Introduction

Smoking has become a moralized social practice (Rozin, 1999) in Western societies, signifying ‘pollution, peril and poverty’ (Farrimond & Joffe, 2006). Consequently, those who continue to smoke risk stigma, exclusion and social condemnation, particularly if they belong to already existing out-groups such as those living in deprivation or who have mental health issues. The policy of tobacco denormalization has been relatively successful in increasing quit rates amongst higher socio-economic groups; it has had less effect in poorer ones. Moreover, it may have had unintended consequences, as stigmatized groups such as pregnant women smokers shy away from cessation services they perceive as judgemental (Wigginton & Lafrance, 2016). This paper re-examines the issue of smoking stigma in relation to the rise of the e-cigarette. We consider how clients of stop smoking services and vape shop customers perceive and manage stigma, if smoking stigma has transferred onto e-cigarettes and if and how any stigma is resisted. We also consider the wider international context of public health campaigns concerning e-cigarettes as potential contributors to a stigmatizing environment.

Design and sample

A series of three qualitative case-studies was conducted in the South-West of England, interviewing stop service managers, advisors, commissioners and clients, as well as ethnographic research in vaping shops. Health indicators show the services serve areas of multiple deprivation in terms of SES and have a higher rate of smokers than the national average. The sample here included 15 vape shop users and 15 stop smoking service users (n=30). Thematic analysis (Braun & Clarke, 2006) was conducted.

Findings

• Many vapers reported instances of felt (internalized) and enacted (discrimination) stigma (Scambler, 2003), particularly in relation to vaping in public (e.g. receiving ‘black looks’ wafting the hands about) which they attributed to ‘lack of education’ about the difference between smoking and vaping.

• The dimensions of stigma were similar to those of smoking, particularly pollution (relating to ‘clouds’ ‘smoke’ and ‘smell’) and harm/peril.

• Derogatory language such as ‘idiots’ ‘ridiculous’ ‘sucking on dummies’ and even a meme ‘vaping is gay’ was mentioned by vapers and non-vapers.

• Some vapers reported modifying their behaviour in specific situations such as in restaurants, around children, in social groups with no vapers and using low wattage/producing fewer clouds in public to counter social disapproval/meet previously established smoking norms.

• Positive social identities oriented around ‘being healthier’, ‘being part of the community’ and ‘being cool’: ‘Vaping culture: it’s like being in a big group with people who have seen the light and given up smoking’ (P23, vape shop customer)

Conclusion

In conclusion, vapers experienced both felt and enacted stigma along similar dimensions to smoking stigma, which many felt was due to lack of education on the part of non-vapers. Positive identities were asserted as a way of resisting negative derogation. It is important to note stigma is not static, but dynamically and contextually produced. Social meanings change according to social context. Public health is instrumental in promoting and sustaining that context as is the media. Public health campaigns should use a) non-stigmatizing images b) comparators of risk (Kozlowski & Sweanor, 2016) rather than absolute messages concerning ‘danger’ ‘poison’ or ‘addicts’.

The contribution of public health in deterring or perpetuating stigma needs critical evaluation alongside the lived experience of vapers.

References