Denormalisation and the 2025 goal: Where should the balance lie?

Janet Hoek
Dept of Public Health, University of Otago Wellington
Overview

• Brief discussion of denormalisation (DN) as a smokefree strategy
  • Key elements and effects

• Risk of stigma
  • When DN becomes disabling rather than enabling

• Experiences from NZ
  • Largely progressive smokefree policies
    • Regular excise tax increases, increasing SF outdoor settings
  • Implications for smoked tobacco use and ENDS uptake
Denormalisation

Denormalisation repositions smoking as outside mainstream behaviour

Challenges all aspects of tobacco marketing

- Tobacco becomes:
  - More expensive
  - More difficult to access and use
  - Less appealing to consume
  - Reduced social cachet
Denormalisation

Strong effects from US evaluations
• DN reduces smoking prevalence and initiation; increases quit intentions (Malone et al., 2011)

**BUT could existing strategies have unintended effects?**

Could DN stigmatisate smokers?
• “Spoiled identity” and “deeply discrediting” attribute (Goffman, 1963; Bell et al., 2010)
  • Results in status loss and social rejection (Burris, 2008)

• Are there risks?
  • Reduces self-efficacy (People feel less able to quit)
  • Increases reactance (People push back against smokefree efforts)
  • Weakens rather than supports cessation efforts
Objectives

To examine smokers’ experiences of denormalisation:
- How do they think society views smoking?
- What experiences do they have within own social networks?
- What is their personal experience of DN?
- What, if any, reactance is evident?

To estimate association with quitting behaviours
- Past quitting
- Future quit intentions
Methods: New Zealand ITC Project

Design features

• Cohort of 881 smokers and 274 recent quitters
  • Sample recruited from NZ Health Survey (NZHS) sampling frame (agreed to re-contact)
  • Large Māori sample (n=386)
    • Analysis accounts for over-sampling of some participant groups in the NZHS/ITC sampling stages

• CATI survey conducted by Research New Zealand

• Two waves funded
Methods: Instrument

• 17 agree-disagree statements explored components of DN using a 5-point scale
  • Social and personal experiences, and reactance

• Created DN index (0-3+) based on five statements
  Your need to smoke makes you feel like an outsider
  You sometimes feel ashamed when people see you smoking
  People sometimes give you disapproving looks or cough when they see you smoking
  Some people look down on you when they know you are a smoker
  You try to hide your smoking from family and friends

• Estimated associations with past and planned quitting
### Results: Experiences of societal DN

<table>
<thead>
<tr>
<th>Statement</th>
<th>% Agreement</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Smokers</td>
<td>Quitters</td>
</tr>
<tr>
<td>Society disapproves of smoking</td>
<td>78.0</td>
<td>77.8</td>
</tr>
<tr>
<td>Smokefree policies have turned smokers into second class citizens</td>
<td>57.8</td>
<td>60.5</td>
</tr>
</tbody>
</table>

- Three quarters perceive societal disapproval
- Over half feel this disapproval has reduced smokers’ status
## Results: Social networks and DN

<table>
<thead>
<tr>
<th>Statement</th>
<th>% Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are fewer and fewer places where you feel comfortable smoking</td>
<td>69.2</td>
</tr>
<tr>
<td>There are fewer and fewer smokers in your social group these days</td>
<td>58.4</td>
</tr>
<tr>
<td></td>
<td>85.1</td>
</tr>
<tr>
<td></td>
<td>79.6</td>
</tr>
</tbody>
</table>

- Loss of comfort and connection in smoking
- More than half feel others disapprove of smoking
  - Perceptions more pronounced among quitters than smokers
- Smoking and socialising offset by feelings of being outside
## Results: Shame and DN

<table>
<thead>
<tr>
<th>Statement</th>
<th>% Agreement</th>
<th>Smokers</th>
<th>Quitters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some people look down on you when they know you are a smoker</td>
<td>61.4</td>
<td>49.6</td>
<td></td>
</tr>
<tr>
<td>People sometimes give you disapproving looks or cough when they see you smoking</td>
<td>53.2</td>
<td>48.6</td>
<td></td>
</tr>
</tbody>
</table>

- Around half feel looked down upon or disapproval
- Substantial proportions report shame and covert smoking
  - Smokers report higher disapproval from others
  - Quitters report more personal shame and concealment
### Results: Reactance and DN

<table>
<thead>
<tr>
<th>Statement</th>
<th>% Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>More and more smokers are ignoring smokefree area policies</td>
<td>31.9</td>
</tr>
<tr>
<td>You sometimes deliberately ignore smokefree signs just to make a point</td>
<td>13.1</td>
</tr>
<tr>
<td><em>Smokers</em></td>
<td><em>Quitters</em></td>
</tr>
<tr>
<td>35.0</td>
<td>17.5</td>
</tr>
</tbody>
</table>

- Around a third perceived general defiance among other smokers
- But much lower reports of personal defiance
Denormalisation Experiences and Quitting

- Past quit attempts lower among those with no DN experiences
  - But no clear associations where DN reported
Denormalisation Experiences and Quitting

- Plans to quit lower among those reporting no DN
- More than twice as high among those reporting high DN
Denormalisation Experiences and Quitting

Motivated to Quit at All

<table>
<thead>
<tr>
<th>DN Experience Index</th>
<th>None</th>
<th>Low</th>
<th>Moderate</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>70</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>90</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td>80</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Overall motivation to quit high
- Increases as experience of DN increases
Discussion

• Smokers and quitters perceive strong general disapproval
  • Generally low levels of perceived or reported reactance

• Stronger the perceived DN, greater the likelihood of quit attempt in next 6 months

• Tension between enabling triggers and fostering reactance
  • Ensure DN reduces rather than fosters health inequalities
New Challenges – DN and ENDS use?

Many studies have examined smoking-related stigma

**BUT**... few have explored stigma and ENDS use

Qualitative work suggests ENDS users may also experience stigma

- Less a result of active denormalisation strategies
- More a loss of authenticity, challenge to norms, “othering”
ENDS use and stigma

Lacked authenticity

"it was more gimmicky and it didn’t, ... didn’t fill the void you know what I mean?... really you want burning like tobacco and you want that heat ... in the back of your throat. ... where if you’ve got this plastic thing in your hand where you’re holding a button electrically and it’s a lot smoother. It’s not that roughness."

You know, if you’re going to smoke, why don’t you just smoke a real one?
Negative vaper stereotypes

... I don’t know but **vape has this kind of like stigma around it.**

the stereotype seems to be one of those people [*dude bro: goes to the gym a lot, gets in fights, dances by rubbing up on women*] with a huge ridiculous cigarette blowing massive clouds... I am real self-conscious about that stereotype.

there’s been **this joke for, like, ever since the internet existed of Neck Beard, who’s like a 20 something year old guy who does nothing with his life and lives in his Mom’s basement and then that got associated with the e-cigarettes for whatever reason.**
ENDS use and stigma

Conspicuousness confronting

"some people, you know, if they smoke third generation ones ... it’s just like a ridiculous amount of thick white vapour and it’s, it’s kind of stupid, it seems kind of unnecessary, I guess, and a lot of people don’t really like it.”
ENDS use and stigma

Connotations of addiction and lost control continue

"the problem I see is...you give up one addiction and you pick up another one, which is vaping... to me it's like, you're going from one to another."

VAPING: IT'S STILL ADDICTION.

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Overall…

Denormalisation has reduced smoking

• Decreases appeal, access and affordability of smoking

Diminishing returns not apparent – overall

• Need to monitor sub-groups carefully

Implications for ENDS use unclear

• Desirable to retain many smokefree norms

• Yet also want to foster *full transition* from smoking among ENDS users
Kia ora, thank you

Questions??
Janet.hoek@otago.ac.nz

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