

Social Smokers: Turning the Tables on Big Tobacco

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The tobacco industry knows exactly what makes social smokers tick. Now, researchers want to use that once-secret information to help them quit.

Focusing on the effects of secondhand smoke, not on personal health, might be a better tactic with social smokers, who tend to deny that they are at-risk or even smokers, but do care about others.

The landmark state litigation against the [tobacco industry](#) — known as the Master Settlement Agreement — forced tobacco companies to open confidential industry documents to the public; so far, they have released 10 million documents spanning more than 80 years.

Researchers at the University of California at San Francisco mined this mother lode of information, focusing on social smokers. Their study appears in the August issue of the *American Journal of Preventive Medicine*.

“Tobacco companies probably spent hundreds of millions of dollars for this research,” said co-author Stanton Glantz, Ph.D., at the UCSF Center for Tobacco Control Research. “They indentified this group as a large, stable part of the tobacco market way before public health did.”

What else did the cigarette manufacturers learn?

Part of the social smoker’s self-image is the belief that they are “in

control.” They restrict themselves, by [smoking](#) just on weekends or at parties, or maybe limiting the habit to a few cigarettes a day. They rarely smoke alone and typically do not smoke around non-smokers. Before they light up, they ask people if they “mind.”

Most believe they are not addicted to nicotine and that they are immune to the health risks — lung cancer, heart disease — of “real” smokers.

That is wishful thinking, according to study co-author Rebecca Schane, M.D. “It’s like, ‘you’re not just a little bit pregnant.’ Either you smoke or you don’t. With any smoking, there’s risk.”

According to the authors, social smoking rates are on the rise and this group now makes up more than a quarter of all smokers.

“It’s no surprise that the tobacco industry is interested in social smokers — they want everyone who has lungs to smoke,” said Joseph DiFranza, M.D., a professor at the University of Massachusetts Medical School. “They leave no stone unturned.”

However, Schane points out that “Public health guidelines do not incorporate treatment for nondaily smokers beyond ‘Advise them to quit.’”

Current smoking cessation programs target chronic daily smokers and likely would not work for social smokers, according to the study authors.

“Standard therapies may not be appropriate for these people. Social smokers may not be physically addicted,” Schane said. “They can go for periods without craving smoking. Nondaily smokers, who are similar to social smokers, do better with counseling than nicotine replacement.”

But, she added, the jury is still out on what treatment advice to give to

clinicians working with nondaily and social smokers, as drug studies rarely include those groups.

“[Social] smokers routinely have been excluded from smoking cessation interventions for decades, but there’s no reason to suggest that the same interventions wouldn’t work for them,” DiFranza said.

Clinicians should dig deeper, Schane said, by asking patients about smoking on a daily, weekly or social basis, rather than as a yes-no question.

“We need to do a better job of identifying these smokers,” Glantz said. “The tobacco companies are.”

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