

# The implication of the concept “nikotiiniriippuvuus” in the Finnish tobacco discussion

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## ABSTRACT

**BACKGROUND** – We examined the Finnish concept of “nikotiiniriippuvuus” (nicotine addiction or dependency in English) in two public arenas in recent Finnish history (1970s, 1990s and 2000s). One was the biggest daily newspaper Helsingin Sanomat, the other the medical professional journal *Lääkärilehti*. **DATA & DESIGN** – A total of 102 print press items from the 1990s and the 2000s were collected through electronic archives with the search word “nikotiiniriippuvuus”. In addition, 41 texts were collected manually from the 1970s. **RESULTS** – Of the items from the 1970s, only three mentioned the concept of “riippuvuus”. Overall, we found that the use of “nikotiiniriippuvuus” has increased greatly over time. In order to know more about the implications of this, we identified some themes as meaning-making traits surrounding the concept in the materials. The analysis points to four main meaning-making functions of the concept: i) agenda-setting, ii) introducing and explaining self-governance techniques, iii) introducing a medical understanding, and iv), mediating views on responsibility division.

**KEYWORDS** – nicotine, addiction, dependency, concept, public speech, Finland

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## Introduction

The formation of tobacco policy can be seen to reflect a rapid historical conceptual process whereby tobacco smoking has gone from being viewed as a common habit to a social problem framed in a public health perspective. Three decisive ideas manifest this process: (1) harms to the smoker, (2) harms to others, and (3) nicotine as a highly addictive drug (Hakkarainen, 2013). In the Finnish context, the most recent conceptual innovation is the idea of a tobacco-free Finland by 2040, which resets the goal for tobacco policy. The action goal is no longer merely a reduction of smoking but a complete ending of consumption of tobacco products by 2040 (ibid.). The first two of the ideas listed above have to a great extent justified legislative restric-

tions in the availability and marketing of tobacco products and in the protection of citizens against exposure of second-hand smoke. The idea of nicotine addiction has rather directed increasing attention to the division of responsibilities between society and individual and the development of different curative technologies.

In this case study we want to investigate the aspect of nicotine addiction in these developments. “Nikotiiniriippuvuus” corresponds to the English concepts of “nicotine dependency” and “nicotine addiction”<sup>1</sup>, and we examine what this concept has brought to the public discourse on tobacco use in the increasingly restrictive tobacco policy climate in Finland in the 1970s, 1990s and the 2000s. More particu-

larly, we are interested in the framings and understandings of the tobacco question that “*nikotiiniriippuvuus*” has allowed and stimulated. We investigate its use in a mainstream daily newspaper as well as in a professional journal for medical doctors.

Our research questions are: What are the significations that the introduction of the concept of “*nikotiiniriippuvuus*” has brought about in the two public arenas under study? What are the likely results of this for the articulation of the Finnish tobacco question in policy and practice?

We will refer to the word *nikotiiniriippuvuus* in English both as “nicotine dependency” and “nicotine addiction”, as our sources only use the Finnish word of “*riippuvuus*” without making any distinctions between the two concepts.

## Background

Nicotine is named after the tobacco plant *Nicotiana tabacum*. This in turn is named after Jean Nicot de Villemain, the French ambassador in Portugal who sent tobacco and seeds to Paris in 1560, and who promoted their medicinal use. When it comes to the emergence of the idea of nicotine addiction we have to go back at least to the 1940s when Johnston (1942) defined that smoking tobacco was “a means of administering nicotine, just as smoking opium is a means of administering morphine” (cit. by Bell & Keane, 2012). However, smoking as a problem was first seen as a habituation rather than a dependency or addiction (Berridge, 1998). Tobacco dependency was recognised at the beginning of the 1980s and is still labelled in a category of disorders in DSM classifications and in the WHO’s ICD-10 classification system for diseases.

Although the concepts of nicotine dependency and addiction have appeared in the medical discourse for some time, it was not until the late 1980s and the early 1990s that nicotine addiction was adopted as a key concept in the medical definition of the tobacco problem (Berridge, 1998; Bell & Keane, 2011; Elam, 2012). The United States Surgeon General published in 1988 a review report on Nicotine Addiction, concluding that tobacco, no matter how it is used, leads to addiction that is pharmacologically and behaviourally comparable to the addiction caused by hard drugs like heroin and cocaine (West & Grundberg, 1991). This reclassification was confirmed in studies conducted in the 1990s and later (see e.g. Hughes et al., 1994; West & Gossop, 1994; Nutt et al., 2007). And even if smoking differs in many ways from the use of heroin or cocaine (Bell & Keane, 2012), such a parallel creates an important momentum in the understanding of the degree of addictiveness in nicotine as a substance. It enlarges the distance between tobacco and other life comforts such as alcohol and coffee, and moves the cultural place of tobacco closer to that of illicit drugs (Piispa, 1997).<sup>2</sup> Dividing the post-war tobacco history in Britain according to scientific inputs, Berridge (1989) calls the 1990s the “decade of addiction”. The conception of smoking as a form of addiction was inspired by the growing influence of neuroscience and neuropharmacological studies of the effects of nicotine on the brain (Elam, 2012). This biological argument for the transformation in the definition of the smoking problem from a (bad) habit into an addictive disease had a far-reaching impact in producing smokers as pathological

subjects, subjecting them under the medical gaze and making them the object of rehabilitative self-discipline (Keane, 2002). Consequently, the reframing of smoking as an addiction in public speech and in public consciousness also led to new institutionalised applications and technologies, especially in preventive and curative fields (Hakkarainen, 2013).

One of the most important curative treatment methods for dealing with tobacco addiction was the invention of nicotine replacement therapy NRT (Bell & Keane, 2012). As Elam (2012) has shown, it was already in the 1970s that the Swedish pharmaceutical industry, through mimicry of oral tobacco (Swedish *snus*), developed a nicotine product known as Nicorette® as a substitute for cigarettes. In the mid-1980s and 1990s such replacement therapies started to be applied more systematically in the treatment of tobacco addiction. Interestingly, the pattern is similar to substitution treatment of opiate addicts; the same drug that would lead the users into addiction in the first place could help them out of it.

The first medical nicotine product, a Nicorette chewing gum, was introduced into the Finnish pharmacopoeia *Pharmaca Fennica* in 1984. To begin with, NRT products were available only by prescription, but from 1993 onwards they have been available over the counter in pharmacies. A new law extended their sales to food stores, kiosks and petrol stations from the beginning of February 2006 to increase availability of NRT products (Kurko et al., 2009). However, attempts to get NRT products compensated through the Finnish public health insurance system have not succeeded (Hara & Simonen, 2013).

## Theoretical framework

Considering this general background and the 1990s trend in Finnish popular discourse of resorting to the concept of *riippuvuus* (addiction), which has been shown to coincide with an individualised and internalised problem perspective (Hellman, 2010), it becomes clear that the framing of tobacco use as a problem of nicotine addiction serves certain explanatory modes and conceptual paradigms. These, then, have a significant impact on how tobacco use is perceived, prevented and helped.

Semiotically speaking, the word *nikotiiniriippuvuus* is a sign. Its attachment to certain ideas of what it means is the code or the norm which governs the use of the word. Changes in semantic systems and their codes indicate changes in the ways in which cultures “see” the world, in this case the ways in which the tobacco use problem is understood and framed. It reflects cultural conventions for expressing and framing a matter at a given time and in a given place (e.g., Eco, 1979). The introduction of the word *nikotiiniriippuvuus* and its natural widespread use in popular discourse is a sign of a historical social process whereby the idea of nicotine dependency is established through language use. Guiraud (1975) refers to this process as *codification*. Codification, which can be intentionally governed or a “natural” process, happens due to new inventions, changes in values or other cultural influences.

Texts, and popular mass media content in particular, constitute good sources for studying the cultural conventions upholding certain ideas. Drawing on the existing literature, we have identified a need to inquire into the standardisation of refer-

ring to the idea of nicotine dependency. The increased emphasis on the concept of *nikotiiniriippuvuus* is expected to provide knowledge of certain conceptual changes surrounding the tobacco question in Finland over time.

By comparing how nicotine addiction has been defined and understood in two public arenas, we will scrutinise what kinds of implications the social construction of nicotine addiction has had on the framing of tobacco use.

## Data and methods

The two data sets chosen for our inquiry represent different forums of public discourse. The first source of data is Finland's largest daily newspaper the *Helsingin Sanomat*. As the largest newspaper in the Nordic countries and with one of the largest readerships in relation to population size in Europe, the *Helsingin Sanomat* has been described and also critically examined as a prominent institution and force of power in Finnish society (Klemola, 1981). In 2012, the paper had a readership of about 859 000 (Finnish Audit Statistics, 2013), which can be expected to display signs of codification of the use of *nikotiiniriippuvuus* corresponding to a certain "popular" mainstream use in the Finnish language. The second data source is *Suomen Lääkärilehti* (from now on LL), a leading weekly journal aimed at doctors in Finland. It is published by their professional organisation, the Finnish Medical Association, which has 95% of all doctors registered in Finland as members. The readership of the journal also includes other health care personnel, such as pharmacy staff, staff of companies in the health care field and future doctors, i.e. medical

students (Lääkärilehti, 2013). The journal's website claims the following:

*Suomen Lääkärilehti* disseminates new medical information, functions as a journal for continuing education and professional proceedings for doctors. It monitors trends in health care and health-care policy and serves as a forum for professional information and discussion. As a membership journal it also functions as a medium for professional discussion and other information needed by doctors (Lääkärilehti, 2013).

With a print run of 27 000, a free copy of *Suomen Lääkärilehti* is sent to all doctors and medical students who are members of the Finnish Medical Association. Subscribers include health-care administrators, libraries and private individuals. This source was selected for our study because it gives a good overview of how the phenomenon and concept of *nikotiiniriippuvuus* is articulated among professionals in the medical field. This material can be viewed as reflecting a codification of the word *nikotiiniriippuvuus* in discourse among the professionals in the public health sector who are ascribed some responsibility for treating the problems. The materials from the 1990s and 2000s were collected using the search word *nikotiiniriippuvuus* in the two publications' electronic archives. From the electronic archive of the *Helsingin Sanomat* (from now on HS) we found 43 (=n) texts that included the word *nikotiiniriippuvuus* in the period of 1991–2012, a time span of 22 years. All text genres (articles, interviews, reports, letters to the editor, editorials, etc.)

were collected and coded so the material represents the total repertoire of contexts that the concept appeared in. Pictures and advertisements were not available through the archives.

We performed the same search procedure in the electronic archive of the LL for the time period of 1992–2012, which constitutes a time span of 21 years. As the search resulted in over double the amount of hits (94 items) than the HS search, we made a selection of 59 (=n) pieces to represent our data set proper from the LL. In the excluded 35 items the word was only mentioned or referred to in passing as part of some other clinical picture, and was not as a subject talked about in itself.

In order to get a picture of the words used before *nikotiiniriippuvuus* was widely established, we also gathered material from both publications from the 1970s. We chose this decade because the first Finnish tobacco law – the strictest contemporary tobacco law in Europe – was enacted in 1977. We concluded that choosing the 1970s would give us insights into the common framings of tobacco use before the big policy restrictions were issued. In the absence of electronic archives of these publications from the 1970s, the material was gathered by hand. The HS material came from microfilm images of the newspapers from three sampled weeks from the years 1970, 1972, 1974, 1976 and 1978. All newspapers from the sampled weeks were read, and the material that involved smoking and tobacco was collected. *Helsingin Sanomat* is a daily newspaper published almost every day of the year (in 2014, 353 times), so finding all tobacco discussions by hand from each issue during the ten-year period would be a major task. As

for the LL, all headlines in 1970–1979 were scanned. We selected those including some of the following words: tobacco, smoking, nicotine and/or dependency. Since the material from the 1970s is gathered differently we use it only as a backdrop for our inquiries into the use of the concept of *nikotiiniriippuvuus*.

All in all, out of the 29 articles from the 1970s, we found zero pieces from the HS and three pieces from the LL that concerned nicotine addiction.

**Table 1.** Items found on tobacco use in LL and HS from the 1970s.

Year	LL	HS
1970	2	4
1971	5	
1972	1	1
1973	5*	
1974	4*	
1975	9	
1976	0	1
1977	3	
1978	3*	2
1979	1	
<b>Total</b>	<b>21</b>	<b>8</b>

\* One of the articles published this year included the word dependency/nicotine dependency.

## Analysis

To examine the implications of the use of the concept of *nikotiiniriippuvuus*, the total data of the 1990s and 2000s, 102(=N) texts, was fed into the qualitative text analysis programme Atlas.ti. As a first phase of inquiry into the material we marked all places in which *nikotiiniriippuvuus* was talked about in one way or another.

Table 2 displays the number of markings made in this first raw coding in the two

print publications. Each code constitutes one semantic unit, that is, a place of the text in which an idea surrounding the concept of *nikotiiniriippuvuus* is expressed. Basically, this is a qualitative study, so the total number of appearances of codes is primarily displayed in order to get an overview of the material. They are not to be interpreted as downright analytical results. In parenthesis we have acknowledged the average number per year, as the search period was not the same (one year less in the case of the LL).

**Table 2.** References to nicotine addiction. In parenthesis the average per year.

	HS	LL	TOTAL
1991*–2001	17 (1.5)	45 (4.5)	62
2002–2012	40 (3.7)	101 (9.2)	141
	57 (0.4)	146 (7)	

\*LL not from the year 1991

The prevalence of references to the concept was much higher in the professional journals. This is not very surprising considering that the medical profession is concerned with questions of illness and health, to which tobacco use is most commonly related. One can also claim that there is a biomedical meaning embedded in the concept of nicotine substance dependency in itself as it refers to the bodily mechanisms of getting used to and hooked on a substance against one's own free will. As shown in table 2, of our two materials the highest likelihood of finding references to nicotine addiction was in the *Lääkärilehti* in the eleven-year period of 2002–2012. There was an increase in the number of references to the concept of nicotine addiction in the later period for both publications.

At the next stage of our analysis, we aimed at finding out the discursive traits that the references to nicotine addiction were attached to. We therefore analysed each place in the materials where we had found the word *nikotiiniriippuvuus* and grouped them according to the framings and significations that we interpreted that the concept was attached to and would serve in the material. Based on this categorisation, the following six themes were identified as the most salient ones:

1. *prevention of smoking (PREV)*. This category included speech on the ways in which nicotine addiction could be avoided. Great emphasis was in both materials put on how to prevent young people from initiating tobacco use.
2. *ways in which to get rid of or cure nicotine addiction (WAYS)*. This category included references to different quitting techniques, substitution products (such as nicotine patches), medicines, group and individual therapy, etc.
3. *support structures to quit smoking (SUPPORT)*. This category involved references to arrangements that would help and support people or specific groups of people to quit smoking. For example, we found a discussion on types of support that occupational health services can arrange for employees.
4. *medical doctors' views on nicotine addiction (DOCTORS)* appeared as a theme of its own, especially in the LL. This involved references to how to help patients quit and the role that medical doctors have/should have.
5. *tobacco policy and tobacco legislation (POLICY/LAW)* concerned the problem

**Table 3.** Frequency of codes found in the material.

	1991–2001		2002–2012		AVERAGE FREQUENCY PER YEAR	
	HS	LL	HS	LL	HS	LL
PREV	–	–	2 (4%)	22 (21%)	0.09	1
WAYS	6 (43%)	13 (30%)	18 (37%)	39 (37%)	1	2.5
SUPPORT	3 (21%)	1 (2%)	1 (2%)	16 (15%)	0.32	0.8
DOCTORS	–	6 (14%)	8 (16%)	19 (18%)	0.36	0.7
POLICY/ LAW	2 (14%)	19 (44%)	11 (22%)	10 (9%)	0.6	1.4
RESP	3 (21%)	4 (9%)	9 (18%)	3 (3%)	0.5	0.3
<b>Total</b>	<b>14 (100%)</b>	<b>43</b>	<b>49</b>	<b>106</b>		

of nicotine addiction in relation to tobacco legislation and policy.

6. *responsibility to take care of the problem (RESP)*. Discussion on who is responsible for the treatment of nicotine addiction.

The codes could overlap, as a textual segment that speaks about doctors helping patients (DOCTORS), for example, could simultaneously involve speech on support structures (SUPPORT) and other ways of getting rid of nicotine addiction (WAYS). Table 3 displays the total number of codes found in the materials, and the annual frequency of appearance of the code on average. A single text can include several semantic units since all the places where the concept occurred were marked. The second code in particular of techniques of curing and counteracting nicotine addiction sticks out as a frequent code in both materials, and especially in the LL.

The most frequent references to nicotine addiction are made in the *Lääkärilehti* in discussions on techniques of preventing, counteracting and treating the problems (codes i–iii), which make up 61% (91/149)

of all codes in the LL. Utterances about the ways in which to cure nicotine addiction was likely to appear at least 2.5 times annually in the *Lääkärilehti* during the 21-year study period.

The coding procedure enabled a good overview of how *nikotiiniriippuvuus* appeared in these two materials and what kind of general statements were being made. We then proceeded to analysing the coded material further to discern the shifts in significations that we claim that *nikotiiniriippuvuus* served in the materials. These shifts will be accounted for in the next chapter.

## Results

### *The 1970s: An unhealthy habit*

In order to put our results in a historical perspective and to check for the occurrence of the word *nikotiiniriippuvuus* before “the decade of addiction”, we inquired into how tobacco use was portrayed in the material from the 1970s. In the reporting sample of the 1970s *Helsingin Sanomat*, there is no mention of the concept of *nikotiiniriippuvuus*, and in the *Lääkärilehti* the words addiction and nicotine are

combined only in three items from the 1970s data set. Thus, one can say that in the mainstream daily newspaper *Helsingin Sanomat* tobacco use and smoking was not discussed as a dependency matter in the 1970s, whereas stakeholders in the medical profession started to articulate ideas about smoking as a compulsory activity in their professional journal. HS reporting on tobacco mainly refers to the proven negative health consequences, such as illnesses, and to reasons to quit smoking. But the habit-evoking elements are acknowledged by the employment of other constructs: the need to smoke is said to be based on “sucking in [the smoke], which develops into an overwhelming habit” (HS, December 15, 1970). The dimension of getting hooked is also described in the headline “Tobacco will entrap you like morphine” (HS, December 2, 1972). Quitting smoking demands “strength of character” (ibid). Instead of *nikotiiniriippuvuus*, the texts speak of smoking as a habit which is hard to quit. Overall in comparison to the contemporary material, the tobacco discussion in the HS seems concerned not only with the negative but also other aspects of smoking. Although the message about the harm caused by smoking may sometimes be the very same as in the reporting twenty and thirty years later, the words “nicotine” and “riippuvuus” were neither combined nor naturally referred to in our sample.

The LL texts from the same period, 1970–72, do not refer to habitual smoking as a vice to be dealt with in itself. Instead, it is associated with and causing other illnesses and health problems. For this reason, it is argued, the smoking habit must be prevented and decreased. This is emphasised as an important question of pub-

lic health. Both medical doctors and nurses are seen as playing a central role in the work of smoking prevention, as well as in the support offered to patients who want to quit the habit. According to the LL, physicians are to disseminate information and encourage patients to quit smoking, serving as good role models themselves. Also, schools and other societal institutions are mentioned as playing an important role in smoking prevention.

The notion of dependency caused by tobacco products occurs in the LL in 1973. Tobacco is described as having rooted itself in our culture, supported by the consumers, “because of its very nature as causing dependency” (LL, Pekari, 1973). In 1974 an article argues that “tobacco habituation can be compared to mental dependency of medical drugs and/or intoxicating drugs. The level of dependency can vary between light and very strong depending on the user’s personality and the substance used” (LL, Achté 1974). This article also claims that the smokers’ willpower will affect the outcome: the stronger the motivation to quit, the better the success.

The first occurrence of the word *nikotiiniriippuvuus* in the LL comes from 1978 under the topic “Will withdrawal from smoking work” (Koskela, 1978). The text emphasises the importance of not letting the smoker think that (s)he would *not* be in control over the quitting, and the importance of avoiding the view on the smoker as a passive addict.

In contrast with more contemporary material, the 1970s quitters of smoking are talked about as rather active and competent persons who will be able to quit with the right dose of motivation. Neither medical drugs nor substitution treatment

are mentioned. The quitting is mostly presented as a learning process, although the comparison to drug dependency is sometimes made. The point of departure for the cessation is the smoker's will and motivation, while the physician's task is to encourage and support this motivation, and to inform about the withdrawal symptoms. Substitution or withdrawal drugs are mentioned as potentially harming the motivation of the patient. As the problem is defined as a question of habituation, the cure is conceptualised as a cognitive "learning" process.

#### *1990s and 2000s: Overall trends*

When it comes to the types of discourse that the concept of *nikotiiniriippuvuus* seems to give rise to in the materials from the 1990s and 2000s, we noticed a new emphasis on the different ways in which the "condition" can be duped and overpowered by the right selection of technical tools. The decisive willpower and strength of character of the 1970s is joined by an image of an individual who also needs to be equipped with intellectual abilities to eclipse or dupe the bodily and mental malfunctions connected to the ongoing nicotine ingestion. At the same time, the structural framing of the support provided and references to policy and legislative circumstances (SUPPORT, POL&LAW) do not increase to the same extent. We therefore suggest that what is being witnessed in the material is a strong general orientation towards a strengthened discourse on technical aspects of self-governance over time.

The main difference between the two materials on the use of the concept of *nikotiiniriippuvuus* is that the daily news-

paper HS tends to use it for agenda-setting purposes: it is a problem that needs to be seen and taken seriously. This publication's role is to inform the public of the problem's existence and of the ways of dealing with it. In the professional journal LL the main message is a consensus that the help provision for the patient who wants to quit his nicotine addiction is to a large degree situated within the medical doctors' area of responsibility. In the doctors' professional journal, the function of the discussions of the phenomenon turns into concrete suggestions on how this help provision role is to be fulfilled. It is also about new types of scientific knowledge on the problem which contribute to its amelioration and, ultimately, to its solution.

We will next account for four conceptual shifts: the smoker's becoming a nicotine user; the emphasis on techniques and cures; the medicalised framing, and; the new responsibility division for dealing with tobacco use as a problem.

#### *The first shift: the smoker becomes a nicotine user*

The concept of *nikotiiniriippuvuus* enables a drawing of boundaries between habits and serious problems. Its employment thus offers a way to emphasise the seriousness of the tobacco use problem for the individual. A smoking habit signifies a repetition of an action of familiarity, whereas nicotine addiction is a state that involves the more articulated idea of a compulsion, an uncontrolled action, due to physical and psychological cravings.

In *Helsingin Sanomat*, whose readers represent the population at large, the problem is to be explained so that a "normal"

reader understands the characteristics and level of seriousness of smoking-related issues. This is achieved by comparing smoking to habits that are better known and are already recognised as serious addictions: addiction to cocaine or heroin. The very same type of statement can be found in an international report by the US Surgeon General in 1988 (HS, August 19, 1993). The use of the word *riippuvuus* draws a parallel between the smoking habit and the drug taking habit: both are extremely difficult to overcome.

LL views the dependency aspect as a crucial part of the smoking problem, referring to a conference in which the keynote speaker claims that “Addiction [*Addiktio*] is underestimated [as a problem], smoking tobacco is not a free choice. Addiction is a reality already among the young” (LL, 1992: 1905).

LL also speaks about testing the individual level of dependency by “the Fagerström test” (Puska et al. 1998). The techniques of measuring the level of seriousness of the problem makes the recognition of addiction problems more systematic for the individual practitioner. This discussion further anchors the health service sector’s role in the discovery of problems.

As an argument for the legislative reform in 1994, the societal harm that *nikotiiniriippuvuus* causes is described in the LL from the perspective of the individual “nicotine user”, who is a potential future sufferer from a serious addiction. Getting rid of this addiction requires many a trial and often also help from outside. The difficulty of the nicotine addiction problem is the circumstance that secures continuation of smoking. The big public health plan for decreasing smoking in Finland

“should target the 13 000 children and young at risk of developing a nicotine addiction and exposing themselves to the health dangers of smoking.” (LL, Simonen, 1995). The 1994 Tobacco Act raised the minimum age limit for tobacco sales from 16 to 18 years and banned indirect marketing of tobacco brands (Hakkarainen, 2013).

In the LL, the treatment of nicotine addiction is also compared to other folk diseases:

Tobacco addiction is a chronic disease such as arterial hypertension and diabetes. Those patients who suffer from tobacco addiction need long-term treatment with follow-ups, and appropriate resources must be reserved in the service system. (LL, Kinnunen et al., 2012).

The shift from the 1970s smoker and habitual user to the “addict” of the 1990s and 2000s seems to serve the explanatory aims of pointing out the difficulty of quitting the smoking. It propels the matter onto the agenda of “action”. *Nikotiiniriippuvuus* is not a matter which is just pointed out as “existing”, but it has to be cured. The smoker has impaired agency and needs help.

#### *The second shift: techniques and cures*

The concept of *nikotiiniriippuvuus* paves the way for a discourse on mental and bodily self-governance techniques. Such a discursive orientation has been covered extensively in the governmentality literature (e.g. Foucault, 1991; Rose, 1989). Paradoxically enough the addiction concept – by definition a dependency state against one’s own will – appears to support the image of

the self-governing subject who exhibits intentionality, is author of rational decisions and free from external coercion and mental or bodily compulsions. The paradox that self-governance achieves freedom through self-limitation, “creating a compulsion to exercise power over oneself”, has been acknowledged in recent sociological debate (Rasmussen, 2011, xiii; Room, 2011).

Where the theme of self-control appears through the employment of the concept of *nikotiiniriippuvuus* is mainly in the coverage of the repertoire of techniques that the addict can use to cure the nicotine addiction or to substitute the tobacco smoking with other products with similar content of functions. This perspective was by far the most common in both our contemporary materials and agrees with a view on a contemporary techno-scientific paradigm of risk definitions (e.g. Zinn, 2005.) *Nikotiiniriippuvuus* travels with a whole repertoire of self-help techniques and cures. It is a cognitive, social and chemical “state” that one can overcome with proper knowledge of how to obstruct it.

An agenda fixed on techniques to reaching the best results is depicted in both materials. A comparison of different sorts of substitution and detox techniques appears in the LL material in 1996. The outlook on the products’ benefits is generally very positive: the introduction of substitution treatment with different nicotine products – initially chewing gum, but then also patches – is reported as doubling or even tripling the likelihood of success in withdrawal from tobacco (LL, Tanskanen et al., 1996). The results get even better when the smokers are especially motivated, such as groups consisting of Finnish doctors, reports a piece in the LL. Even when nico-

tine gadgets are not employed, the results tend to be better if some sort of motivation-improving method is employed (ibid., Tanskanen et al., 1996). Through such discourse on the many new techniques of treating the addiction aspect of smoking, the problem is now firmly situated in a group of problems in which the problem-holder “automatically” needs support and help to conquer them successfully.

### *The third shift: medicalisation*

Both materials display a general and rather strong medicalisation trend. By medicalisation we mean that the terminology and the views on the problems are borrowed directly from an ontological paradigm of bodily conditions that can be cured by technologies developed within the medical sphere. This is closely connected to and overlaps with the techno-scientific paradigm mentioned above.

The ways in which *nikotiiniriippuvuus* is medicalising the tobacco question varies between the two publications: in the HS the shift is visible in a combination of terminological and biomedical framing, whereas in the LL an additional framing from the perspective of health care help provision structure is invested in the discussion on the phenomenon.

The medical journal also expresses a need to make the health care services more effective when curing nicotine addiction. In 1999 the journal accounts for some additional complementary measures that are to be used together with the substitution products. This help provision concerns the following: other medical treatment, cognitive behavioural therapy and acupuncture. The same article emphasises that the etiology of nicotine addiction must be studied

and that more effective and precise medicines and psychological treatment modes should be developed. A need to understand how the different treatment modules can be combined and complemented is also underlined (LL, Lampe, 1999). The discussion on the combination of different approaches can be interpreted as the nicotine addiction state having achieved a strengthened position as a "sickness to be cured" and that it is no longer a question of just chemical dependency, but a more complicated diagnosis. This is congruent with findings from previous studies that have shown a similar general commonalisation and establishment of the addiction concept in the public speech in Finland around this time, in the middle of the 1990s (see e.g. Hellman, 2009, 2010).

In 2002 an editorial in the LL presents the genetic dimension of nicotine addiction: around half of all smokers are thought to have a genetic disposition to smoking initiation. For this segment of the population the likelihood of getting addicted is much higher. This discussion functions as a gateway to framing the question in terms of youth prevention programmes and to treating young people at an early stage of the addionalisation. Such processual thinking – of a genetically disposed disease progressing over time – is also intimately linked with a medical frame of the state. In the same LL editorial, doctors in occupational and municipal health care are said to be playing a key role in helping their clients stop smoking (Winell, 2002). This powerful responsibility statement is prevalent throughout the material of the medical journal. The medicalising of tobacco use that the *nikotiiniriippuvuus* concept brings about

thus involves certain stakeholders and actors.

#### *The fourth shift: division of roles and responsibilities*

In both publications the responsibility for the prevention and solution of *nikotiiniriippuvuus* is typically divided between the health care sectors and the individual nicotine addict. So, the HS reports about new instructions for treating the "tobacco smoking disease": "Nicotine substitutes must be used in large enough amounts and for long enough periods (HS, Lindberg, January 29, 2003). All doctors are encouraged to take up the subject of smoking and quitting smoking in routine discussions with their patients. The doctor's role is to encourage, not to judge, specialist doctor Kristiina Patja reminds the readers of the *Helsingin Sanomat* (HS, Lindberg, 2003). "Decades of puffing cannot be cut by chewing some gum for three weeks. Substitution treatment is needed for a period stretching from three months to half a year" (HS, Lindberg, 2003). It seems that the "struggle against tobacco" is now really an ongoing fight in society, and the medical doctors are assigned an important role in "curing the population".

Another specialist doctor Riitta Mäkitalo (HS, Sandström, 2004) says: "*Nikotiiniriippuvuus* is a significant real disease, and we should forget unnecessary tactfulness between patient and doctor". Again, in order to point out the need for real (medical) treatment, references are made to equal levels of addictiveness of tobacco and heroin (HS, Laitinen, April 12, 2010):

The cause of the problems is – due to the smoking concept's inherent significance of a choice to start smoking – mostly

situated in the smoker him/herself. When the problem has developed into an addiction, the responsibility has shifted from the smoker's intentions to other not-easily-manageable forces (compulsion or urge). A group partly pardoned from the initial choice to start smoking are young people who are portrayed as victims of peer pressure and other environmental influences. More aspects are included in the understanding of the addiction concept when the concept has become more internalised in the reporting: "Tobacco addiction is about a chemical, social and psychological dependency", claims an article in 2004 (LL, Mustonen et al., 2004).

A dominating view in both materials is that the professional group mostly responsible for the solution are the medical doctors specifically and the health care services more generally.

In addition to discovering the problem and informing the clients about the dangers, doctors are said to have the responsibility also "for stimulating the motivation of quitting" (LL, Patronen, 2004), as patient motivation is crucial for successful medical care (LL, Kilpeläinen, 2004). In 2009, the LL discusses a research report that shows that the Finnish doctors do not realise the role they must play in informing about the negative consequences of smoking: "nicotine addiction is not taken seriously enough in the health care sector", the journal claims. (LL, Mäntymaa, 2010).

In our analysis we have pointed out some meanings that the concept of *nikotiiniriippuvuus* has brought to the popular and professional debate in Finland in 1990–2012. We have shown that the employment of the concept is related to the speaker's ambitions to emphasise the se-

riousness of the problem. We have shown that the emphasis on addiction fosters a discourse on techniques and cures for handling the problems. Also, we have shown that the *nikotiiniriippuvuus* concept enables a medicalised framing of tobacco use problems and that the responsible actors to deal with the problems are the health care sector and the individual addicts. These may all be ideas that have existed in the past, but we choose to refer to them as conceptual "shifts" as they were attached to the concept of *nikotiiniriippuvuus*, which was not commonly referred to before the 1990s.

## Discussion and Conclusions

Treatment recommendations were approved in 2003, defining nicotine addiction as a serious disease. Negligence to acknowledge this can be viewed as malpractice. The recommendations are discussed in the editorial of the HS (HS, 5.2.2003). The editorial expresses the hope that the health care sector, doctors and dentists, will take the recommendations seriously and start looking at smoking as one of the most common death risks that still "can be avoided".

This statement includes many key ideas surrounding the establishment of the concept of *nikotiiniriippuvuus*. One is its nature as a serious illness. Another is the nature of the illness that can be prevented and circumvented by the employment of the right type of (self-governance) techniques. The responsibility to refrain from or quit smoking has to be taken by individuals who just make that choice and use their skills and available instruments to follow through these ambitions. The responsibility both to inform about

the seriousness of problems and to help the persons who smoke has to be taken by the health care sector, and especially by medical doctors. Although the LL at times talks about nicotine addiction as a “self-inflicted dependency” (LL, Patja & Kiiskinen, 2004) and a bad habit (LL, Idänpään-Heikkilä & Klaukka, 2004), there seems to prevail a consensus in the end: the medical profession plays a crucial part in treating the state and informing about the risks and the consequences.

Health services have adopted different kinds of brief intervention strategies, and courses on quitting have been renamed as curative treatments (Hakkarainen, 2000). All in all, the concept of addiction has achieved an acknowledged position in Finnish medical science as expressed in medical journals (e.g. Kinnunen et al., 2012), and in the current care guidelines for nicotine addiction published by the Finnish Medical Society Duodecim on Jan-

uary 19, 2012 (Tupakkariippuvuus, 2012). Our study shows how this development has been buttressed by the employment of ideas introduced by the concept of *nikotiiniriippuvuus* in popular and professional discussions. The concept brings about and is part of a current interest in techniques for governing the self, body and mind as part of a general popular epistemology of this period.

**Declaration of interest** None.

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### NOTES

- 1 There is no precise corresponding word to the word addiction in Finnish, but the term “riippuvuus”, which literally means “dependency”, has come to signify both dependency and addiction. See e.g. Hellman, 2011.
- 2 The parallel of nicotine being as addictive as heroin has appeared in mainstream Finnish media even in 2014 (Hufvudstadsbladet, May 8, 2014).

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