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Social Smoking:

Implications for Public Health, Clinical Practice, and Intervention Research

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Abstract

Background—Social smoking is increasingly prevalent and poses a challenge to traditional cessation practices. Tobacco companies conducted extensive research on social smokers long before health authorities did and marketed products to promote this smoking behavior.

Purpose—Research is described and mechanisms identified that are used to promote social smoking to help improve cessation strategies in this growing group.

Evidence acquisition—Searches from 2006 to 2008 of previously secret tobacco industry documents using keywords social smoker, light smoker, casual smoker, youth smoker, and *occasional smoker*, followed by snowball searching. Data analysis was conducted in 2008.

Evidence synthesis—Tobacco industry research identified characteristics of social smokers that include: (1) denial of personal nicotine addiction; (2) self-categorization as a nonsmoker; (3) propensity for decreased tobacco use in response to smoke-free laws; (4) variations in age, education, ethnicity, and socioeconomic backgrounds; and (5) a perceived immunity to personal health effects of tobacco but fear of consequences to others. Tobacco companies developed marketing strategies aimed at social smokers, including “non–habit forming” cigarettes.

Conclusions—Previously considered a transient behavior, social smoking is also a stable consumption pattern. Focused clinical questions to detect social smoking are needed and may include, “Have you smoked any cigarettes or used any tobacco products in the past month?” as opposed to “Are you a smoker?” Clinicians should recognize that social smokers might be motivated to quit after education on the dangers of secondhand smoke rather than on personal health risks or with pharmacotherapy.

Introduction

Nondaily smoking—smoking on some days but not every day—has been considered a transient behavior associated with smoking initiation or cessation. Newer research on nondaily smoking indicates, however, that this pattern of tobacco use may represent a stable form of chronic low-level consumption¹ (fewer than ten cigarettes per day). Nondaily smokers tend to be younger, better educated, minority (in particular African American and Hispanic), and wealthier than everyday smokers.^{1,2}

Social smoking is one subset of nondaily smoking behavior, which is typically defined as smoking primarily in social contexts. Most published studies of social smokers have characterized them as affluent, Caucasian, experimenting college students who smoke socially to gain peer acceptance. The limited data in the public health literature indicate that social smokers, unlike other nondaily smokers, tend not to smoke alone³⁻⁵ and restrict their use to social situations such as parties, bars, or nightclubs.^{3-5,6} Social smoking also occurs in conjunction with heavy alcohol use on U.S. college campuses.⁷ In addition, social smokers generally categorize themselves as nonsmokers when asked by family, friends, or healthcare providers. Since they do not view their smoking as a marker of personal addiction,³⁻⁵ social smokers may fail to recognize the health risks associated with their tobacco use.³⁻⁵

While there are no public data focused solely on social smoking, the prevalence of nondaily smoking—which includes social smoking—is increasing. In the U.S., between 1996 and 2001, rates of nondaily smoking increased in 31 of the 50 states, going from 16% in 1997 to 19% in 1999, reaching 24% of current smokers in 2001.⁸ Probably because California has advanced tobacco-control policies that include smoke-free workplaces, homes, and public places, the prevalence of nondaily smokers increased from 26% of current smokers in 1992 to 28% in 2002 and to 30% in 2005.⁹

With a profile that differs from the traditional daily smoker, clinicians need to understand the unique demographics and vulnerabilities of nondaily and social smokers. Current cessation programs have been studied and validated only in the chronic daily smoker population,¹⁰ and are probably not appropriate for social smokers who do not view their tobacco use as a sign of nicotine dependence. Counseling nondaily and social smokers to quit tobacco may involve messages that stress the dangers of secondhand smoke to the nonsmoker as opposed to messages that emphasize the individual health risks, although there have not been any formal trials of this approach.^{11,12}

At times, tobacco industry research has been decades ahead of the public health and medical communities, including on the addictive nature of nicotine, the phenomena of smoker compensation, the effects of secondhand smoke, and the emergence of health-concerned smokers. Likewise, the industry had an early understanding of social smoking starting over 30 years ago in response to increasing concerns about the dangers of secondhand smoke and the stigma associated with nicotine addiction.¹³ Tobacco companies recognized that social smoking, in particular, was an important pattern of consumption because it embodied the “social benefits” of smoking the industry wished to promote.

Industry research on social smoking enabled tobacco companies to understand social smokers’ demographics and psychological vulnerabilities. They found that social smokers were especially sensitive to their environment and would decrease their consumption in response to changes in their surroundings. Public health and clinical professional awareness about the characteristics and vulnerabilities of social smokers may improve current prevention and cessation strategies for this growing group.

Evidence Acquisition

The current study is based on searches of the Legacy Tobacco Documents Library (legacy.library.ucsf.edu) and the British American Tobacco Documents Archive (bat.library.ucsf.edu) between July 2006 and February 2008 using established methods.^{14,15} Initial search terms included social smoker, light smoker, casual smoker, youth smoker, and *occasional smoker*. These results were used in snowball searches (where material cited in each document is used to locate new documents or papers until no new material is identified) on names of individuals and agencies, places, dates, Bates numbers,

project names (e.g., Project Sunrise) and related terms. Snowball searching in tobacco documents includes searches for private correspondence, review of drafts as well as published papers, internal and external responses or business decisions resulting from research findings, and the meticulous identification of document context. One hundred seventy documents were identified relating to market or consumer research on social smoking behavior and its promotion.

Evidence Synthesis

Tobacco Industry Research on the Social Benefits of Smoking

In the 1970s, Phillip Morris and RJ Reynolds (RJR) executives became increasingly concerned about how social and environmental triggers influence smoking. Following the 1964 U.S. Surgeon General's report,¹⁶ industry executives recruited scientists to study the social benefits of smoking. In 1976, Phillip Morris hired prominent Harvard-trained anthropologist and international tobacco expert Dr. Sherwin Feinhandler to write a series of books and papers on the social role of smoking in American society.¹⁷ These efforts were part of Phillip Morris's Socio-Cultural Studies on Tobacco Program to promote the social benefits of smoking to the public.¹⁸ Organized by Dr. Helmut R. Wakeham, Vice President of Research and Development and Science and Technology, this program sought to help industry executives understand "why people smoke, the symbolic meaning of tobacco, and how attitudes toward tobacco change with prevailing social values."¹⁹

In 1980, Feinhandler completed a paper "The Social Role of Smoking" outlining the social benefits of smoking: (1) tobacco allows people to "express an image," (2) cigarettes "enhance positive emotional states" and help people "to relax and to minimize feelings of anxiety or stress," (3) "smoking provides boundary mediation between personal and group space" while "reinforcing" certain peer relationships, and (4) tobacco "segments time," marking the beginning or end of an event.²⁰ While Feinhandler's work was initially intended to educate Phillip Morris employees and to improve their marketing campaigns, news about "The Social Role of Smoking" attracted RJR's attention.²¹

In 1979, RJR pursued Feinhandler for the Social Costs/Social Values of Smoking project,^{13,21} to promote the social benefits of smoking. RJR executives also viewed Feinhandler's research as "the basis for [future] study of the effects of smoking restrictions,"²² noting that "Feinhandler's basic position is that smoking enables people to function better in society and reduces social frictions ... he also believes that many anti-smoking programs and restrictions increase social tensions."²² Feinhandler's work later prompted RJR's 1982 project that was designed to make "the public aware of the social benefits of smoking to the smoker ... and to make nonsmokers aware of the positive aspects of smoking."²³ In 1986, RJR sponsored publication of Feinhandler's work in the book *Smoking and Society: A More Balanced Assessment*.²⁴

In 1990, Dr. Carolyn Levy, Director of Consumer Research at Phillip Morris, hired Dr. G. Clotaire Rapaille to create a psychological profile, rather than a sociologic analysis, of a smoker. Through a series of observational studies, Rapaille created an "archetype of smoking," an idealized model of tobacco use based on Jungian psychological theories.²⁵ Rapaille characterized smoking as "a social ritual that enabled members of society to express and reaffirm their self-image"²⁶ and believed that tobacco was necessary to a person's psychosocial development. By watching their parents enjoy tobacco, children would associate smoking with relaxation and fun,²⁷ and later, smoking became a "rite of passage" into adulthood.²⁶

Feinhandler's and Rapaille's research may have led tobacco executives to focus on smoking behaviors that were affected by social and environmental triggers. In the 1980s, Phillip Morris conducted several studies identifying social smokers as consumers who restricted their tobacco use to social situations representing 20% to 25% of current smokers^{28,29} (Table 1²⁸⁻⁴¹). Accordingly, tobacco companies viewed circumstances that interfered with smoking in a social situation, such as legislation⁴² for smoke-free areas in workplaces, restaurants, bars, or nightclubs, as threats to social smokers.

Characteristics of Social Smokers

Social smokers were characterized as people who smoke intermittently in social situations such as bars or parties, not in solitude. The need for group acceptance drove social smokers to be well versed on entertainment figures, commercial trends, fashion, and popular brands of cigarettes. Advertising to social smokers positioned cigarettes as another consumer product that defined membership in a clique or crowd.^{28,32}

Demographics—Early RJR and Phillip Morris research in the 1970s and 1980s described social smokers as single young Caucasians, aged 18–24 years, with a college education.³⁰ A 1982 RJR Marketing Development Information Center study identified them as favoring “cool, stylish brands” and accounting for “10% of total cigarette consumption.”³⁰ Later RJR studies found social smokers to be a more heterogeneous group from various socioeconomic backgrounds, levels of education, and ethnicities.³⁵ RJR pointed out in a 1998 study that occasional smokers had increased from 10% to 13% of all current smokers, were commonly Hispanic or African American, from a blue-collar background, and generally over 35 years old³⁵ (Table 1 provides additional examples of tobacco industry research on social smoking).

Psychological vulnerabilities—Phillip Morris's studies in the late 1980s and 1990s indicated that social smokers intentionally limited cigarette consumption. In a 1988 study, 23% of smokers were identified as social smokers who controlled their habit by purchasing cigarettes in packs rather than cartons and consumed an average of fewer than ten cigarettes in a day but increased their use on weekends or at parties.²⁸ A separate 1989 Phillip Morris study found that social smokers, who represented 23% of their consumers, refused to categorize themselves as *smokers* and denied personal nicotine addiction.²⁹ Social smokers tended to be guarded about their smoking practices, which they often viewed as a “dirty habit.”²⁸ Most social smokers assumed that their exposures to smoking were minimal and that they could quit anytime, which made their perception of the health risks associated with their tobacco use remote when compared to dangers faced by chronic users.^{29,33}

In contrast, industry research in the late 1980s and 1990s revealed that social smokers were more concerned about the dangers associated with their secondhand smoke and these concerns had the power to influence their smoking behavior. For example, in a 1988 Phillip Morris study, social smokers requested “a cigarette with less visible smoke and no odor Socially acceptable cigarettes would be less annoying and may be more appealing to nonsmokers.”²⁸ Similarly, a 1991 RJR segmentation study on smoking attitudes reported “the occasional smoking [social smoker] groups are more aware of the social pressures and often modify their behavior,”³³ which included avoiding social situations where smoking was discouraged or asking others prior to lighting a cigarette if the smoke was bothersome. Social smokers experiencing social pressure against smoking would either refrain from use in public or voluntarily relocate to minimize exposures to others. Social smokers were sympathetic to smoking restrictions as these policies often designated areas that were acceptable to smoke without offending other nonsmokers.

Products Designed to Appeal to Social Smokers

Some tobacco products designed for other audiences also appealed to social smokers. Several tobacco companies conducted research to create more socially acceptable cigarettes; while several of these products were commercial failures, these studies illustrate industry attempts to appeal to social smokers and other socially concerned tobacco users.⁴³ As early as 1971, Liggett and Myers found that Eve cigarettes appealed to health-conscious women who were also social smokers. Liggett and Myers hired the J. Walter Thompson Company to study the responses of female smokers to print ads for Eve cigarettes and found that the Eve smoker was a low-tar smoker “who smokes for social reasons rather than for smoking pleasure.”⁴⁴ Eve smokers were “very feminine, elegant, sophisticated, ladylike” people who “want to be different and to impress others ... Women who smoke Eve are women who are social, outgoing, and like to be the center of attention”⁴⁴ While these descriptions resemble the definition of a social smoker consuming a limited number of cigarettes in social situations, there is some overlap with the health-conscious consumer of low-tar cigarettes (Table 1).

In 1977, Lorillard attracted social smokers with their Ultimate brand, which was sold in ½-pack quantities to make consumption appear minimal. It was created for “the occasional smoker,” that would limit “one from habitual use.”⁴⁵ Designed from a “line of liquor-type flavors,” Ultimate was meant for use after a meal: “when dinner is over and one is looking to relax with full enjoyment and pleasure.”⁴⁵ Promotional strategies positioned Ultimate as a brand that was a “specialty product, trendy, and socially acceptable.”⁴⁵

In 1983, RJR created the Bright brand to appeal to part-time or low-volume smokers and possibly social smokers.⁴⁶ Consumers perceived that Bright was for people “who enjoy the whole ritual of smoking, but don’t really care for the tobacco taste.”⁴⁶ Its “minty” flavor also seemed “more socially acceptable.”⁴⁶ RJR hoped to “capitalize on smokers’ perceptions [in] that Bright really [could] offer benefits—breath, odor—which are not offered by other cigarettes. It actually solves some smoking problems.”⁴⁶ Promoting Bright as a socially acceptable product gave RJR the opportunity to appeal to lighter smokers, possibly social smokers, who “smoke for image enhancement” and were not interested in smoking “a real cigarette.”⁴⁶

In 1985, Brown and Williamson created its Kim brand as a 10-pack cigarette product for “the not-so heavy or occasional smoker,”³⁹ particularly students aged 18–21 years. Brown and Williamson data described people who chose Kim as “style conscious” “readers of *Cosmopolitan* or *Glamour*” magazines who were preoccupied with fashion and entertainment trends.³⁹ Knowing that most social smokers restricted their use to fewer than ten cigarettes per day, Brown and Williamson promoted Kim as a product designed to “help moderate smoking.”³⁹ The qualitative market research summary stated “the preference for the 10-pack was driven by two factors: consumption and style. Those who preferred the 10-pack to the 25-pack were generally less tied down, less budget conscious, and more into looking good.”³⁹

In 1991, RJR also discovered that a slide-box package design evoked imagery of social smoking behavior. RJR assessed the appeal of the slide box using several brands and found that the low-tar Vantage brand, when presented in slide-box packaging, appealed only to social smokers. RJR speculated that Vantage had the greatest potential to expand its market and attract the social smoker segment by incorporating this feature.⁴⁷

From 1995 to 1996, RJR explored selling Single Stick Filter Cigarettes, the world’s first individually packaged cigarettes produced by USA Midwest Distributing Company.³⁴ “It [was] individually packaged in a crush-proof, water proof, plastic tube.”³⁴ Originally

introduced in 1992 as an entrepreneurial idea targeted to the “social” or “bum” smoker, the Single Stick was meant for those smokers who would ask the “bartender, please give me a Budweiser and one of those single cigarettes.”³⁴ Operating under the assumption that “many people smoke on a social basis or only when they drink,” the Single Stick would attract “casual or convenience smokers, bum smokers, or social smokers” who smoke “4–5 cigarettes per day.”³⁴ Although it entered test markets in 1995, the success of the Single Stick is unclear from RJR data, and the concept was discontinued in response to anti-tobacco policies designed to protect children by prohibiting the sale of single cigarettes.⁴⁸

Discussion

Tobacco companies have made a longstanding commitment to better understand and market to social smokers. Their most important insights are the identification of social smoking as a stable pattern of consumption for a substantial fraction of smokers and the sensitivity of social smokers to secondhand smoke issues. In contrast to the more recent public health literature on social smoking, which focuses on college students, tobacco industry research indicates that social smokers include a much broader range of age, ethnicity, SES, and educational backgrounds. In 2008, nearly 30 years after the tobacco industry started its research on social smoking, consumers continue to be bombarded with marketing campaigns depicting tobacco as an enjoyable activity set in a casual social setting.

In 2007, RJR introduced their Camel No.9 brand, which appears to appeal to young female smokers through popular magazines and entertainment venues associated with romance and fashion.⁴⁹ “Camel No. 9 has a name that evokes women’s fragrances like Chanel No. 19, as well as a song about romance, Love Potion No. 9.”⁴⁹ These themes of music, romance, and fashion captured in the Camel campaigns are similar to those designed to attract social smokers who are often motivated to consume tobacco as part of popular trends.

Public health has only recently started to focus on social smokers. In a 2004 cross-sectional study of 10,904 college students, 51% of the 2401 current smokers were classified as social smokers.³ Consistent with the research described in the tobacco documents, many college social smokers believed that they would not continue to smoke outside of a social environment and restricted their use to public settings, such as parties, bars, or nightclubs. Current smokers who smoked fewer than ten cigarettes per day and who smoked occasionally had twice or ten times the odds, respectively, of being identified as social smokers when compared to those current smokers who consumed greater than ten cigarettes a day.³ A self-imposed strategy of limiting tobacco use to a small number and to social situations may be why social smokers deny personal nicotine dependence and reject the label of a smoker.^{3,5} Social smokers refused to regard cigarettes as being harmful to their health, and showed no interest or intention to quit because they believed their cigarette use did not qualify as an addiction.^{3,5,6}

Implications for Cessation Strategies

While it has not been the subject of extensive study, there are data that show that light tobacco use (smoking fewer than ten cigarettes per day) typical among social smokers is associated with considerable harm, including increase risk of cardiovascular disease, cancer, respiratory tract infections, osteoporosis, and impaired fertility.^{50–53} However, results from tobacco industry research suggest that social smokers feel immune to these health risks and are reluctant to label themselves as “smokers.” These characteristics may pose an important challenge for clinicians who rely on existing cessation programs that are based on the individual risk to the smoker.⁵⁴ The industry’s research indicates that social smokers may be more motivated to quit when confronted about the harm their smoking poses to others because of their secondhand smoke. Although these messages have not yet been the subject

of formal clinical trials, tobacco industry research suggests that healthcare professionals might consider educating their patients more on the dangers that their secondhand smoke poses to others around them, rather than solely emphasizing the individual health risks to help their patients quit.

Limitations

The primary limitation of this research is that most of the tobacco industry research discussed in this paper was conducted in the 1980s and 1990s, before the widespread adoption of strong smoke-free legislation as well as the continuing decreasing social acceptability of secondhand smoke. Although the tobacco companies may not be subject to the same peer-review processes and evaluations as the public health community, this limitation does not preclude the validity of the industry's work. Results from their research were used to make multi-million dollar business decisions. Although these results need to be interpreted with appropriate caution, more recent research^{3,5} published by public health and biomedical researchers contains information that is consistent with the corresponding elements of earlier industry findings. Moreover, while smoke-free policies are widespread in the U.S. and some other countries, they are just starting to appear in much of the rest of the world. In many ways, the issue of public and professional attitudes toward secondhand smoke and smoking restrictions in many countries today is similar to that existed in the U.S. in the 1980s and 1990s, when the described industry research was done.

Social smokers (and other forms of light and intermittent smoking) are an increasingly important segment of the smoking population and our data, while from a nontraditional source, can provide useful information to facilitate more study into clinical treatment and public health policies as more conventional research accumulates.

Conclusion

Tobacco industry research indicates that social smoking includes stable patterns of chronic low-level consumption and comprises about one quarter of all smokers (and growing) of varying age, ethnicity, SES, and educational background. More important, industry research suggests that social smokers will probably not respond to current cessation strategies that are based on personal health risk and treatment of nicotine addiction. Social smokers may be more responsive to messages focused on the dangers associated with their secondhand smoke.

Given the increasing prevalence of nondaily smoking, there is a need for more assessments of smoking-cessation programs designed to identify and treat these smokers. In the absence of any formal clinical trial, we propose that based on the tobacco industry's extensive marketing research, clinicians can: (1) identify social smoking behavior by asking patients focused clinical questions that detect social smoking, such as Have you smoked any cigarettes or used any tobacco products in the past month? as opposed to *Are you a smoker?* (2) recognize that pharmacotherapy, support groups, and cognitive-behavioral therapy have not yet been proven to be effective in this population, (3) emphasize the dangers of secondhand smoke, (4) emphasize separating tobacco use from social activities such as attending bars or parties, and (5) support personal or societal smoke free policies which prevent tobacco use in social settings, to decrease the social acceptability of smoking, and to facilitate self-motivated cessation. Counseling that is tailored to address social cues or social contexts of smoking may be useful to treat social smokers. Educating healthcare professionals to better counsel their patients may improve cessation rates and tobacco-related health outcomes.

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Tobacco industry research on social smoking

Table 1

Company	Year	Title	Findings related to social smoking
Phillip Morris	1988	Three Phase Consumer Needs Study ²⁸	23% of 216 smokers were identified as social smokers in that they <ol style="list-style-type: none"> 1 Averaged fewer than ten cigarettes per day 2 Practiced "internal self-restrictions" to help "limit their consumption" 3 Viewed smoking as a "dirty habit" 4 Requested a cigarette with "less visible smoke, and no odor"—socially acceptable cigarettes—to be "more appealing to nonsmokers"
Phillip Morris	1989	Casual (23 percent) Social Smoker ²⁹	Social smokers: <ol style="list-style-type: none"> 1 Represent 23% of consumers 2 Consume fewer than ten cigarettes per weekday, slightly more on weekends 3 Purchase cigarettes in packs as opposed to cartons to control consumption 4 Smoke when they "want" a cigarette in social situations 5 Do not feel a need to smoke 6 Are interested in a socially acceptable cigarette
RJ Reynolds	1982	High Filtration. Marketing Development Opportunity Analyses for Light Smokers (Smoking ½ pack or less per day) ³⁰	Light smokers <ol style="list-style-type: none"> 1 Represent 10% of consumers 2 Demonstrate "the strongest propensity for light smoking set in social situations" 3 Are mostly women and/or young adults (age 18–24) 4 Use "cool and stylish brands"
RJ Reynolds	1990	RJR Segmentation Descriptions ³¹	Occasional smoker attitudes occupied 8% of the segment and were similar to social smokers in that they <ol style="list-style-type: none"> 1 "Don't particularly enjoy smoking" 2 "Don't smoke in my home or car" 3 "Some of my friends don't even know that I smoke"
RJ Reynolds	1990	Smoking Attitude Clusters ³²	Attitudes of occasional smokers that are consistent with social smoking behavior <ol style="list-style-type: none"> 1 Don't enjoy smoking 2 Impose self-restrictions 3 Believe smoking is bad and should be limited

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RJ Reynolds	1991	Smoking Attitudes: RJR Segmentation Study ³³	<ol style="list-style-type: none"> 4 Consume less than 1 pack per day 5 Primarily single young men and women (age 18–20) 6 Others don't know about their smoking
			Attitudes consistent with social smoking behavior in that they
			<ol style="list-style-type: none"> 1 Are concerned with the impact their cigarette odor has on other nonsmokers, 2 Accept smoking restrictions out of fear of public disapproval 3 View secondhand smoke as a problem 4 Accommodate nonsmokers, and smoke only for social reasons
			Created by USA Midwest Distributing as a single stick filter cigarette designed for
RJ Reynolds	1995–1996	Single Stick Filter Cigarette ³⁴	<ol style="list-style-type: none"> 1 Social/casual smokers who consume fewer than 4–5 cigarettes/day 2 Social smokers who pair tobacco with alcohol and social activities
RJ Reynolds	1998	Camel Segmentation Strategy: Recent Brand Switchers ³⁵	<p>Part-time smokers resemble social smokers in that they:</p> <ol style="list-style-type: none"> 1 View smoking as a social act associated with an event where the “occasion includes other smokers, thus personal self-image is not eroded” 2 Opportunities to recruit included “bars and bowling alleys” with (1) “premium products” that “signify uniqueness, fun, and celebration” and (2) “unique pack configurations, e.g., twin packs of ten inside each regular pack to share with buddies” 3 “On average smoke 2–4 days/week, consume ½ pack” 4 Represent 13% of smokers and 5% of industry volume 5 “Skew to the 18–24” demographic but “half are age 35+” 6 “Dramatic skew among ethnic groups” with prevalence of Hispanic > Asian > Black
Lorillard	1971	Psychological Factors Which Distinguish Five Major Segments of the Male Smoker Market ³⁶	<p>“The Social Smoker”</p> <ol style="list-style-type: none"> 1 Has “little or no interest in tobacco or its properties” 2 Maintains strong desires to try new tobacco products and responds to products based on “emotional or symbolic meaning” 3 Tends to be “blue-collar with less education” 4 “Smokes for purely social reasons or as an image-building device”
Lorillard	1983	Focus Group Two of 830503: Kent 2000 ³⁷	<p>Responses from consumers regarding Kent Gray 2000 included:</p> <ol style="list-style-type: none"> 1 “A ‘social smoker’ that is concerned with proper looks would probably like this cigarette”

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Lorillard	1993	Style Halfpack ³⁸	2 The “flower type filter” on the Kent 2000 brand “would be for someone ‘with-it’ or a nonsmoker (understood to imply a social smoker)”
			Aware of a recent article posted in the New York Times stating that there has been a “shift in the smoking population from regular full-time users to social smokers,” or “people who enjoy a couple of cigarettes per day to relax or when socializing,” Lorillard promoted STYLE halfpack as a brand that would meet the needs of the social smoker:
			1 “Less likely to go stale”
			2 More inconspicuous than a 20 pack
Brown and Williamson	1985	Alternative Pack Concepts ³⁹	3 “Psychologically, buying ten cigarettes instead of 20 is a reassurance to the smoker that she is a part-time smoker”
			1 “I think it would be perfectly geared for someone who is a social smoker. People who smoke in a social situation, but not really, you know, in a constant way”
			2 Marketed in ½ pack sizes for the “stylish, not so heavy/occasional smoker”
			3 10-pack size gave the illusion of self-imposed restriction on consumption in that it “could help to cut down smoking”
Brown and Williamson	1989	Capri: New Advertising Evaluation ⁴⁰	1 “Typical Capri smoker is a sophisticated lady who doesn’t smoke very often. She is a social smoker”
Brown and Williamson	1990	Misty Slims Focus Groups: Management Report ⁴¹	1 Perceived as a brand for “a new smoker, a social smoker, a 1990’s smoker”
			2 “A Misty Slims smoker is believed to be a young recreational/social smoker”