

The Pleasure of Smoking

The Views of Confirmed Smokers



Neil McKeganey M.Sc. Ph.D. FRSA
Tiffany Dickson M.Sc.

CSURI | research & consultancy

The Pleasure of Smoking

The Views of Confirmed Smokers

Neil McKeganey M.Sc. Ph.D. FRSA
Tiffany Dickson M.Sc.
Centre for Substance Use Research
West of Scotland Science Park
Glasgow G20 6OP

T: 0141 946 6392
M: 07519647386

Executive Summary

Over the last 30 years smoking in the UK has gone from being an activity involving around half of the adult population to being an activity engaged in by around 16% of the adult population. That shift in prevalence has been brought about through a combination of tobacco control measures ranging from banning the sale of tobacco products to those aged under 18, banning the advertising of tobacco products, the inclusion of compulsory health warnings on tobacco packaging, serial taxation increases applied to tobacco products, banning smoking in enclosed public spaces, banning smoking in vehicles where children are present, and a ban on the point of sale visibility of tobacco products. Cumulatively these measures have not only reduced smoking prevalence, they have also succeeded in denormalising smoking, changing smoking from being a popular, socially accepted behaviour to viewing it as an anti-social, health harming, stigmatised behaviour. As that denormalisation has occurred smokers too have become increasingly marginalised with their exclusion from enclosed public spaces when they are smoking being the most obvious sign of that marginalisation.

As the tobacco control/public health perspective has assumed primacy, and smoking has been characterised overwhelmingly in terms of health harm (to the smoker and others in his or her vicinity), there have been fewer and fewer opportunities for smokers to articulate their own view of their smoking. In this report we outline the results of an online smokers' survey funded by Forest, the UK's leading smokers' rights organisation. Our aim in this research has not been to survey a representative sample of smokers but rather to obtain the views of those smokers who it might be said were likely to have a pro-smoking view. The views of the individuals we have surveyed are interesting in part because in their continued smoking they remain somewhat immune to the plethora of approaches and interventions aimed at reducing smoking prevalence that have been effective to date in reducing prevalence.

For those who are committed to further reductions in smoking prevalence it is essential to understand smoking from the perspective of these smokers. However, as individuals who are engaging in an activity that was formerly embraced in society but which is now largely shunned by society, the smokers we have surveyed are of even greater interest. In total 650 smokers completed our online questionnaire that ran for three weeks in November 2016 and invited individuals to provide information on the extent and duration of their smoking

Individuals participating in the survey were asked a range of (open ended and closed) questions about their smoking history, their reasons for smoking, their view of their smoking, the aspects about their smoking they liked most and least, their view as to what might influence their future smoking, their willingness to stop smoking, their views of NHS smoking cessation services, and their use of new nicotine/tobacco products.

Most of those surveyed (77%) saw themselves continuing to smoke well into the future with only 5% indicating that they could envisage a time in the near future when they might have stopped. Nearly all participants (95%) cited enjoyment as their reason for smoking with 35% indicating that in their view smoking was part of their identity, their sense of who they were. 54% of smokers

identified social stigma as one of the aspects of smoking that they liked least, second only to cost which was cited by 73% of respondents as the feature they liked least about their smoking.

A linear regression analysis suggested that being younger and being male were predictive of higher rates of enjoyment. Similarly, other statistical analyses showed that those that had tried any of the new nicotine products such as e-cigarettes reported enjoying smoking significantly more than those who had not used the new nicotine devices. Whilst there was evidence that those who reported a smoking-related health problem rated smoking as more enjoyable than those who had not, it was also the case that they reported greater regret at having started to smoke.

In terms of the things that smokers liked least about smoking, social stigma was second only to the frequent increases in the price of cigarettes as a source of annoyance. The majority of the smokers surveyed felt they were treated very unfairly (77%) or quite unfairly (14%) by government.

Over half (56%) of those surveyed said that they felt they were addicted to smoking. Yet many of the smokers surveyed described their smoking in terms of it being seen as an enjoyable activity and a personal choice rather than behaviour determined by their dependence upon nicotine. In terms of speculating about what kind of events or developments might result in their ceasing smoking in the future the most commonly cited events were becoming seriously unwell as a result of their smoking or in a way in which their smoking was exacerbating their illness. The second most widely cited reason why individuals might stop smoking was the availability of an effective alternative to combustible tobacco.

Amongst those who expressed a view about vapour products (almost half of all of the smokers surveyed) the most commonly expressed criticism had to do with the vaping experience including what was reported to be the lack of a nicotine hit and the fact that the products were cold (in contrast to what was seen to be the warmth of combustible tobacco). Other commonly voiced criticisms had to do with taste and perceived technological weaknesses including the hard plastic feel on the lips of devices and the fact that they were too heavy to hold between the lips. The positive aspects of vaping most commonly cited by our smokers was the fact that the devices could be used in a wide range of settings where smoking is currently not allowed.

With regard to our respondents' perception of NHS smoking cessation services, some smokers reported positive past contact with those services whilst others were quite withering in what they reported as being the negative attitude of some staff towards those who were smoking.

This research has provided considerable detailed information on the way in which smoking is viewed by a group of confirmed smokers. This is a group whose opinions are rarely articulated. The implications of these findings from a smoking cessation perspective are significant because there is a clear gulf between the way smoking is typically viewed as a negative, somewhat reprehensible behaviour, and how the smokers themselves saw their smoking as a source of pleasure, a choice rather than an addiction. Whilst it may be objected that "Smokers would say that, wouldn't they?", if stop smoking services are going to succeed in engaging with those

smokers who continue to smoke in the face of the extensive efforts aimed at encouraging smoking cessation they are going to have to be prepared to engage with smokers on the terms upon which those individuals view their own behaviour. This includes being willing to recognise the pleasurable elements of smoking.

From a tobacco harm reduction perspective, the fact that a substantial proportion of our surveyed smokers had tried some of the new nicotine/tobacco products will be seen as positive, indicating a willingness to engage with some of the reduced harm risk products (e-cigarettes) by a group that might otherwise have been perceived as hard to reach and whose smoking behaviour they may have perceived as hard to change. However the success of initiatives in encouraging this group of smokers to move away entirely from combustible tobacco products will depend to a large extent on the degree to which the alternative products approximate the smoking experience in terms of enjoyment.

Whilst the consumption of nicotine-containing vaporised e-liquids may well meet the needs of some smokers, there is likely to be a significant number of smokers who choose to continue their use of combustible products because e-cigarettes do not meet their needs. It may be that other new products, including those that involve heating tobacco, may provide an alternative means of consuming nicotine that is closer to the smokers' experience. The key with regard to tobacco harm reduction, whatever the alternative products involved, will be one of enabling smokers to transition from occasional experimental use of alternative products to more sustained exclusive use (ie not dual using both combustible and non combustible products).

From an industry perspective there is clearly a growing commitment to develop and market alternatives to combustible tobacco products (including e-cigarettes and heat not burn products). At the present time, whilst a number of commentators have observed that the development of these alternative products may signal an end to smoking, one should acknowledge that there are sections of the smoking population who find smoking enjoyable, who acknowledge the health risks associated with smoking, who are committed even in the face of that knowledge in continuing to smoke, and who will only reluctantly move away from their consumption of combusted tobacco.

The Pleasure of Smoking

We have called this report 'The Pleasure of Smoking' for two reasons. First, because smoking was described as a source of pleasure by many of the people contributing to our research. Second, because if we do not afford smokers the opportunity to articulate their own experience of combustible tobacco in their own terms, but choose instead to view their smoking solely through the lens of death, disease and addiction, we will never be in a position to understand why some people continue to smoke even in the face of those acknowledged harms.

Over the last 40 years the prevalence of smoking in the UK has decreased from being an activity engaged in by nearly half of the adult population to one engaged in by 16% of the adult population. That shift in prevalence has been accompanied by a sea change in the way that smoking is viewed from being a sign of a 'cool', 'discerning' and 'independent' individual to being seen as a marker of disease, death and addiction, and an activity that threatens the lives of smokers and even those in their close proximity.

The marked reduction in the numbers of people smoking in the UK has been brought about by a vast array of tobacco control measures that have become a commonplace feature of our social world. They include the ban on the sale of tobacco products to those aged under 18, the ban on tobacco advertising, the compulsory inclusion of health warnings and graphic images on tobacco packaging, the marked increase in taxation on tobacco products, the ban on the point of sale display of tobacco products, the ban on smoking in enclosed public places, and the ban on smoking in vehicles when children are present.

Along with the goal of reducing smoking prevalence these tobacco control measures have sought to denormalise smoking. Over time smoking has shifted from being seen as a socially accepted even desirable activity to being viewed as a stigmatised and socially frowned upon activity engaged in by a minority of people who require help to quit.

Smokers are increasingly seen as a deviant group sitting at some considerable distance from the mainstream of (non-smoking) society. In other contexts we recoil at the suggestion of excluding individuals from social gatherings on the basis of their gender, race, religion or sexual identity and yet we positively embrace the notion of excluding smokers from gatherings in enclosed public spaces. The increasing marginalisation of smokers means that we are less and less inclined to ask them about their views on smoking or their views on the evidence of smoking harm, of addiction, and their interest in changing their behaviour. As a result we understand less and less about the experience of smoking as seen through the eyes of smokers themselves.

In this report we outline the results of research that elicited the views of a group one might characterise as having a positive orientation towards their smoking. It might be objected that the views of these smokers are irrelevant to the mainstream commitment to reduce smoking prevalence. However it could be equally said that no individual or organisation dedicated to reducing smoking prevalence should ignore the views of a group that has remained somewhat immune to ongoing attempts to discourage smoking. The views of current smokers are of interest

not just because they are rarely conveyed but because they so clearly set out the challenge to further reduce smoking prevalence within society.

It is essential that smokers have a platform to describe their smoking, particularly those that are apparently most committed to the activity. Agencies oriented to further reducing smoking prevalence are far more likely to secure that goal if they understand what motivates smokers to keep on smoking. The research reported on here outlines the views of a sample of individuals who had a positive orientation to their smoking. Before presenting our findings it will be helpful to summarise the research we have undertaken.

Methods

This online research surveyed a total of 650 smokers in contact with Forest, the UK’s leading smokers’ rights organisation, which also funded the research. The questionnaire comprised both closed and open-ended questions covering a wide range of topics on smoking behaviour and smoking-related attitudes including their smoking history, their reasons for smoking, their view of their smoking, what they most liked about smoking, what they liked least, their view as to what might influence their future smoking, their willingness to stop smoking, their views of NHS smoking cessation services, and their use of new nicotine/tobacco products.

Of the 650 participants recruited to this study, 52 did not provide sufficient data for analyses and 15 were not current smokers (13 were former smokers, two were non-smokers). After these participants were excluded, 583 smokers were included.

Smokers in this study were aged between 18 and 88 years old (N = 581; M = 55.64, sd = 13.29), were mainly male (66%), and had smoked for between one and 73 years (N = 573; M = 38.58, sd = 14.21).

Most participants smoked daily (91%). Those who did not (n = 53) tended to smoke on six (23%), four (23%) or two (13%) days per week [five days per week = 8%; three days per week = 9%; one day per week = 8%; one day every two weeks = 2%; one day every three weeks = 2%; one day per month = 2%], but some smoked less than one day per month (11%). More than three quarters of this population reported that they saw themselves smoking well into the future (77%) (Figure 1).

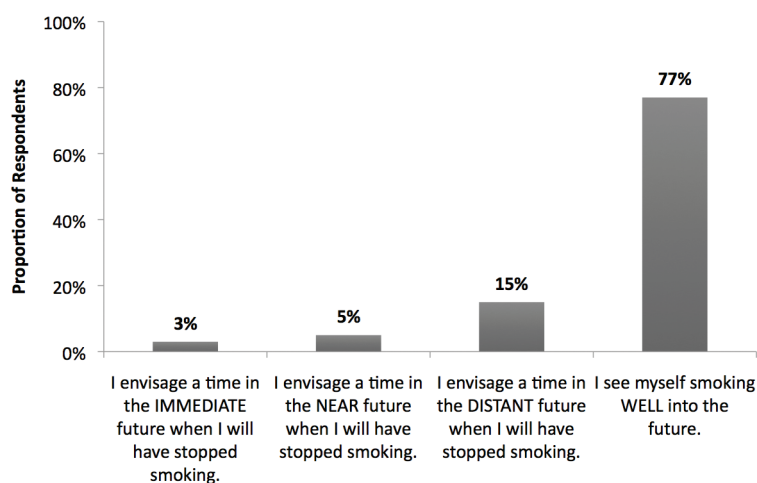


Figure 1. Proportion of participants (n = 575) reporting beliefs about whether they will have stopped smoking in the immediate, near, or distant future or not quitting at all

Nearly all (95%; N = 583) participants gave enjoyment of smoking as the reason for doing so (Figure 2). In fact, the second and third most frequently cited reasons were that smoking was part of an identity (35%) and that it helped to deal with stress (31%). These reasons were also given by about a third of the proportion of participants who cited enjoyment as a reason for smoking. Some reported smoking out of habit (24%), due to an addiction to cigarettes (23%), or to socialise (16%), but very few reported smoking to keep their hands busy (8%) or to control their weight (7%).

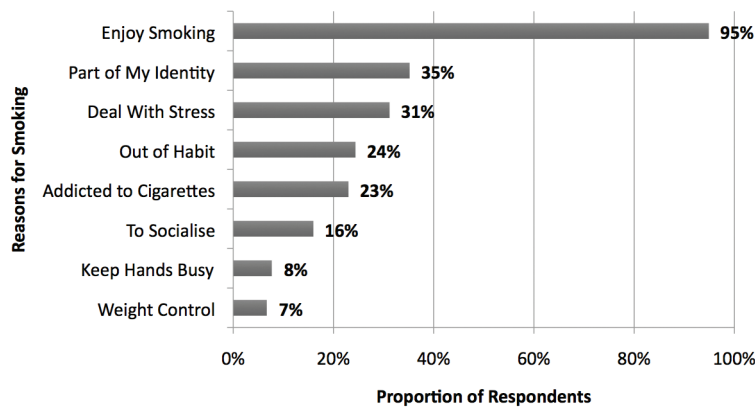


Figure 2. Proportion of smokers (N = 583) citing these eight reasons for smoking

Smokers in this study (N = 583) felt that there were many pleasurable aspects of smoking, namely the physical effect (ie nicotine hit, etc) (62%), taking time for oneself to smoke (55%), the taste and/or smell (52%), the sensation of smoking (ie throat hit, etc) (51%), and the ritual involved in smoking (49%) (Figure 3). Fewer participants cited the social aspect of smoking (26%), the way that smoking makes them appear to others (4%), or receiving positive reactions from others (3%) as pleasurable aspects of smoking.

Conversely, social stigma (54%) was cited as one of the aspects of smoking that participants did not like, second only to the cost of cigarettes (73%) (Figure 4). Although some also felt that staining from smoke (19%), mess from ash or burn damage to property (19%), negative health effects (18%), the addictive nature of smoking (11%), and the taste and/or smell of cigarettes (9%) were negative aspects of smoking, the proportions citing these reasons did not approach that of cost or the social stigma associated with smoking.

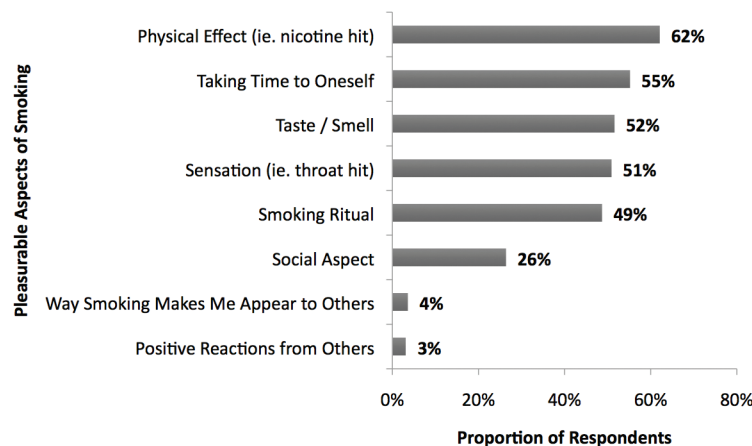


Figure 3. Proportion of participants (N = 583) citing these aspects of smoking as the most pleasurable

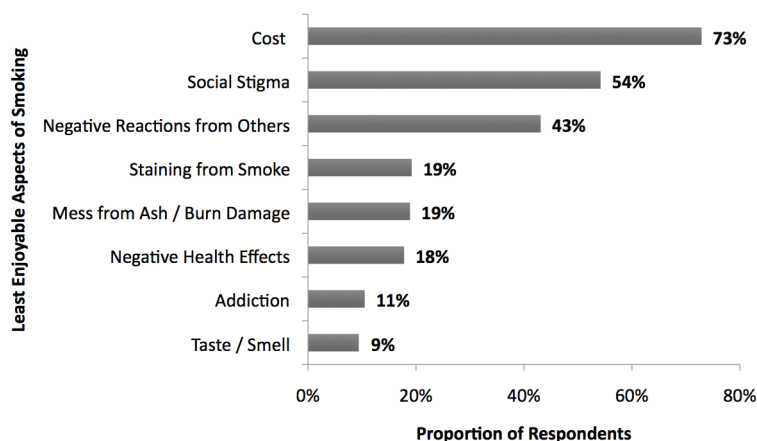


Figure 4. Proportion of participants (N = 583) citing these aspects of smoking as least positive

When asked to choose one situation in which smoking was most enjoyable, 23% of the 577 smokers in this study cited when they were drinking alcohol as the most enjoyable, 23% said after meals, 18% said first thing in the morning (Figure 5). It was surprising in a way that only 9% of smokers identified the social aspect of smoking as the situation in which they most enjoyed smoking. This may reflect the fact that smokers so often find themselves excluded from social situations in which they might otherwise have chosen to smoke, coupled with the fact that the social situations within which they now most often find themselves smoking are ones they have been banished to as a result of the imposition of smoking bans. Participants least enjoyed smoking while shopping (44%), while travelling (18%), and first thing in the morning (14%). (Figure 6).

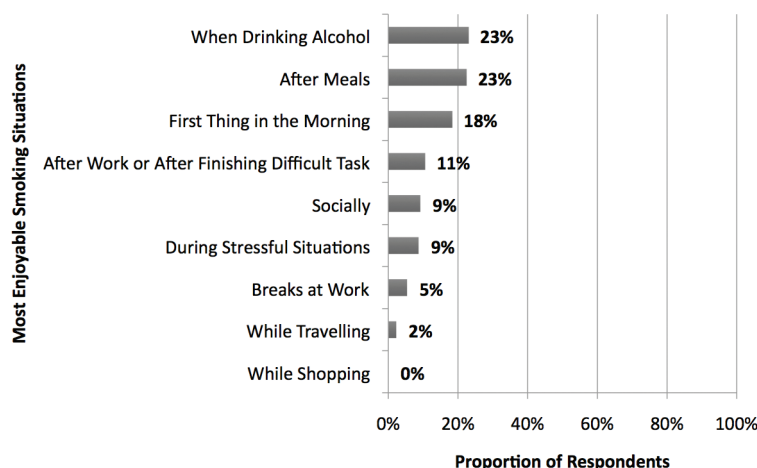


Figure 5. Proportion of participants (n = 577) citing one of these situations as most enjoyable to smoke in

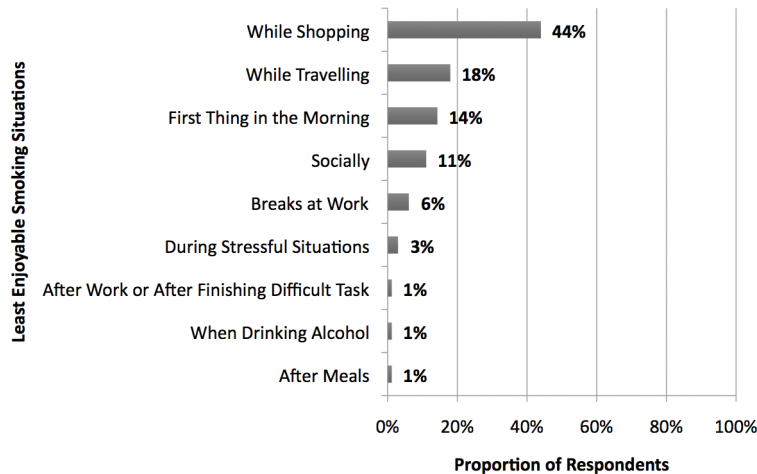


Figure 6. Proportion of participants (n = 505) citing one of these situations as least enjoyable to smoke in

The majority of participants in this study felt that smokers were treated very unfairly (77%) or quite unfairly (14%) by government. A very small number (2%) were neutral. An even smaller proportion felt they were treated quite fairly (1%) or very fairly (3%). Similarly, most respondents felt stigmatised by society (87%) and believed this to be unacceptable (n = 505, 83%).

Nonetheless only 15% of the study population (N = 583) reported that they kept their smoking secret from anyone in their lives and more than half (61%) believed that the people they most care about had neutral feelings towards their smoking, with only a quarter reporting that these people felt negatively about it (25%).

Over half (56%) of participants believed themselves to be addicted to smoking and many felt that quitting 'tomorrow' would be very difficult (40%) or quite difficult (24%), although some felt that quitting would not be difficult at all (neither difficult nor easy, 19%; quite easy, 6%; very easy, 5%; no answer, 7%).

Enjoyment of Smoking

Results of linear regression analyses suggest that being younger [$\beta = -0.14$, $p = 0.001$] and being male [$\beta = -0.09$, $p = 0.03$] predicted higher ratings of enjoyment of smoking. After controlling for the effects of age and gender, the length of time spent as a smoker was significantly predictive of self-reported enjoyment of smoking [$\beta = -0.23$, $p = 0.03$] showing that those who had been smoking for a longer period of time enjoyed smoking significantly less than newer smokers enjoyed smoking, regardless of age or gender.

Statistical analysis showed that those who had tried any of the new nicotine products such as e-cigarettes reported enjoying cigarettes significantly more ($M = 2.21$, $sd = 1.58$) than those who had not ($M = 1.90$, $sd = 1.50$) [$t(541) = 2.13$, $p = 0.03$]. Those who felt that they might switch to any of these products in the future also reported significantly greater enjoyment of cigarettes ($M = 3.12$, $sd = 1.99$) in comparison with those who did not expect that they would ever switch ($M = 1.74$, $sd = 1.34$) [$t(79.43) = 4.97$, $p < 0.001$]. Smokers who had ever used an NHS Stop Smoking

Service enjoyed cigarettes ($M = 2.50$, $sd = 1.93$) more than those who had not ($M = 2.06$, $sd = 1.49$), but this finding was marginally non-significant at the 95% confidence level [$t(93.21) = 1.94$, $p = 0.06$].

Experience of Smoking-Related Health Problems

Statistical analysis (independent t-tests) of our data suggested that those who had experienced a health problem attributed to smoking rated their enjoyment of smoking significantly higher ($M = 2.83$, $sd = 2.33$) than those who had not experienced any smoking-related health problems ($M = 1.88$, $sd = 1.13$) [$t(153.84) = 4.57$, $p < 0.001$]. However, a Pearson’s chi square test for categorical variables shows that participants who had a smoking-related health problem were significantly more likely to regret that they ever started smoking (56% expressed regret, 44% did not) than those who did not have such a health problem (23% expressed regret, 77% did not) [$\chi^2(1) = 51.39$, $p < 0.001$]. Although the high monetary cost of cigarettes was cited most frequently (76%) as a reason for regretting smoking ($n = 178$), negative health effects was given as a reason by nearly as many participants (62%) (Figure 7).

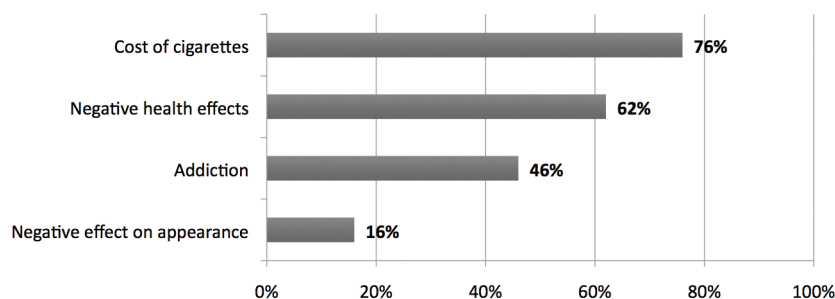


Figure 7. Proportion of participants ($n = 178$) each of these reasons for regretting smoking

A further series of statistical tests (Pearson’s chi square) show that smokers who had a health problem due to their smoking were significantly more likely to consider themselves to be addicted to smoking (76% addicted, 24% not addicted) than those who had not (54% addicted, 46% not addicted) [$\chi^2(1) = 21.30$, $p < 0.001$] and also to be concerned about this addiction [(health problem: concerned = 42%, unconcerned = 58%; no health problem: concerned = 21%, unconcerned = 79%) $\chi^2(1) = 15.06$, $p < 0.001$].

Similarly, smokers who had experienced a smoking-related health problem were significantly more likely (23% used service, 77% had not) than those who had not (12% used service, 88% had not) to have ever used the NHS Stop Smoking Service [$\chi^2(1) = 10.08$, $p = 0.001$] and were more likely to believe that they might one day use this service had they not already [(health problem: yes = 4%, no = 71%, maybe = 25%; no health problem: yes = 0.5%, no = 88%, maybe = 11%) $\chi^2(2) = 19.52$, $p < 0.001$].

There was no statistically significant difference between participants with experience of smoking-related ill health (74% had tried, 26% had not) and those without (67% had tried, 33% had not) when it came to having tried any of the new nicotine delivery products, such as e-cigarettes [$\chi^2(1) = 2.09$, $p = 0.15$]. However, of the participants who had tried one of these new products,

those with a health problem attributed to smoking were significantly more likely (yes = 21%, no = 32%, maybe = 47%) than those without a health problem caused by smoking (yes = 14%, no = 48%, maybe = 37%) to answer maybe or yes to the question, 'Do you think you might switch to any of these products in the future?' [$\chi^2(2) = 8.20, p = 0.02$].

In the next section of this report we look specifically at the smokers' responses to the open ended questions contained on our survey instrument. In presenting their responses to those questions we will illustrate the sorts of comments received and convey the broad frequency with which those comments were made.

Smokers Views of Addiction

Smokers are most frequently characterised as addicted to their cigarettes. In light of the commonality of that view we asked respondents whether they considered themselves to be addicted, whether it bothered them if they felt they were addicted, and why they considered they were not addicted if that was indeed their view. In total 190 individuals provided comments on this issue with the largest set of comments emphasising that, from their perspective, their smoking was not about being addicted to tobacco but because of the enjoyment they derived from smoking. Comments included: "I enjoy smoking", "First, I would not use the term addiction, for me it's a habit with much positive effects", "I am happy to smoke. I enjoy it and don't wish to quit. I make decisions about how much to smoke and how to use tobacco in order to minimise risk but beyond that I am not convinced that my smoking is more risky than other behaviours. If I enjoy it and am not interested in stopping then addiction is irrelevant", "I enjoy smoking for the pleasure", "The fun outweighs any concerns", "I enjoy smoking and there is very little in life that is enjoyable."

In answer to the question as to whether or not they considered themselves addicted it was common for respondents to frame their smoking as a matter of choice rather than dependence (expressed by 39 of the smokers who commented): "I know what I am doing to myself and I knew that I would become addicted at some stage or another. I do however enjoy my cigarettes and am prepared to deal with the consequences whatever and whenever they are", "It is my choice and if I really wanted to stop I could and would", "It's my life and I intend to live it my way. If I wanted to stop I would", "Everyone knows the risks, it's 2016, even kids know it's dangerous. It was a personal choice to start and so the risks have been considered prior to starting smoking. Plus, if there comes a time when I want to quit there are a multitude of products available especially with the new e-cigarettes that can remove tobacco dependence", "I could give it up if I wanted to." These smokers were keen to show that they were in control of their own decision to start and continue to smoke, even as they understood the health risks. Furthermore they considered that stopping smoking was also in their hands.

The next most commonly expressed set of comments around the issue of addiction involved the rejection of the view that smoking is as harmful as is typically conveyed. This view was expressed by 38 of those who commented. Observations included: "My father smoked all his life and died at 90. Many people I know or knew have lasted into very old age having smoked all their lives. I

have smoked all my life and am still in good health in my 70s”, “When I believed I was addicted and must give up I was a stressed mess. I believed that everyone who smoked would get lung cancer, just a matter of time. I did my own research and discovered the true facts about smoking. I decided to not give up and now I smoke because I want to. I believe stress in and of itself to be a bigger killer and disease agent than smoking could be”, “I do not believe the hype surrounding the health connotations of smoking. I may die of cancer/heart attack/stroke but I believe there are many other reasons this may be so.”

The next most frequent set of comments involved the suggestion that life is full of addictions such that one ought not to give undue prominence to smoking in particular. This view (expressed by 31 of the smokers who commented) was often coupled with the belief that there are many other addictions that are worse than the addiction to smoking: “Everybody is addicted to something. I happen to be addicted to smoking”, “I am also addicted to food and drink. The withdrawal symptoms from not eating or drinking are far more severe than for smoking”, “Addiction as it relates to tobacco is an anti-smoker slogan intended to associate it to real addictive substances such as hard drugs”, “Quitting may well increase the risks of serious illness like diabetes”, “Compared to heroin there is no comparison”, “Life is full of addictions. I’m addicted to gardening, to drinking coffee with cream, to following the news, to writing my blog. All of these things make me”, “I’ve been addicted to worse things than tobacco.”

There were a small number of smokers (n=8) who commented that irrespective of the health risks smoking had enabled them to cope with other serious challenges to their health and welfare: “I suffer from lifelong depression and a sense of inadequacy. Smoking is the only thing that gets me through. Anti-depressants and several attempts at counselling were of no avail but smoking is my great source of comfort and peace. Without it there would be nothing. I did give up once for six terrible months and I noticed there was nothing else in life that gave me pleasure. So I started again”, “My life has been difficult. Smoking has helped me survive. There’s a price to pay for anything but stopping may have driven me to something worse.”

Finally there were a very small number of smokers (N=5) who seemed to have accepted the inevitability that their smoking might shorten their life but did not seem inclined to cease smoking: “I would rather die than give up smoking as it is my main pleasure”, “You have to die of something and I intend to enjoy my life as I please.”

Whilst some of the smokers surveyed questioned the evidence on the extent of smoking-related harm, many others appeared to have come to an accommodation of that harm through elevating the pleasure of smoking over its potential for harm.

Smokers Views on Stopping Smoking

Respondents were asked to describe events or developments that might result in their voluntarily stopping smoking. In total 95 individuals identified reasons they felt would or could lead to their stopping smoking. By a substantial margin becoming seriously unwell was the most commonly cited reason (mentioned by 54 individuals): “If I truly felt that smoking was causing a serious health problem”, “I imagine a serious health scare would do the trick”, “If I had a stroke”, “A bad

lung disease”, “If I knew for sure that I would get lung cancer”, “An immediate and serious risk to my health.” An increased likelihood of becoming seriously unwell did not seem to be in itself regarded as grounds to stop smoking. Rather it appeared that the threat to the health of the individual would actually have to be realised before they would stop smoking.

Some respondents also expressed the need for a degree of caution in accepting diagnoses or advice proffered by health professionals on their stopping smoking to avoid imminent ill-health. One commented that it would have to be “An ultimatum made by a doctor I can respect, whose opinion is framed around my welfare and not his or her politics and prejudice.” Others expressed scepticism as to the likely relevance or accuracy of such predictions. One said he/she would quit “If I had sufficient evidence that smoking was going to kill me prematurely. All four of my grandparents smoked throughout their lives and lived well into their 80s. One of my grandparents started smoking at age seven and lived to 86. My father who is 98 still smokes, none of them had cancer.” Another said he/she would quit “If I felt a significant enough health effect occurring during periods when I was off [smoking], or if I was diagnosed with something serious that would be made significantly worse if I continued to smoke.”

Some of the smokers surveyed acknowledged that even a serious health problem might not be enough to stop them smoking: “I have COPD, unfortunately this is not enough to make me quit smoking, the addiction is always stronger (I tried to quit numerous times). Now I guess I am resigned to it.” Others suggested that on becoming unwell they were inclined firstly to reduce rather than cease their smoking: “I have always said that if it starts to impact my health in a noticeable way I will cut down first to see if it resolves. If it gets worse I will quit.” Equally some of the smokers placed very high the bar of evidence of harm required for them to decide to quit: “If someone close to me that had been smoking at the same rate and started at the same time as me died of a smoking-related disease.”

The second most commonly cited reason to quit concerned the availability of an effective alternative to smoking. This was mentioned by 22 respondents: “Considering trying e-cigarettes”, “Vaping an e-cigarette with nicotine”, “Unhindered availability of vaping products without ludicrous limits being applied as a result of recent EU legislation”, “Open easy and affordable access to something better”, “Finding an alternative to smoking that I found more enjoyable, which I have done with vaping.”

A marked increase on the current price of cigarettes was a third reason cited as a possible reason to quit: “Cost of cigarettes”, “Major increase in price”, “If they became much more expensive.” The impression obtained from these few comments however was that the increased cost of smoking was not a sufficient reason to quit and was certainly less influential than a significant change in one’s health and perhaps also the availability of effective alternatives to smoking.

Finally a small number of smokers cited either the loss of enjoyment of smoking or pressure to quit from people close to them as grounds to stop smoking: “If my children smoked because I did”, “If my kids asked me to quit”, “If I was placed in a situation where those around me so disliked it to such an extent that continuing to smoke would cause them serious distress”, “If it had a negative effect on my family”, “When I am tired of it”, “When I don’t enjoy it anymore”, “Losing the pleasure of smoking.”

Alternatives to Smoking

Respondents were asked which of the electronic nicotine delivery products, if any, they had tried and what they had thought of them. In total 344 (59%) of the individuals who were questioned provided information on the new products they had used. That more than half of the smokers surveyed had tried a reduced risk nicotine product suggests that even amongst this group of committed smokers there was a willingness to try an alternative to combustible cigarettes. In total 336 of the 344 smokers who had used a reduced risk nicotine product reported having used e-cigarettes.

Respondents were asked what they liked and disliked about the vaping products they had used as an alternative to smoking. Below we set out the frequency and range of comments received on the vaping products they had used. Negative aspects of the vape experience were cited by 133 smokers. The next most common set of criticisms had to do with the equipment used (expressed by 65 smokers) followed by criticisms of the taste (46), the perceived harms of vaping (30) and, finally, a set of criticisms that related more to the reaction of other people to the smokers having been seen vaping (12).

The most commonly expressed criticism of vaping (66 of 133) was it was simply “not the same” as smoking. A small number of the smokers commented that they did not like what they described as the lack of a nicotine “hit” from vaping. Other critical comments on the vaping experience included the observation that in contrast to smoking vaping had no natural end-point: “You never actually finish an e-cigarette so you end up puffing away continuously.” Other smokers commented that they missed the “smoke” and the “aroma” of combusted tobacco when they vaped. Some said that they felt vaping was a “colder”, less social and more individualistic activity: “It’s different to smoking, more anonymous compared to smoking which is inherently social”, “It just felt artificial.” Some smokers noted that they missed the crackle sound produced by combusting tobacco. Others considered that vaping was just not as “pleasurable as smoking” and that it was in their view no substitute for the “real thing” being somehow less natural than smoking.

The second most commonly expressed criticisms of vaping had to do with what were seen to be deficiencies in the technology, chief of which were complaints that the technology was fiddly, that the batteries were often unreliable and required attention to ensure they were sufficiently charged, and that on occasion the devices leaked e-liquid: “Not interested in e-cigs that require constant filling”, “Having to maintain the equipment”, “Looks strange to me”, “Complicated”, “The hassle”, “Plastic metal feel”, “Messy, fiddly devices”, “Battery life is an issue and until you know how to use them they are quite fiddly and prone to not working”, “Don’t like the size of the devices”, “Not as satisfying, don’t want to have to bother with filling, recharging, they look awkward medicinal devices and I don’t think of smoking as medicinal”, “They’re too heavy to hang from my lips”, “The hard plastic feel on my lips”, “They’re too large to carry easily.”

The third most commonly expressed criticisms had to do with the taste produced by e-cigarettes on the basis they were “too rough” or that there was “no real tobacco taste” produced by the devices, and that the taste was somewhat “artificial”.

With regard to the reported harms relating to e-cigarettes, the most commonly voiced criticism from the smokers had to do with the capacity of the devices to irritate their throat and produce a cough. A small number of respondents drew attention to what they said were the unknown longer-term harms that could be associated with vaping whilst others commented that the devices made their lips sore.

Finally, a small number of smokers drew attention to sanctions on public vaping and some people's negative reactions to vaping as having undermined their experience of using the devices. "Same social stigma as smoking so what's the point, may as well keep smoking the real cigarettes as much more pleasurable", "Still had to stand outside to vape, often right next to rubbish bins, this made it pointless to switch hence not using now", "Restrictions on use" and "Vaping bans", "People laughing at me", "It's naff, may as well have the word addict tattooed on your forehead", and "Hipster stigma and the holier than thou apologetic attitude most vapers hold is off putting."

In relation to what our sample of smokers most liked about vaping 225 individuals provided comments with the most frequent (94) highlighting the importance they placed on being able to use e-cigarettes in settings where smoking was not allowed: "Useful if you are in a pub and it's cold and wet outside", "I can use it indoors", "It's permitted in more places", "Can use it in more situations where lighting up is prohibited."

The cleanliness and specifically the lack of tobacco smell associated with e-cigarette use compared to smoking conventional cigarettes was the second most commonly positive comment (38 smokers): "I like the fact that I and my flat did not smell of smoke", "My clothes and house and breath don't smell", "No smoke, no ash", "No smoke no ash and nobody knows you have vaped", "Sweeter taste in the mouth, no finger staining, no ash or butts." A further 38 smokers commented positively that vaping was significantly cheaper than smoking: "Less expensive", "Lack of 80% tax on e-cigarettes", "Cheaper."

Taste and flavouring were identified by 27 smokers as the most positive aspect of their vaping experience: "Pleasant flavours", "Variety of flavours and nicotine strengths", "The variety of flavours compared to smoking. When I first started vaping I imagined that I would need a tobacco flavoured e-liquid and tried a large variety. Gradually I experimented with many other flavours available. Now I don't use tobacco flavoured e-liquids and have actually come to dislike the taste of them."

The health related benefit of using e-cigarettes was the fifth most commonly voiced set of comments with (26) smokers noting that "They are better for my health", "Better for breathing" and "Good for my health." Given that e-cigarettes are often discussed and presented in terms of their being significantly less harmful than smoking combusted tobacco, it is interesting that this sample of smokers placed less apparent importance on the health benefits associated with e-cigarettes than the greater variety of situations they could be used in, their greater perceived cleanliness, their cost, and their taste.

A small number (nine smokers) commented that vaping was very close to the smoking experience and in some ways more convenient: "Closest thing to smoking", "Similar throat hit to smoking",

“Similar to smoking”. “Not having to find my lighter.” Only a small number of individuals particularly noted that they liked the technology of e-cigarettes and the reactions of other people to the sight of them using the equipment: “I thought it looked cool”, “Easy to use”, “I enjoy the customisable options in both hardware and flavours”, “Less stigma”, “Not being treated like a leper”, “Less public opprobrium.”

Perceptions of NHS Stop Smoking Services

In total 72 of the smokers surveyed provided comments on NHS smoking cessation services they had been in contact with. Of these 21 commented negatively: “Terrible”, “Rubbish”, “Useless”, “Completely useless. I’ve tried patches and lozenges and inhalers and I got nicotine overdose and still craved cigarettes. It’s not the nicotine in tobacco I need it’s something else which has not been identified”, “Terrible. I was lectured to by a ‘stop smoking’ nurse and I suffered unpleasant side effects that were not explained to me before I began treatment”, “I had worried that quitting smoking would be bleak dull soulless and righteous. Everyone I dealt with through stop smoking services confirmed that view. Not wanting to be like them is one of the reasons I started smoking again”, “It was rubbish and I was rather stunned when it was pointed out to me that ‘By now you are supposed to be using weaker patches and close to quitting’. I was not aware I was on some kind of timetable and they witter on so much at you. They turn it into something much bigger than it needs to be and pepper their speech and information packs with so much negativity and wittering on that it just isn’t worth continuing.”

These services were assessed in more positive terms by 18 people: “Excellent”, “Good support but Champix did not work”, “Helpful”, “They were trying their best but cannot replace the pleasure of smoking”, “They were lovely, came around to see me and had a lot of handy hints and prescribed some nicotine replacement stuff suitable for a then pregnant woman. But after the first stop smoking session I subsequently attended I was smoking before I reached the bus stop”, “It was great. In those days we went to regular meetings every week and we encouraged each other. I gave up with that support but a few months later I realised I was miserable without my smokes and decided I did not want to stop just because my doctor and society is bullying me into giving up.”

Of the smokers who provided assessments of the smoking cessation services 14 considered those services as having been largely ineffective in getting them to stop smoking: “Well-meaning people but bloody useless”, “They tried but it did not work out for me”, “Not very helpful I was prescribed tablets that caused severe depression”, “Negative, they seemed to be there to promote nicotine replacement products which have a limited success. Pharmaceutical companies have greatly benefited from anti-smoking.”

Finally, 13 smokers commented that they had found a judgemental attitude on the part of staff within the smoking cessation clinics that had a negative impact on their contact with the service: “I felt the advisor was condescending and holier than thou”, “Weak, of little consequence, and coming from a position of sanctimony and patronisation, anti-smoking products are a placebo, they don’t work”, “Pseudo sales person for the pharmaceutical industry products. Promoted by quit smoking advisors who lacked any knowledge of smoking other than the official anti-smoking dogma”, “Negative vibe because I am a smoker.”

Conclusions

We called this report 'The Pleasure of Smoking' knowing it might offend some people because it clashes with the predominant view of smoking as a source of major ill-health and addiction. Nevertheless the view of smoking as enjoyable and a source of pleasure came through very clearly in our research. There was no doubt that many of the smokers surveyed found considerable pleasure in their smoking.

This was not a survey of a representative sample of smokers. Most likely they are a sub sample of the smoking population more positively inclined towards their smoking than might be the case for other samples of smokers. Without conducting a similar exercise with a much wider sample of smokers it is impossible to know how near or far the views and experiences of these smokers compare to the wider population of smokers in the UK. With this caveat in mind, the views of the smokers surveyed here are nevertheless important in illustrating just how distant some smokers are from the predominant paradigmatic view of smokers that has been promoted by tobacco control advocates and public health professionals.

Although some of our respondents were sceptical of the level of harm linked to smoking, other respondents accepted that smoking was indeed harmful but that acceptance did not translate into a commitment to stop smoking. Rather, individuals were clearly weighing the value they placed on their smoking relative to their awareness of those harms and determining that they would continue to smoke. Of course one might object to such a formulation and suggest instead that the reason our smokers continued smoking was because they had become addicted to their smoking. To offer that explanation however is to question the validity of the smokers' own views of their smoking.

Given how many of these smokers reported their pleasure in smoking it was interesting to note how many had at least tried alternative nicotine products. This suggested a willingness to consider switching from combustible to non-combustible tobacco products, even if their motivations in this regard appeared principally driven by increasing restrictions on the use of combustible tobacco products within public settings.

These findings have implications for those working within smoking cessation and tobacco harm reduction. These data indicated a mixed reaction to smoking cessation services where even positive assessment of the staff was not allied with reports of positive outcomes. On the basis of these results, at least, current configurations of stop smoking services are not successfully reaching the kinds of smokers sampled here. Successful models of engagement of smokers need to recognise and work with the enjoyment and pleasure that can be found in smoking. If smoking cessation services solely or principally stress the health harms associated with smoking and lay strongest emphasis on an addiction model to explain continued smoking in the face of those acknowledged harms, they will simply continue to find themselves very distant to the sorts of smokers we were surveying.

In relation to those working within tobacco harm reduction, whilst many of these smokers had at least tried e-cigarettes there was relatively little indication that these devices were being seen

as a viable complete alternative to smoking. The principle reason for adopting vaping as an alternative to smoking was apparently the restrictions placed on smoking in public settings. The extent of the use of vaping products shows that it is indeed possible to nudge smokers towards the use of alternative lower harm products by restricting the use of combustible products in many settings. However, unless one is going to ban smoking in all settings (effectively making it illegal) it is more likely that the sorts of smokers we were surveying will use vapour products in places where smoking is not allowed and will continue to smoke in places where smoking is allowed. They may be more likely to dual use vapour products and combustible tobacco products because they enjoy smoking more than they enjoy using the current choice of vapour products.

Shifting smokers like those sampled here from combustible to non-combustible alternatives may require that those alternatives more closely resemble combustible tobacco products than is currently the case. At the time of writing some countries (Japan, Italy, Switzerland and now the UK) offer alternatives to combustible tobacco and e-cigarettes that involve heating rather than burning tobacco. These devices release some of the taste and aroma of tobacco whilst reducing toxicant exposure as a result of the lack of combustion. It is too early to judge how appealing those products may be to UK smokers although in the coming years more of these products will become available in the UK market

The marked reduction in smoking prevalence over the last 30 or so years, coupled with the availability of reduced risk tobacco products, has led some people to talk of the smoking “endgame”, by which they mean the complete cessation of smoking in society. The fact that some smokers wish to continue to smoke, even in the face of those acknowledged harms and the availability of alternative nicotine products, suggests there will be a continuing demand for combustible tobacco products for some years to come. Whether those smokers who have been rather immune to the efforts of those wishing to curtail their smoking would be interested in engaging fully with the various alternative tobacco and nicotine products will depend largely on the extent to which those products generate the same or similar level of pleasure and enjoyment as these smokers currently derive from combustible tobacco products.

Acknowledgements

We are grateful to Forest for having provided the funding to undertake the research described in this report. Beyond funding this research Forest had no role to play in the data collected (other than providing Forest supporters with a link to the survey website and suggesting some possible questions for inclusion on our instrument), in the data analysis and write-up of the results. The authors would like to acknowledge their debt to Alex Satchwell for his helpful comments on the topic of pleasure and smoking. The views outlined in this report are those of the authors and should not be attributed to the funding body.

