

Commentary on Loud et al: Reconsidering nicotine dependence in adults

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Concise statement

Public perceptions of nicotine dependence and views of addiction fundamentally impact health behaviour. There is a pressing need to reconsider views of adult nicotine dependence in order to separate it from the harmful consequences of addiction to tobacco smoking.

In the UK context, a harm reduction approach supporting people who smoke tobacco to switch to reduced harm nicotine containing products, is an important aspect of the 'smokefree 2030' vision (1,2). Internationally this remains a contested position. The World Health Organisation suggest that e-cigarettes may be harmful to health, with little consideration of the balance of risk compared to tobacco smoking (3).

Views on nicotine harm reduction likely result from cultural contexts where lay narratives of addiction are deeply ingrained. At the heart of these views are emotional responses, strongly felt, and morally upheld. Loud et al (4) make a critical distinction between the terms 'dependence' and 'addiction', suggesting a need for clear agreed definitions. This would objectively define terms, with the shared aim of advancing scientific understanding by referring to complex concepts that may be operationalised in context (5). For example, defining nicotine dependence as a physical manifestation, one aspect only, of addiction, enables a distinction from 'addiction', where the ontological definition includes the presence of consequential *harm* (6).

It is essential when attempting to understand views of nicotine and addiction to access the lay narratives of people who smoke and ex-smokers themselves, alongside quantitative research. As beliefs can be powerfully held and maintained, the qualitative approach utilised by Loud et al (4) is critical in understanding perceptions that ultimately influence health behaviour. Participants in their study 'consistently misperceived that nicotine caused disease'. Perceptions of addiction were largely negative, but varied by smoking status, with 'experienced smokers' having a more nuanced understanding, encompassing not only physical dependence on nicotine, but also dependence on the social and psychological aspects of cigarette smoking.

Loud et al (4) report that experienced smokers believe that reducing nicotine in tobacco cigarettes (VLNCs) would not make them less appealing, due to the multi-factorial nature of addiction. This user-centred perspective supports the very modest outcomes reported by VLNC trials (7). Promotion of VLNCs may well also have had the unintended consequence of giving the misinformed message that nicotine is the most harmful constituent of tobacco cigarettes. Although nicotine use may result in dependence, it need not result in addiction, with associated harm, if it is consumed in manner that does not involve inhalation of combustible tobacco smoke. There have been calls to rethink how reduced harm nicotine products are promoted so that we might correct misaligned public perceptions (8). Others have gone so far as to suggest that some of the psychological and social aspects of using nicotine in ways other than smoking may have dependence forming attributes, such as pleasure (9), or a sense of belonging to a social group (10), that may actually be important aspects of use of these products, encouraging people that smoke to switch, and supporting ex-smokers to avoid relapse to smoking (11).

Loud et al (4) reveal that free associations of addiction are extremely negative, with 'addicts' perceived to 'lack discipline' or be 'helpless'. These are discourses that are strongly held and perpetuated, even by people that smoke themselves. Language use positioning people with 'an addiction' has the consequential impact of devaluing the views, behaviour and social standing of that person. Loud et al (4) demonstrate how non-smokers saw addiction as 'a choice', also perpetuating stigma by locating blame for addictive behaviour. Use of free association is referred to as accessing the 'experiential mode' of understanding, bypassing the 'logical' or 'analytical' mode. It is this experiential mode that ultimately drives behaviour and is vital for us to understand. Loud et al (4) also find that both current and non-smokers expressed the view that switching to other nicotine products would be simply 'exchanging one addiction for another', without wider consideration of harm to health of different routes of nicotine administration. This is concerning, as it demonstrates a preoccupation with the concept of 'addiction', that may potentially negatively impact health behaviour through discouraging switching to reduced harm nicotine containing products.

Nicotine dependence does not do significant harm to population health. Smoking tobacco cigarettes, on the other hand, is an urgent public health priority that must be addressed to prevent the pandemic of tobacco related disease. We must reconsider views of adult nicotine dependence to separate it from the harmful consequences of tobacco smoking.

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