



Research paper

Harm reduction in U.S. tobacco control: Constructions in textual news media



Michael H. Eversman*

Department of Social Work, Rutgers University – Newark, Newark, NJ 07102, United States

ARTICLE INFO

Article history:

Received 16 October 2014

Received in revised form 19 January 2015

Accepted 23 January 2015

Keywords:

Discourse analysis

News media

Public health policy

Smoking

Tobacco harm reduction

ABSTRACT

Background: U.S. tobacco control has long emphasized abstinence, yet quitting smoking is hard and cessation rates low. Tobacco harm reduction alternatives espouse substituting cigarettes with safer nicotine and tobacco products. Policy shifts embracing tobacco harm reduction have increased media attention, yet it remains controversial. Discourse theory posits language as fluid, and socially constructed meaning as neither absolute nor neutral, elevating certain views over others while depicting “discursive struggle” between them. While an abstinence-based framework dominates tobacco policy, discourse theory suggests constructions of nicotine and tobacco use can change, for example by positioning tobacco harm reduction more favorably.

Methods: Textual discourse analysis was used to explore constructions of tobacco harm reduction in 478 (308 original) U.S. textual news media articles spanning 1996–2014. Using keyword database sampling, retrieved articles were analyzed first as discrete recording units and then to identify emergent thematic content.

Results: Constructions of tobacco harm reduction shifted over this time, revealing tension among industry and policy interests through competing definitions of tobacco harm reduction, depictions of its underlying science, and accounts of regulatory matters including tobacco industry support for harm reduction and desired marketing and taxation legislation.

Conclusions: Heightened salience surrounding tobacco harm reduction and electronic cigarettes suggests their greater acceptance in U.S. tobacco control. Various media depictions construct harm reduction as a temporary means to cessation, and conflict with other constructions of it that place no subjective value on continued “safer” tobacco/nicotine use. Constructions of science largely obscure claims of the veracity of tobacco harm reduction, with conflict surrounding appropriate public health benchmarks for tobacco policy and health risks of nicotine use. Taxation policies and e-cigarette pricing relative to cigarettes are key for wider adoption, while concerns are raised for whether their availability will increase initiation.

© 2015 Elsevier B.V. All rights reserved.

Introduction

In the United States, tobacco smoking remains the leading preventable cause of disease and death (U.S. Department of Health & Human Services, 2014). Adult smoking rates peaked at roughly 42% in 1964 and have fallen steadily since (Bolden, 2010; Warner, 2006); currently about 20% of U.S. adults smoke, with the highest rates among non-whites, the poorer and less educated, and those with mental health and substance abuse disorders (Centers for Disease Control, 2014). U.S. tobacco control and public health

policies addressing smoking have long emphasized abstinence – primary prevention and cessation based interventions for current smokers; yet cessation rates are low and nicotine replacement therapies (NRT) (patches, gum, medication) are not appealing to all smokers, limiting options for those who are unable or unwilling to quit (Shiffman et al., 2002; Sweanor, Alcabes, & Drucker, 2007; Warner, 2006; Zeller & Hatsukami, 2009).

Alternatives, known as tobacco harm reduction, are essentially defined as substitution nicotine and tobacco forms that reduce the health hazards of *continued* nicotine and/or tobacco use (detailed below) (Stratton, Shetty, Wallace, & Bondurant, 2001; Warner, 2002; Zeller & Hatsukami, 2009). Intended for so-called inveterate smokers, some define tobacco harm reduction to include nicotine replacement therapies (NRT) such as nicotine gum, transdermal

* Tel.: +1 973 353 1144.

E-mail address: m.eversman@rutgers.edu

patches, and medications;¹ yet the emerging marketing and use of tobacco and other nicotine vaporization products as harm reduction provokes debate (Parascandola, 2011; Warner, 2006). These products include electronic nicotine delivery systems (ENDS) such as electronic cigarettes (e-cigarettes) and noncombustible chewing or smokeless tobacco (SLT) such as snuff or snus. Opposition to endorsing these products as harm reduction stems from public health concerns surrounding the addictive properties of nicotine, and concerns that continued tobacco and nicotine use discourages cessation efforts, while encouraging tobacco use initiation (especially among youth) and increasing dual use (i.e., using harm reduction products as well as cigarettes) (Hatsukami, Henningfield, & Kotlyar, 2004; Shiffman et al., 2002; Warner, 2002).

The 2009 Family Smoking Prevention and Tobacco Control Act (FSPTCA) drew national attention to tobacco harm reduction (discussed below) (Gostin, 2009; Parascandola, 2011; Timberlake, Pechmann, Tran, & Au, 2011). While harm reduction has long informed public health policies and programs for illicit drug use, it has historically been regarded as controversial and politically divisive (Riley & O'Hare, 2000). Widely accepted NRT products are marketed as a cessation based treatment (despite that some smokers may use them long-term); yet uncertainty and concern surrounds whether and how tobacco products and e-cigarettes will be marketed as harm reduction and how harm reduction with these products will be constructed.

News media provide a policy agenda framework through which social concerns are presented, influencing public opinion and desirable policy solutions (Clegg Smith et al., 2008). Discourse analysis is a social constructionist theory and method for understanding textual communications and societal power relations; the theory posits that language is fluid and that socially constructed meaning is neither absolute nor neutral (Jorgensen & Phillips, 2002; Lupton, 1992). Textual news media can thus be said to elevate certain views of truth over others, resulting in “discursive struggle”. Despite the centrality of abstinence in U.S. tobacco control and public health policy, discourse theory suggests that social constructions of, and sociopolitical positions toward, nicotine and tobacco use can change, for example by positioning tobacco harm reduction as equally, or more favorable, to abstinence-only. This study explores the discourse used to construct tobacco harm reduction in textual U.S. news media from 1996 to 2014.

Harm reduction: background

Clearly defining harm reduction and what constitutes its products, programs, and policies is complex; it is neither neutral nor objective, and can be defined in different ways (Riley & O'Hare, 2000). As a public health paradigm, harm reduction stresses a pragmatic, empirical approach toward substance abuse; rather than emphasizing morality (by stigmatizing) and criminal punishment, harm reduction instead prioritizes the health problems of substance use by minimizing its individual and societal consequences (Riley & O'Hare, 2000; Riley et al., 1999; Tammi, 2004). While abstinence is highly compatible with harm reduction (Marlatt & Tapert, 1993), the paradigm acknowledges it is not achievable (or desired) by all substance users, and instead provides non-abstinence alternatives for those seeking to lessen their exposure to risk and harm. The underlying politics of harm reduction are Libertarian, rooted in classic political liberalism, and often at odds with – and critical of – existing drug control policies (i.e., the war on

drugs); as a social movement, harm reduction encourages actions such as mutual aid networking, self-advocacy, and empowerment by drug users to promote change (Hathaway, 2002; Tammi, 2004).

Methadone maintenance for opiate dependence has existed in the U.S. since the 1960s (Marsch, 1998), but the emergence of HIV/AIDS among intravenous drug users in the 1980s initiated contemporary harm reduction interventions (primarily needle exchange) focused on preventing disease transmission (Tammi, 2004). Additional harm reduction strategies include Buprenorphine (opiate maintenance and cessation) and Naloxone (to revive and prevent death from opiate overdose), and policy reform that treats drug use more as a public health than criminal problem – decriminalizing and/or legalizing possession and use – is also considered harm reduction (Riley & O'Hare, 2000).

While harm reduction for tobacco parallels its applications for illicit drugs – notably by maintaining the underlying behavior (continued drug ingestion) – there are key differences. As licit substances, tobacco and nicotine procurement and use are not subject to legal sanctions and are not as stigmatized as illicit drugs. Further, accessing the harm reduction product or service is not per se stigmatizing for those seeking tobacco harm reduction, whereby community stigmatization is a central feature of many harm reduction services for illicit drugs users. Lastly, the centrality of government sponsorship and public funding for illicit drug harm reduction is absent with tobacco harm reduction, which instead involves private market mechanisms and minimal government oversight.

Tobacco harm reduction

Tobacco harm reduction assumes that harm from smoking derives from exposure to cigarette smoke, and that nicotine use per se is relatively benign (Sweanor et al., 2007). Cigarette smoke is highly toxic, containing over 4000 chemicals, 40–60 of which are known carcinogens; long term smokers are exposed to these millions of times (Bolden, 2010; Warner, 2006). Constructed as such, tobacco harm reduction holds that using alternative tobacco or nicotine products to quit smoking or to maintain nicotine use is reduced harm relative to habitual combustible cigarette smoking. This is a sharp contrast to an abstinence-based framework, which holds tobacco and nicotine use unhealthy per se, and especially when compared to no use at all.

A substantial body of research supports tobacco harm reduction; Rodu (2011) reviewed a vast literature that supports the health benefits of electronic-cigarette and smokeless tobacco use relative to combustible cigarette smoking, while the “Swedish Snus experience” of lower lung cancer rates among Swedish men has led many to endorse smokeless product switching as harm reduction (Sweanor et al., 2007; Warner, 2006). A recent review found that e-cigarette users consistently describe them as having helped them quit or reduce cigarette smoking and bring about improved respiratory functioning (Hajek, Etter, Benowitz, Eissenberg, & McRobbie, 2014). Etter and Bullen (2011) conducted a large survey ($n = 3587$) of current and former cigarette smokers and found that over 90% reported e-cigarettes helped them reduce and/or quit smoking.

Yet tobacco harm reduction remains controversial, and as others note the supportive science remains incomplete, particularly regarding long-term e-cigarette use (Maziak, 2014). Furthermore the production of e-cigarette liquid and aerosol is not uniformly regulated, and recent reports note concerns for its toxicity (Richtel, 2014). While studies examining e-cigarette content have found them unlikely to pose risk, avoiding second hand exposure to vapor has been advised (Hajek et al., 2014).

The 2009 FSPTCA empowered the U.S. Food and Drug Administration to regulate tobacco and establish a tobacco control arm, the Center for Tobacco Products, emphasizing prevention, cessation,

¹ NRT products are typically marketed as cessation-based treatments, aligning them with an abstinence-based approach; yet some smokers may use NRT long-term as a form of nicotine maintenance, and as such NRT can also be considered harm reduction.

Download English Version:

<https://daneshyari.com/en/article/7513378>

Download Persian Version:

<https://daneshyari.com/article/7513378>

[Daneshyari.com](https://daneshyari.com)