point for individuals and whether this varies significantly between groups. Finally, the findings make clear that the ambiguity around e-cigarettes in public health debates and medical practice, especially unease about promotion of an addictive, unlicensed product and disagreement over whether smokers ought to aim to reduce harm or become abstinent, is reflected in the positions and concerns of smokers. Stronger regulation is required to move towards greater certainty, and so that smokers can be confident in their choices and healthcare professionals in the advice they give.

1Three young adults who participated in focus groups were never smokers.