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False promises: The tobacco industry, “low-tar” cigarettes, and older smokers

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Abstract

Objective—To investigate the role of the tobacco industry in marketing to and sustaining tobacco addiction among older smokers and aging Baby Boomers.

Methods—Archival searches of electronic archives of internal tobacco company documents using a snowball sampling approach. Analysis utilizing iterative and comparative review of documents, classification by themes, and a hermeneutic interpretive approach to develop a case study.

Results—Based on extensive marketing research, tobacco companies aggressively targeted older smokers and sought to prevent them from quitting. Innovative marketing approaches were used. “Low tar” cigarettes were developed in response to the health concerns of older smokers, despite industry knowledge that such products had no health advantage and did not help smokers quit.

Conclusion—Tobacco industry activities influence the context of cessation for older smokers in several ways. Through marketing “low-tar” or “light” cigarettes to older smokers at risk at quitting, the industry contributes to the illusion that such cigarettes are safer; however, “light” cigarettes may actually make it harder for addicted smokers to quit. Through targeted mailings of coupons and incentives, the industry discourages older smokers from quitting. Through rhetoric aimed at convincing addicted smokers that they alone are responsible for their smoking, the industry contributes to self-blame, a documented barrier to cessation. Educating practitioners, older smokers and families about the tobacco industry’s influence may decrease the tendency to “blame the victim,” thereby enhancing the likelihood of tobacco addiction treatment for older adults. Comprehensive tobacco control measures must include a focus on older smokers.

Keywords

Older Smokers; Tobacco Industry; Marketing Cigarettes; Smoking Cessation; Tobacco Control

In 2004, 3.7 million people aged 65 or older were smokers ¹ and 16% of all people 50 or older smoked ². Older smokers (> 50 years old) are less likely than younger smokers to believe illness is a consequence of smoking ^{3,4}, are more likely to blame themselves for their smoking behaviors ^{5–7}, and are less likely to be treated for tobacco use. ^{8–10} These factors may stem from common myths: that smoking is a choice (rather than an addiction) ¹¹, that “low tar” cigarettes (used by more older smokers than younger smokers) are “less harmful” ^{12, 13}, and that quitting at older ages is futile or even harmful. ^{14, 15}

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Research shows that tobacco industry activity affects the contexts of tobacco use among many marginalized and vulnerable groups, including African Americans¹⁶, Asian Americans¹⁷, Latinos¹⁸, gays and lesbians¹⁹, and homeless and mentally ill persons.²⁰ Numerous studies have described industry activity targeting youth and young adults^{21, 22}, but no previous studies have explored the tobacco industry's activities related to older people. This paper describes the role of the tobacco industry's targeting of older smokers and aging Baby Boomers, and considers its implications for health practitioners working with seniors.

Background

By 2030, older adults will account for roughly 21% of the U.S. population.²³ Tobacco-related diseases are the leading causes of death in older adults.²³ In 2004, smoking rates among those aged 50 and older were highest for African Americans at 19.8%.² Older smokers tend to be non-white and socially disadvantaged.²⁴ However, older smokers are often ignored in discussions of the marginalized groups most impacted by tobacco.

There are differences between younger and older smokers. Older smokers are the major consumers of "low tar" cigarettes (though lung cancer risk is no different in smokers of "light" or "low tar" cigarettes than in those who smoke "full flavor" brands).²⁵ They are more likely than younger smokers to succeed at smoking cessation and less likely to relapse.^{26, 27} Smoking cessation is beneficial, even in the frail elderly, decreasing cancer, cardiovascular disease, overall morbidity and mortality, and increasing quality of life.^{3, 28, 29}

Numerous factors are relevant to the context of cessation for smokers of any age, including interpersonal characteristics and dynamics³⁰, social and policy contexts³¹, access (or lack thereof) to cessation resources³², and the support of health care providers.^{33–35} However, the activities of the tobacco industry are rarely discussed.

Methods

Between September 2006–August 2007, we searched previously undisclosed tobacco industry documents, made public as a result of the Minnesota Tobacco Settlement and other cases.³⁶ We conducted iterative searches of the Legacy Tobacco Documents Library (<http://legacy.library.ucsf.edu/>), an online archive of more than 7 million documents. Using a snowball sampling approach³⁷, we expanded our search from keywords "senior", "mature smoker", and "baby boomer" to other terms identified in reviewed documents. We used EndNote software for data management. Initial searches produced 15,728 documents. After screening documents based on index entries, we identified 2270 to review. After eliminating duplicates and documents found irrelevant to the focus of our study, we analyzed 977 relevant documents (table 1), cited here representatively rather than exhaustively. As an example, the "Mature NOT Tobacco AND Market" search in table 1 was developed based on the following: We used the term "mature" because we found in previous searches that it was commonly used by the tobacco industry for smokers 50 years old and older. To focus the search, we included a "NOT" statement for "tobacco," because the industry often referred to tobacco crops as "mature tobacco" and these documents were irrelevant to our inquiry. To narrow the search further, we used "AND market" in order to capture documents relevant to the mature market. Documents we located in this manner that were relevant to our topic also frequently contained information we could use to conduct more refined searches, such as the names of mature market analyses and projects, the names of file folders or box numbers, and the names of individuals involved in mature market projects. More detailed information on search strategies has been previously published³⁶.

We analyzed the documents using a hermeneutic interpretive approach^{38, 39} This involved iteratively reviewing documents, comparing them with others across time and across

companies, and attempting to appraise the meaning of the material within the context of the time and place in which it was produced. We then assembled the analysis into a thematically organized case study.⁴⁰

Results

Mature Smokers and Aging Baby Boomers

As sophisticated marketing research developed during the last part of the twentieth century, the tobacco industry closely tracked economic and social changes within the mature market segment.⁴¹ Older cohorts (born before 1945) grew up when "the act of smoking was highly socially acceptable and these values don't die easily [sic]".⁴² However, Baby Boomers (born between 1946 and 1964), the largest demographic cohort in U.S. history, were different from their predecessors. Three decades ago, the tobacco industry saw Baby Boomers as holding "tremendous potential for product purchases".⁴³ A 1978 Lorillard Tobacco Company market research presentation suggested:

"the age group all but ignored by marketers is now gaining recognition through their growing numbers: those 65 and over ... We must ... fulfill the needs and tastes of the swelling Baby Boomer and senior citizen segments of the population".⁴⁴

Psychographic analysis (which focuses on lifestyle rather than demographic information) and cohort analysis (which focuses on age periods that include social and cultural change) were used by all major tobacco companies to understand how the Boomer segment differed from previous cohorts of mature smokers and what that meant for the future.⁴⁵⁻⁵¹ Research suggested that Boomers were likely to respond to messages that encouraged independence and individuality.⁵²

In 1984, RJ Reynolds Tobacco Company (RJR) marketing consultants anticipated that the future "great majority of growth" would come from Boomers moving into Sun Belt states.⁵³ By 1991, a market report prepared for RJR crowed: "'opportunity' is the word that describes the mature market".⁴⁹ Philip Morris was also interested in the mature market. PM's 1988 PM "Five Year Plan" noted that despite the company's "dominant share among young adult smokers," a priority was "retaining older smokers".⁵⁴ In 1992, PM launched the "Philip Morris USA Seniors Project" to:

"Generate ... volume by attracting and converting competitive senior (55+) smokers to a PM premium brand... Learning gained from targeting 55+ smokers will better enable PM to retain its young smokers who are aging".⁵⁵

By the mid 1990's, the importance of the aging market was well established. According to a Brown and Williamson (B&W) tobacco company memo, "smoking incidence [was] higher among Baby boomers (27.6%) than the general population group (23.5%)".⁵² A 1997 B&W "Cohort Analysis" suggested: "... We can expect to see the effects of this peak continue to move with the cohort over the next twenty years..."⁵¹

"Low-Tar" and the Mature Market

Consumers of "low-tar" cigarettes were predominantly older smokers. Older smokers, with more years of smoking, began "to take health issues more seriously"⁵⁶ and buy low-tar.^{47, 56-58} Smokers 50 years or older (50+) were more likely than younger groups to smoke an "ultra low tar" cigarette (ULT).⁵⁸⁻⁶¹ A qualitative study of attitudes toward low tar conducted for B&W found:

The only smokers who could be considered to have finally and unequivocally rejected Low Tar cigarettes were all younger.... At this age the idea of death or serious illness seemed unreal... But these smokers would age and would quite soon reach the stage

in life when the health issue began to provoke anxiety... eventually all non Low Tar smokers were potential candidates for the type of Low Tar brand which could promise smoking enjoyment as well as the supposed health advantage".⁵⁹

The tobacco industry developed numerous filtered cigarettes and "low-tar" options, competing intensely for the older low-tar market. In 1979, for example, RJR noted that competitor Lorillard was the only company with the majority of its business in low-tar (80%), and thus enviably positioned for future growth. "The major improvement in Lorillard's position," RJR noted, "seems to have come from older smokers".⁶⁰ RJR responded by promoting its own low tar brand: "...advertising will emphasize that Doral [low tar brand] was designed for and delivers to the unique wants and taste of the mature, 50+ smoker".⁶¹

Lorillard sought to "target the 50+ segment" to sustain sales and "reduce switching" to other brands.⁶² The company sought to be "well positioned" to profit from Baby Boomer and Mature markets.⁶³ American Tobacco Company (AT) likewise suggested in 1994 that the company "ride the trend and capitalize on the Graying of America," arguing:

"...they're entering the Carlton Zone...As the Boomers age, they will want to reduce their tar level. CARLTON [an ULT brand] needs to be firmly positioned, well supported and visible when they 'awaken'. All our resources should be concentrated against the "Graying Boomer".⁶⁴

Qualitative research conducted for RJR in 1980 had showed that the ULT market was older and divided into two major sub-segments based on motivation to smoke ULT cigarettes: "Get Off My Back" and the "Dieters." The "Get Off My Back" group smoked ULT "against their will," having switched to ULT "because of strong pressure from friends and families". "Dieters" were described as "smoking in much the same way the overweight person would approach dieting...they have a desire to reduce the tar level of their cigarette"⁶⁵. Although older smokers were "loyal" heavy smokers,⁴⁸ besides price, "the one thing capable of dislodging mature smokers from their current brand choice [was] tar related issues..."⁶⁶

Research showed that older smokers often felt guilty about smoking^{47, 67}. Tobacco companies sought to learn more about how to reassure them. Lorillard's 1987 focus groups with mature smokers found that "smoking a lower tar brand makes them 'feel less guilty'".⁴⁷ A confidential RJR report, "US Cigarette Market in the 1990's," identified "social guilt" as an important "personal concern" of older smokers. The "social guilt age profile" skewed 35+ and was concentrated in age 50+ smokers.⁶⁷ The report highlighted the importance of addressing "beleaguered" smokers' concerns:

"...personal concerns will continue to be important as Baby Bubble smokers reach the ages where these concerns are relevant...marketing to the '90's smoker will differ substantially from the past...brand postings must tap into values and mindsets consistent with a more beleaguered smoker".⁶⁷

Another 1990 RJR report suggested reaching older smokers by "help[ing] smokers relieve guilt [about their smoking]" by "reward[ing] them for choosing NOW [low-tar cigarette]".⁶⁸

Choosing "low-tar" without understanding "low-tar"

Older smokers' switch to "low tar" and "ultra" low tar cigarettes occurred across several decades. While mature smokers were not highly motivated by cigarette advertising, they noticed ads "featuring low-tar or 'light' claims, or advertising comparing brands on those factors".⁴⁷ In a Lorillard survey of older smokers, brand switching was related to "interest in tar reduction".⁴⁷ Survey participants considered "the best thing" about their current brand to be its "perceived tar count".⁴⁷

However, it became clear that “the target” [mature smokers] did not understand tar levels and believed that all ULTs were basically similar.⁶⁵ In 1987, Lorillard mature smoker focus groups found that:

“...even though the term, ‘low tar’ is being used...almost none of the respondents know the specific tar count of the brands they smoke or of those they try... they ‘go by’ designations on the package ...such as ‘low tar’ or ‘light’.”⁴⁷

Discouraging Quitting Among Older Smokers

Quitting was a major concern for the tobacco industry, and cessation trends were closely watched. RJR’s 1989 study of “Quitting Rates by Age” confirmed that quitting increased steadily with age, and was highest among those aged 50 and older.⁶⁹

Switching to “low tar” cigarettes was not, however, a route to quitting, as a 1970s RJR report discussing low tar brands in relation to the demographic groups most at risk of quitting indicated:

“NOW and Carlton are not encouraging smokers to quit at an accelerated rate. There are no differences in quitting rates between ultra low "tar" brands and other low "tar" brands”.⁷⁰

PM found in 1980 that smokers of “low tar” brands quit less than other smokers:

“Low-tar smokers (and Ultra-lows) *say* they’ll quit more than smokers in general, but actually they quit *less*, especially Ultra-lows”.⁷¹(emphasis in original)

A B&W study found that “ultra [low tar] smokers appear to go through a cycle of switching in, quitting and restarting”.⁷² PM found in 1989 that “low tar” smokers attempted cessation more frequently, but ULT smokers were less likely to have tried to quit in the last year.⁷³

These findings may have been related to the industry’s nicotine manipulation, which has been discussed in other work. While nicotine and tar usually track together, a Food and Drug Administration analysis found that between 1982 and 1991, average tar levels in cigarettes fell steadily, while there was about a 10–15% *increase* in the average nicotine content of cigarettes.⁷⁴ There is considerable evidence that the industry increased/enhanced the nicotine in “low-tar” cigarettes in order to make quitting more difficult.⁷⁵

Tobacco companies developed strategies to identify older smokers most vulnerable to quitting. AT used direct mail surveys to target “very old, quitting prone smokers”.⁷⁶ RJR developed “a mailing list of smokers who could be identified by age as likely to quit smoking....” A 1990 AT “in-switch and out-switch study” related to Carlton emphasized the “critical need to keep ‘pump priming’ (adding new switchers)...and ‘retard exit defection [preventing out-switchers or quitters]”.⁷⁷

Marketing to Mature Smokers

In order to stem the “quitter trend,”⁷⁸ companies envisioned both new products and innovative marketing tactics. Although the most significant product developed for the aging market was “low-tar” cigarettes, all major tobacco companies planned and developed products and specific marketing strategies for older smokers.

Product Development—Product development emphasized issues regarded as important to mature smokers, such as health concerns (low-tar and nicotine products); taste enhancement (flavored cigarettes^{79, 80}); and social concerns (mouth freshener⁷⁹, smokeless⁷⁹). Flavored cigarettes, widely perceived as developed primarily for targeting youth⁸¹, were also an industry response to the issue of impaired taste in aging smokers^{79, 80}. In 1990, PM called for flavor-

enhanced products because of “Baby Boomer's [sic] search for variety and new sensations”.⁸⁰

Marketing Strategies—The tobacco industry focused marketing messages to older smokers not only in their homes, but wherever they went. Companies used mailing lists for direct mail couponing, geographically-targeted advertising, and sponsorships and sampling.

Direct Mail - Mailing Lists and Coupons: Tobacco companies developed mailing lists of older smokers in several ways: purchasing names from professional companies that sold demographically targeted mailing lists, obtaining lists from cooperating organizations, and building their own.^{82, 83} Mailing coupons to older smokers who might be thinking of switching or quitting both discouraged this behavior and gave the companies additional information that could be used for future marketing. Mature smokers liked and used cigarette coupons.^{47, 85–88} In 1990 AT developed the “Pall Mall Seniors Program” to:

“gather as many names as possible of Pall Mall Smokers, aged 50+ for use in an on-going direct mail retention program... Those joining the seniors program will receive \$5.00 in carton or pack coupons every other month via the direct mail smoker retention program”.⁸³

Carlton’s target audience was older smokers⁸⁴, who likewise constituted the biggest proportion of brand consumers^{85–89}. In 1978 23% of Carlton smokers were 50+⁸⁹; this rose by 1996 to 57.1%⁸⁸. The Carlton Direct Program provided important individual household-level information: “For each household, we’ll be able to measure not only the presence of a coupon redeemer, but also the number and value of coupons redeemed by that household [emphasis in original]”.⁹⁰

The Carlton Bond Direct Mail Program urged smokers to collect UPC’s (points on cartons) to earn a \$50 bond. Program planners claimed: “In essence we have locked up our smokers for a full 8–10 weeks”. Those identified as most likely to quit or switch brands were provided with a special offer of a bond for only 8 UPCs; all others were required to submit 10 UPCs. The program rationale: “start of New Year is a vulnerable time for smokers” when, presumably, many would resolve to quit.⁹¹ Carlton sent “targeted custom mailings ...to demographically correct targets [seniors]...continuity retention programs will be deployed against highly vulnerable outswitchers”.⁹²

Geographic Advertising: To enhance sales among older people, RJR’s consultants “identified 12 key markets in which nearly 15 % of the 50+ U.S population resides” and developed “tailored field marketing approaches”.⁴⁹ AT implemented a “Zip Start” program identifying “affluent zip codes”⁹³ and “opportunity stores” to receive promotions targeting Carlton smokers.^{94–96} A 1984 Lorillard memo described “Mature Market Migrations,” identifying specific travel routes and times to target billboard advertisements on routes heavily traveled by vacationing seniors: “leafers in Smokies...snowbirds in Valley...Northeast Leafers... Nashville in summer and fall senior citizens bus tours to Opry Land”.⁹⁷

Sponsorship and Sampling: Tobacco companies sponsored or provided free cigarettes at events popular with older smokers, including bridge clubs and bingo games⁶². Lorillard created “tie in discounts” with local merchants frequented by older smokers⁶². RJR developed “NOW Fun and Fashion Mall Days” for mature smokers and sponsored discounted movie programs, beauty makeovers, money management seminars, and travel packages.^{49, 98} RJR and PM were both interested in sponsoring the PGA Senior Golf Tour.^{99–101} Free cigarettes were distributed at senior club meetings, conventions and conferences^{102–104}. When requested, cigarette samples were also provided to nursing homes.^{102, 105–107}

Discussion

This is the first study to investigate tobacco industry activity in relation to older persons, and it shows that the tobacco industry has aggressively targeted older people and aging Baby Boomers. There is documentation that the tobacco industry used some “light” cigarettes to initiate young adults into smoking¹⁰⁸. However, what is unique about the industry’s targeting of older smokers is the focus on aggressively marketing “light” and “low-tar” cigarettes as an alternative to quitting, and the false implication that they were a healthier choice.

Our study has limitations. We may not have retrieved every relevant document, due to database size and indexing limitations. Some materials may have been destroyed or concealed by tobacco companies¹⁰⁹; others may have never been obtained in the legal discovery process. Post 1998, tobacco companies were aware that documents might eventually be made public. All archival research requires that decisions be made about which aspects and which materials to cite as representative; it is possible that other researchers might find other themes more interesting or informative. Despite these limitations, our study points to several previously unexamined aspects affecting the context within which older smokers may consider quitting.

Smokers of “light” brands are misinformed about the disease risks of using low-tar cigarettes.^{110, 111} Lung cancer risk, for example, is no different in smokers of “light” or “low tar” cigarettes.²⁵ “Low tar” cigarettes deliver high levels of nicotine⁷⁴ and do not encourage smoking cessation¹¹², partly because smokers vary their puffing to regulate nicotine levels and compensate for low yield cigarettes by smoking them more intensely.¹¹³ Thus, tar and nicotine delivered is greater than the machine smoked yields reported to consumers and regulators.¹¹³ Although the truth about low tar cigarettes began to emerge in public health literature in the late 1990’s, the tobacco industry was aware of these issues as early as 1980.⁷¹ In 2006, major U.S. tobacco companies, including those discussed here, were convicted in federal court of fraud and racketeering. The presiding judge concluded:

“...Defendants falsely marketed and promoted low tar/light cigarettes as less harmful than full-flavor cigarettes in order to keep people smoking and sustain corporate revenues”.¹¹⁰

Educating older smokers about the tobacco industry’s influence on smoking behaviors may impact self-blame, a documented barrier to cessation¹¹⁴. Informing practitioners about industry influence may decrease their tendency to “blame the victim”^{115, 116}, thereby increasing the likelihood that they may recommend tobacco addiction treatment for older adults. Informing older smokers, especially those using low-tar cigarettes, of the roles that the tobacco industry had in maintaining their tobacco addiction, emphasizing the level of risk and the health benefits of quitting even in later life, and informing older smokers that low-tar cigarettes confer no reduction in harm and may even make quitting more difficult, should be part of cessation counseling for this population.

The tobacco industry has long claimed that smoking is a “choice”.¹¹ However, as this study shows, the industry sought to thwart the “choice” of older smokers wanting to quit, working to exploit every identifiable vulnerability in order to keep them smoking. The tobacco industry’s interest in older smokers contrasts with the relative lack of interest shown by many health care providers in helping older smokers quit^{8–10, 34, 35}. Practitioners must recognize that the industry’s efforts to retain older smokers affect both their patients’ behavior and the context of cessation counseling. Receiving marketing materials by mail, for example, may deter smokers from quitting and should be addressed in anticipatory guidance.

This study also points to tobacco industry research findings that might be considered by health care practitioners and public health advocates working on ways to reach aging smokers. For

example, industry research showed that Baby Boomers' characteristics included the desire to have control over their lives^{43, 50} and a responsiveness to messages suggesting independence and individuality.⁵² These characteristics could bear a relationship to the self-exempting and/or self-blaming beliefs of older smokers.^{6, 7, 117, 118} The industry's efforts to emphasize "choice," while denying or discounting nicotine addiction, may have shaped and reinforced these beliefs. Framing smoking cessation as a route to being in control and remaining more independent in later life might be effective.

As the population ages, all practitioners must make smoking cessation a priority for older patients' care. Better understanding the industry's influence on the context of cessation attempts may make these efforts more likely to succeed. Comprehensive tobacco control measures must address all populations across the life span and include a focus on older smokers.

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Table 1

Document Search Results

Search Terms	Number of Document "Hits" Retrieved	Documents Reviewed For Relevance and/or Duplication	Relevant Documents
Seniors NOT School	3,402	200	47
"Senior Smokers" NOT School NOT college	8	8	8
"Senior Citizens" AND Smok* NOT Anti-Smoking	2,246	110	29
Mature NOT Tobacco AND Market	5,306	80	97
"Mature Market" AND "Focus Group"	190	209	83
"Mature Market" AND Psychographic	60	60	29
"Older Cohort" AND Market	80	80	37
"50+" AND "Market Research" AND Mature NOT Tobacco	587	289	90
"50+ Segment"	339	176	78
"Baby Boomer"	633	201	66
"Baby Boomer" AND Quitting	70	70	67
"Baby Boomer" AND Market	479	93	59
"Baby Boomer" AND Aging	227	89	18
Boomer AND Graying	25	25	12
"Quitting Propensity" AND Age	12	12	10
Quitting AND "Senior Citizen"	142	142	51
"Mature Market" and Low-tar AND Target	601	114	63
Low-tar AND "older smoker"	1,017	319	94
Low-tar AND "older smoker" AND understand	272	81	27
Lite AND "older smoker" AND understand	32	32	12
Total	15,728	2,270	979