EDITORIAL

Towards a critical anthropology of smoking:

Exploring the consequences of tobacco control

BY KIRSTEN BELL AND SIMONE DENNIS

> The World Health Organization warned today that countries will need to be much more aggressive in their attempts to stamp out smoking if they are to counter the tobacco industry's marketing techniques (WHO, 2008).

Introduction

This special issue of *Contemporary Drug Problem*s deals with a substance and a social practice that has preoccupied public health organizations, national governments and international agencies for the better part of three decades: tobacco smoking. The last ten years, in particular, have witnessed a marked stepping up of global tobacco control efforts, evidenced in the World Health Organization's (WHO) Framework Convention on Tobacco Control. The first international treaty negotiated under the auspices of the WHO, the Convention entered into force in February 2005. With 175 party countries, it

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has become one of the most rapidly and widely embraced treaties in United Nations history (WHO, 2012).

As the WHO quotation at the beginning of this editorial suggests, embedded in its approach to tobacco control are two key assumptions: 1) that people smoke primarily because tobacco companies ensnare and enslave them in an addictive trap from which escape is difficult; and 2) that aggressive approaches designed to reveal the structures of enslavement and its health consequences will inevitably produce the desired effect of reducing smoking prevalence. These assumptions about how agency is diminished by enslavement and then reactivated by education, how risk is understood, and the effectiveness of aggressive intervention, have become central to the ways in which efforts to eliminate the 'scourge' of tobacco have proceeded, and to the assessment of their success. A central objective of this special issue is to challenge these assumptions and to illustrate the importance of theoretically grounded ethnographic perspectives on this topic.

International in scope and including contributions from Canada, the United Kingdom and Australia, the articles in this volume intend to (re)locate an anthropology of smoking in the contexts of the lives of smoking persons. The articles are thus simultaneously a refusal and an invitation: a refusal to acquiesce to the narrow framings of the practice of smoking that have to date dominated research in this area, and an invitation into the life worlds of smokers, and how they experience smoking itself. These are the conditions that anthropologists are well placed to examine[1] and which have traditionally given

empirical purchase to ethnographic claims, but which have been all-too-readily

relinquished in the narrow framing of smoking as a health hazard. Taking our collective

cue from Bruce Kapferer (2006, p. 81), the contributors are aligned in their view that:

> It is through the reflexive deconstruction of the anthropologist's own
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> preconceptions in the fieldwork encounter that knowledge is gained, not just of
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> the fieldworker's own taken-for-granted realities but also of those with whom the
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> fieldworker engages—as a function of the encounter itself.

To contextualize the articles collected in this volume, in what follows we provide an

overview of contemporary tobacco control research and policy. While tobacco has often

been bounded off as a specific field of inquiry, and while we here examine the unique

place of tobacco in the broader field of drugs, we aim to situate current directions in

tobacco research, policy and practice within those relating to other licit and illicit drugs.

Drugs, tobacco and addiction

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). However, as is now well established,

although nicotine is the addictive ingredient in tobacco, the harms associated with

smoking stem primarily from the carcinogens in cigarette smoke (tar, carbon monoxide,

etc.) rather than nicotine itself. Moreover, unlike other recreational drugs, the

psychoactive effects of nicotine are subtle and do not interfere with mental performance

or hand-eye coordination; in fact, they improve concentration and the performance of some cognitive tasks. In light of these characteristics, tobacco smoking was problematized for very different reasons than other recreational drugs.

Although tobacco smoking has attracted ire ever since its usage became widespread in Europe in the late sixteenth century, and was the focus of concerted anti-smoking campaigns in the late 1800s and early 1900s (Hilton & Nightingale, 1998; Tate, 1999), it wasn't until the latter part of the twentieth century that a sustained attack on the substance was mounted. Indeed, for much of the twentieth century, cigarettes were a socially valued substance: both the soldier's friend and the suffragette's solace (Klein, 1993; Greaves, 1996; Sullum, 1998; Brandt, 2007). Following James Bonsack's invention of the cigarette rolling machine in 1880 and the mass production of cigarettes, people quickly came to appreciate the benefits of the "little white slaver" (Tate, 1999). As Richard Klein (1993) has observed, cigarettes were praised for both their utility and futility. A remarkably effective tool for easing tension and mitigating anxiety, cigarettes also hold a strong aesthetic appeal, bringing a darkly beautiful pleasure to their users: "It is a pleasure that is democratic, popular and universal" (p. 17).

The wholesale problematization of smoking as a public health issue occurred in the latter half of the twentieth century, as the findings of the first epidemiological studies on the relationship between smoking and lung cancer emerged. The strong links between, first, smoking and lung cancer and, later, smoking and heart disease helped establish new standards for causality, and legitimized epidemiology as a scientific discipline (Brandt,

1997; Berridge, 1998). Thus, concerns about smoking arose out of disciplines such as chest medicine, cancer and epidemiology, rather than psychiatry, the primary discipline with provenance over other addictions such as alcohol and illicit drugs (Berridge, 1998).

Indeed, tobacco's status as an addictive substance remained ambiguous for much of the twentieth century. For example, the 1964 Surgeon General's Report characterized "the tobacco habit" as a "habituation" rather than an "addiction" (Luik, 1996). This conceptual distinction continued to be maintained well into the 1980s in both the United Kingdom and the USA, primarily because of smoking's incongruence with dominant medical and cultural models of addiction (see Luik, 1996; Berridge, 1998). As Robin Room (2003) has argued, one of the cultural functions of the concept of addiction is to provide a causal explanation for bad behavior. Addiction is seen as a kind of possession, in which a powerful drug is able to produce behavior that would not otherwise occur. But while smokers may be dependent on a drug to function, their lives generally appear ordinary, orderly and productive (Keane, 2002).

Although nicotine is today understood to be highly addictive—"more addictive than heroin!" cries the Nicotine Anonymous website—marked conceptual distinctions between tobacco and other drugs continue to exist. An organization far less successful than its siblings Alcoholics Anonymous and Narcotics Anonymous, NicA sits somewhat uneasily with the 12-step model. As Helen Keane (2002) observes of Ellen Walker's autobiography *Smoker: Self-Portrait of a Nicotine Addict*, "the stubborn ordinariness of smoking and smokers undermines her attempts to inhabit the junkie persona" (p. 123).

Indeed, the 'gold standard' treatments for tobacco dependence focus primarily on breaking the physical dependence to nicotine through pharmacotherapies (e.g., nicotine replacement therapy and bupropion) rather than treating the psychological and social aspects of the addiction. Here, tobacco poses a contrast to alcohol and illicit drugs, where successful recovery is generally believed to require extensive work on the self and the establishment of a new identity, new relationships and a new lifestyle, even if pharmacological treatments are used (Bell & Keane, 2012).

Policy approaches to tobacco vs. other drugs

This conceptual separation is also reflected in differences between public health responses to tobacco and other licit and illicit drugs, where strikingly different policy directions prevail. For example, although tobacco 'denormalization' strategies now underpin tobacco control at international and national levels (see Bell, this volume), observers have noted that they have fostered a social transformation that appears to involve the active stigmatization of smokers (Bayer & Stuber, 2006; Bell et al., 2010)). In this respect they run counter to current approaches to other kinds of health-compromising substance use (e.g., alcohol, illicit drugs, prescription drugs). In the context of other addictions, it has been argued that *de-stigmatizing* drug use is crucial for encouraging timely access to healthcare and improving health status (Bayer & Stuber, 2006; Bell et al., 2010). Internationally, there has been a growing emphasis on reducing stigma to lessen barriers to a range of health services for people who use drugs and/or people with addictions. In contrast, tobacco denormalization policies seem to constitute

an attempt to use stigma as an explicit tool to *replace* outright prohibition (Zimring, 1993; Bell et al., 2010).

Second, discussions of harm reduction are notably absent from mainstream tobacco control, where all forms of tobacco are treated as equally harmful (McNeill, 2004; Hall, 2005; Sweanor et al., 2007). For example, the World Health Organization makes no distinction between cigarettes and other forms of tobacco in the production of 'tobacco-related disease' (e.g., WHO, 2011). However, although studies comparing the health risks of smoking vs. smokeless tobacco consumption are lacking, the latter are considerably less harmful than smoking, with one panel of experts estimating a 90 percent reduction in relative risk of low-nitrosamine smokeless tobacco use in comparison with smoking (Levy et al., 2004). Yet, low-risk forms of smokeless tobacco (e.g., Swedish snus) and newer products such as electronic cigarettes, which deliver nicotine via an inhaled mist, have been largely condemned without trial (see Bell & Keane, 2012).

This poses a notable contrast to the field of illicit drugs. Initiated as a user-driven movement, harm reduction principles have increasingly been incorporated into mainstream public health policy in the addictions field. Although their institutionalization has arguably blunted the radical potential of the movement, the embrace of harm reduction principles has helped legitimate the presence of drug users at the research and policy table, and their increasingly vocal demand that there be "nothing about us, without us" (see Smith, 2012). However, in the context of tobacco control,

smokers' voices are notably absent (Haines-Saah, this volume) and there has been no equivalent user-driven response to tobacco control research and policy beyond industry-funded groups like FOREST (Freedom Organisation for the Right to Enjoy Smoking Tobacco), which tend to be dismissed as tobacco industry mouthpieces.

Yet, while such hard-line approaches currently dominate tobacco control policy, and have indisputably produced reductions in smoking prevalence at the *population* level, tobacco use itself is not—and never has been—distributed evenly across the population. As Cassandra Tate (1999, p. 6) observes, "one of the most striking things about cigarettes is… that social status has always been the single most important determinant of who smokes them and who does not". Although they enjoyed a degree of popularity in the twentieth century that transcended class boundaries (especially following World War I), their pleasures were nevertheless elaborated along class lines, with the middle classes attracted to the elegant and richly luxuriant brands at the top of the price range, and working class smokers stepping out to Marlboro Country for a quick break from the drudgery of work. However, despite this protracted period of social acceptability in the twentieth century, in the larger scheme of things tobacco smoking has been generally relegated to the fringes of society (Tate, 1999).

Today, throughout the western, industrialized world there is a clear social gradient in smoking, with the prevalence of tobacco use highest amongst those on the lowest rungs of the social ladder (Barbeau et al., 2004; Barnett et al., 2004; Huisman et al., 2005; Harman et al., 2006). Indeed, some scholars have suggested that the rise of smoking as a

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social and medical problem cannot be disentangled from its class composition, and that it was only when tobacco consumption became concentrated amongst those of lower socioeconomic status that nonsmokers' rights groups were able to mount a successful attack on smoking as undesirable (Zimring, 1993; Berridge, 1999; Bayer & Colgrove, 2002). Franklin Zimring (1993, p. 99) labels this a "trickle-down" pattern of desistance which "invites the attachment of moral stigma to the residue of the population that continues to use" the substance. As we indicated in our opening remarks, a commitment to bringing about desistance has become fundamental to the way in which tobacco research has been conducted.

Tobacco (control) research

In 2007, Mair and Kierans observed the growing alignment between tobacco research and tobacco control, noting that tobacco research is increasingly expected to further the goals of tobacco control, with tobacco research 'proper' defined by its commitment to ending the global tobacco 'epidemic'. As they point out, although this view of tobacco research stems from a desire to differentiate industry-funded and non-industry-funded research, in defining legitimate tobacco research by its commitment to tobacco control, research becomes purely instrumental in function.

When research shifts from the study of tobacco use amongst groups of individuals to an investigation of what *causes* or *makes* groups of individuals use tobacco, certain kinds of questions get asked and answered (Bell, in press). As Macnaughton and colleagues (2012) have recently noted, the principles that guide mainstream tobacco control

research, as well as the epistemological assumptions and the choice of methods that generally underwrite them, articulate a particular vision of the smoking person (see also Carro-Ripalda et al., this volume). The "rational agent" view assumes that smokers are rational agents who "need only be presented with the facts to respond appropriately" (p. 4; see also Dennis, this volume). The non-agent view, on the other hand, understands smokers as "Pavlovian automatons" (p. 5) fuelled by their addiction and need for instant gratification. In both frameworks, the *meaning* of smoking and the social context in which it is practiced and experienced become largely irrelevant (see also Robinson & Holdsworth, this volume).

Qualitative and ethnographic research with smokers consistently points to the importance of these dimensions to understanding the persistence of smoking in the face of anti-smoking legislation. Smokers often emphasize what they perceive as the immediate benefits of smoking in their day-to-day lives in terms of pleasure, stress reduction, social connection and relationships (e.g., Graham, 1993; Greaves, 1996; McKie et al., 2003; McCullough, 2011). Phenomenological accounts attentive to the embodied aspects of smoking also highlight its positive temporal dimensions, the corporeal connections it engenders, and the inextricable intertwinement of the risks and pleasures of the habit (Klein, 1993; Keane, 2002; Dennis, 2006, 2011). These accounts illustrate the ways in which cigarettes may appear as 'friends', and how smokers can feel themselves constituted in some way by their smoking. However, researchers who acknowledge these attractive, pleasurable aspects of smoking increasingly run the risk of being seen as irresponsible (Bell, in press; Dennis, in press).

This tension between functional and problem-oriented accounts has, of course, long been a part of debates about social science research on alcohol and other drugs (Hunt & Barker, 2001). For example, almost 30 years ago, Robin Room (1984) observed a contrast between anthropological perspectives on alcohol and those of the indigenous peoples they studied, noting that anthropologists' tendency to emphasize the functional aspects of alcohol use sometimes came at the expense of a consideration of the severity of problems it often caused for local communities. In Room's words, "Ethnographic methods, in short, may underestimate the problems related to drinking because they are better attuned to measuring the pleasures than the problems of drinking" (p. 172).

Although Room suggested that anthropologists were occasionally guilty of "problem deflation", he was quick to add that such studies served as a useful corrective to the "problem amplification" that pervaded clinical approaches to alcohol (p. 177). That said, Hunt and Barker (2001) have suggested that anthropologists and other social scientists have far more often acceded to mainstream public health agendas than challenged them—a criticism that seems equally true of anthropological research on tobacco. In their words, "Far from viewing problem drinkers or drug users as active agents, immersed in a complex social structure, relating to other actors in their social group, they are still generally viewed as isolated, passive and decontextualized individuals" (p. 169). Although general social science scholarship on drugs is expected to fit increasingly narrow confines (Moore, 2010), in our view, this pressure is felt even more acutely in the

tobacco field, where the specter of industry appropriation of social science research

looms large.

Over the past two decades tobacco studies scholars have had to exercise increasing care

in how they frame their research and those whose tone is critical of mainstream tobacco

control open themselves up to accusations of alignment with 'pro-tobacco interests' (Bell,

2011). While the industry appropriation of tobacco research remains a vexing issue, as

Bell (in press, p. 6) has recently observed, "demanding that all researchers take an

explicitly anti-tobacco stance because of the nefarious uses to which their work *may*

otherwise be put by the tobacco industry amounts to a gag order". Moreover,

appropriations may come from a variety of sources, and numerous social scientists have

had their work used to support government-funded initiatives or interventions which they

feel are misguided or actively harmful (Bell, in press).

Although we condemn the tobacco industry's long history of subverting tobacco control

legislation in the interests of protecting profit margins and reject its attempts to downplay

the health consequences associated with smoking, in our view, research on tobacco use

demands a more nuanced approach than the present 'if you're not with us, you're against

us' framing often facilitates. Taking such a view entails widening the spectrum of

tobacco research to include a range of perspectives, from those which align themselves

with the laudable public health goal to bring about smoking cessation, to those which

focus on exploring the lives of smokers in the absence of an interventionist goal, to those

critically examining tobacco control itself.   While tobacco researchers ought to explore

the totalizing claims of the tobacco industry, with its rhetoric of individual choice and rights, they must also remain self-critical with respect to the totalizing gestures of tobacco control itself (c.f. Butler, 1999, pp. 18-19).

Overview of the special issue

This special issue is an attempt to pose new questions about tobacco, and to respond with ethnographic data drawn from the lives of those who are involved in quelling the 'tobacco epidemic' and those who are the intended recipients of such interventions.[2] Although differently positioned in terms of their commitment towards smoking cessation agendas, the contributors to the volume each step outside of the interventionist vision of a smokefree world, liberated from the mastery that tobacco companies wield over enslaved addicts, that presently constrains what can be 'legitimately' offered into the field of tobacco studies. Instead, they seek to present knowledge about the conceptual underpinnings of tobacco control policies and the ways in which smokers actually respond to and are impacted by such legislation. Bringing together social scientists conducting research on tobacco and tobacco control from various parts of the world, the essays assembled in this special issue present the results of ethnograhic explorations of tobacco legislation and the impacts of legislation that sit outside its main aim: the reduction of smoking prevalence.

Before providing an overview of the articles themselves, we wanted to say a few words about the ways they have been structured. Following anthropological writing conventions, the articles have not been framed within the standard 'introduction',

'methods', 'results', 'discussion' format. Instead, although all articles draw on fieldwork data to varying degrees, each uses this data as a jumping off point to ask larger questions about the state of tobacco research and policy. Thus, they do not sit neatly within the now commonplace conceptual divide between the data-driven research paper and the commentary, but contain elements of both formats.

The special issue begins with an article by Susanna Carro-Ripalda, Andrew J. Russell, Sue Lewis and Serena Heckler on the making and changing of smoking persons in public health policy and practice. Drawing on fieldwork in a tobacco control program in Northern England tackling illicit tobacco, Carro-Ripalda et al. examine the ways in which different forms of smoking personhood are rhetorically assembled, maintained and changed.   Jude Robinson and Clare Holdsworth continue to interrogate the conceptions of 'the smoker' embedded in public health by examining the place of cigarettes in people's lives. Drawing on fieldwork with working class families in Liverpool, they challenge mainstream conceptions of why people smoke and what it means to be 'a smoker'.

The next two papers focus on the effects of tobacco control legislation on smokers themselves and the complex ways they engage with such legislation. First, through a series of ethnographic vignettes, Simone Dennis examines a highly topical issue: the effects of cigarette packaging on smoking practice. By ethnographically examining the ways in which legislatively targeted smokers *actually* respond to messages intended to change their smoking behavior, Dennis sheds doubt on the core assumptions

underpinning these recent legislative developments. Moving across the Pacific Ocean to Vancouver, Canada, Kirsten Bell focuses on another topical issue: outdoor smoking bans—which are being enacted with growing frequency throughout the Anglophone world and, increasingly, beyond it. Drawing on long-term naturalistic observation in the city, Bell examines the micro-politics of encounters between smokers and non-smokers in terms of their claims to public space.

The collection ends with an essay by Rebecca J. Haines-Saah on her reflections as a former smoker working in tobacco research. In an autobiographical and autoethnographic piece, Haines-Saah highlights the growing social distance between tobacco control practitioners and the smokers who are their clientele. Pointing to the absence of smokers' voices in research, policy and practice, she emphasizes the need for tobacco control research and practice that is more tolerant and responsive to the needs and life circumstances of people who smoke.

Taken together, the essays in this special issue raise questions about current directions in tobacco control, interrogating core assumptions embedded in the field and suggesting that current approaches often operate in ways that ultimately serve neither the interests of smokers nor public health. Anthropologists are well placed to illuminate these unintended consequences of well-intentioned policy, as one cornerstone of contemporary disciplinary philosophy is to subject those actions which seem straightforward, unassailably right or morally unquestionable to critical investigation. Thus, rather than echo the increasingly close alignment of anthropology with a mainstream tobacco control

agenda that seeks to change 'problematic' smoking behavior, the assembled papers instead closely examine its complexity and its context to reclaim the need for a critical anthropology that seeks not merely to enforce tobacco control, but to produce insights into tobacco use.

NOTES

[1] This is not to suggest that 'anthropological' approaches are indubitably right, somehow unentailed, or outside the power/knowledge nexus. Indeed, it is increasingly common for anthropologists conducting research on tobacco to condemn traditional ethnographic approaches that seek to understand tobacco use on its own terms (see Bell, in press).

[2] The special issue began life as a volunteered session at the 2011 American Anthropological Association Annual Meeting in Montreal titled 'Tobacco's Traces'.

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