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of Philip Morris International

THE FORGOTTEN SMOKER

MODERN SOLUTIONS TO
AMERICA'S OLDEST PUBLIC
HEALTH CHALLENGE

Spring 2026

“Tobacco harm reduction (THR) is an evidence-based approach that reduces the health risks caused by smoking combustible cigarettes. Rather than requiring people to quit nicotine entirely, THR focuses on lowering exposure to the most harmful aspects of tobacco use—especially combustion.”¹

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Executive Summary

Imagine tens of millions of Americans living with a serious, preventable health risk, and the nation choosing to look away because helping those affected feels too hard.

This is the situation in which legal-age adult Americans who smoke find themselves today. While smoking is a nationwide issue, its impact is not evenly distributed. It falls more heavily on Americans facing higher levels of daily stress, fewer resources, and inconsistent support. These Americans deserve to be seen, not overlooked, as smoking fades from view, and to not remain The Forgotten Smokers.

For some, smoking is tied to stress, mental health challenges, or social isolation. Absent stable, employer-sponsored healthcare coverage, many rely on Medicaid or other public programs. Access to support can be uneven.

Some of these men and women have smoked for many years, maybe even their entire adult lives. Many have tried to quit, sometimes more than once. They know smoking isn't good for them. They may already have been diagnosed with a smoking-related disease or condition and told they need to quit immediately, but they struggle with that challenge.

This impacts everyone. The Centers for Disease Control and Prevention (CDC) reports that smoking contributes to the premature deaths of nearly half a million Americans each year and costs more than \$600 billion annually in healthcare-related

expenses and lost productivity.² Cessation strategies approved by the U.S. Food and Drug Administration (FDA) exist, but they have a success rate of less than 10 percent.³ Yet neither the public nor policymakers view a new approach as a priority, leaving progress stalled and those who still smoke ignored.

It's a paradox of success. Decades of progress in smoking cessation have convinced many Americans that the problem of smoking has been solved—or that we've progressed as far as we can. It hasn't. And we haven't.

The disconnect from the everyday reality facing millions of Americans can be most apparent within the corridors of power. Our D.C.-based focus groups revealed that many policy insiders consider smoking a marginal problem—something the country can manage, tolerate, or simply wait out. But in our nationwide polling, everyday Americans tell a different story: Smoking is still present in the lives of people they care about, and they want solutions that don't leave anyone behind. They don't need a chart to understand what's at stake. They can picture a face: a grandmother who still steps onto the patio or porch after dinner; the colleague who takes a smoke break in the cold; a friend who says they'll deal with it when life slows down.

This paper examines why the United States needs an updated approach to tobacco harm reduction, starting with the acknowledgment that this serious problem has not gone away. Quitting combustible cigarettes and other nicotine products—or, better yet, never starting to use them—is the best option for one's health. But for the millions of legal-age adults who already smoke and don't quit nicotine entirely, it's time for new strategies grounded in the most up-to-date science and centered on real-world needs. This includes access to FDA-

2 [Burden of Cigarette Use in the U.S. | Data and Statistics | Campaign Resources | Tips From Former Smokers | CDC](#)

3 [Adult Smoking Cessation — United States, 2022 | MMWR](#)

authorized smoke-free alternatives that have been shown to be a far better choice than continued cigarette use.

Progress starts with seeing the person first—the grandmother, the factory worker, the hospice nurse, the utility worker, the office custodian—and treating them not with judgment but with the dignity and respect they deserve. These adults can put cigarettes behind them once and for all, but it will require support and access both to accurate information and to the better alternatives science has made available.



Ending Smoking for Good

Cigarette smoking in the U.S. has declined dramatically over the past six decades—from more than 40 percent of adults in 1965 to less than 10 percent today. This is one of the most consequential public health achievements in modern American history.^{4,5}

That progress is real, and it deserves recognition. But as the number of people who smoke has ebbed, so has the sense of urgency to solve the significant public health challenge that remains.

Smoking has effectively vanished from America's public health agenda. A Pew Research Center analysis in 2014 documented the erosion, finding that the share of Americans who considered cigarette smoking a major public health problem had fallen 19 percentage points in less than a decade, dropping from 72 percent in 2004 to just 53 percent.⁶ By 2017, smoking ranked last among all tested health concerns in Pew's national surveys, below mental illness, prescription drug abuse, obesity, cancer, and alcohol.⁷

Today, Pew no longer includes smoking among the health issues it asks Americans to rate, and 2023 data from the IPSOS Global Health Service Monitor showed that only 7 percent of U.S. respondents considered smoking a major health problem.⁸

4 U.S. Department of Health and Human Services. *The health consequences of smoking: 50 years of progress: a report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services; 2014. doi:10.15585/mmwr.mm7407a3

5 Agaku I. Tobacco Product Use among U.S. Adults, 2023-2024. *NEJM Evid*. 2026 Ma10.

6 Drake B. Fewer Americans see cigarette smoking as a major public health problem. *Pew Research Center*. January 10, 2014.

7 Pew Research Center. Prescription drug abuse increasingly seen as a major U.S. public health problem. November 15, 2017.

8 Ipsos Global Health Service Monitor - 2023

And yet, this public health challenge persists. The CDC reports that some 25–30 million U.S. adults still smoke cigarettes, and smoking remains the leading cause of preventable death in the United States.⁹ When Americans are reminded of the nearly half a million lives lost to cigarette-related disease annually, they want policymakers to act.

Many smokers, too, want to put the problem behind them. According to the most recent national data released by the CDC, two-thirds of adults who smoke—67.7 percent—say they want to quit, with more than half having made a serious attempt to do so in the year prior. Fewer than 1 in 10 report succeeding. This failure stems from, among other things, the absence of tools, support, information, and a health system designed to help them.¹⁰

It seems America’s declaration of victory over cigarette smoking was premature. How has this public health problem, the No. 1 preventable cause of death and disease for Americans, become an afterthought?

9 CDC. Burden of cigarette use in the U.S. Tips from Former Smokers campaign. Last reviewed October 8, 2024.

10 Smoking Cessation: Fast Facts | Smoking and Tobacco Use | CDC





The Invisibility of Smokers

One reason urgency around smoking has diminished is that it has become less visible as overall prevalence has declined. As a result, many Americans no longer see its impact firsthand. Nevertheless, smoking persists, especially where barriers to quitting are greatest—where stress is higher, support is harder to access, and quitting is more difficult to sustain.

Any effort to help smokers quit must account for these realities. Moreover, for those who don't quit tobacco and nicotine altogether, smoke-free alternatives to cigarettes, such as nicotine pouches, heated tobacco, and e-cigarettes, must be acceptable, affordable, and accessible. And information about these better alternatives and the science behind tobacco harm reduction must be shared in ways that reach the people who need it most.

At present, the odds of such a reimagined approach scaled across the U.S. seem remote. Even medical professionals aren't always fully informed on the facts about nicotine and the science behind tobacco harm reduction—and far too many still cling to misinformed views¹¹ about the primary cause of smoking-related disease. In many cases, people who smoke and their medical providers are equally in the dark about what could work and why.

The problem is a public health system that has grown complacent—and appears to have accepted the status quo as sufficient.

A further challenge is that many of the institutions and leaders best positioned to advance new approaches—across government, public health, and policy—do not consistently treat

11 <https://www.pmi.com/us/medical-professionals-see-greater-role-for-fda/>

cigarette smoking as the urgent public health issue it is. When the topic is raised, it is sometimes viewed as a problem of the past.

The response of one person we surveyed, a Washington, D.C.-based policy professional, was revealing:

“If you’re talking about older Americans who still smoke, you can actually play the waiting game and wait them out until they kind of pass on. And then suddenly, you don’t have an uptick of smoking among younger people, middle-aged people are not doing it, and older generations that did it and never quit have kind of moved on; then I think the problem has already kind of solved itself.”

That indifference may shock some of us, but it would come as no surprise to smokers, many of whom are keenly aware that others look down on them and dismiss their needs. In a February 2026 public opinion survey conducted by Povaddo among 2,000 general-population adults (21+), 52 percent of U.S. smokers reported feeling discriminated against.

This points to two gaps that prevent progress from reaching everyone.

First, there is a gap in political will. The U.S. has not built the systems and structure to respond effectively to this clear health threat to the lives of more than 25 million Americans. The second is a gap in public understanding and sustained support.



Too often, policy and public discourse stigmatize smokers, which reduces the urgency to invest in solutions that help people quit. Legal-age adults who smoke are sometimes treated as if they are defined solely by their smoking behavior rather than seen as individuals. For example, tobacco taxes are frequently increased without a comparable investment in solutions that meet legal-age adult tobacco users where they are. Here is the core policy mismatch: The most common policy lever used to reduce smoking raises costs for people who smoke, but too rarely ensures access to accurate information about FDA-authorized smoke-free alternatives that can help these adults move away



from cigarettes and down the continuum of risk (i.e., from combustible cigarettes toward noncombustible products, which are generally associated with lower health risks than smoking).¹²

To further illustrate, cigarettes are taxed more than any other consumer product,¹³ and tobacco taxes are among the nation's most regressive. The tobacco tax burden falls hardest on the lowest-income adults who smoke. Research shows that low-income households spend up to 6.2 percent of household income on cigarettes compared with roughly 1 percent in high-income households.¹⁴

12 The Relative Risks of Tobacco Products | FDA

13 <https://taxfoundation.org/data/all/state/tobacco-tax-data-tool/>

14 Cigarette purchasing behaviors and financial burden of cigarette spending after a major tobacco tax increase in California: A descriptive analysis of household panel data - ScienceDirect



A New Approach

America can do better—and that starts with being clear-eyed about what is and is not working and about the varying needs of individual smokers.

At Philip Morris International, we have seen meaningful progress achieved when legal-age cigarette smokers are permitted to use smoke-free alternatives that deliver nicotine without the combustion of conventional cigarettes. According to the U.S. FDA, switching completely from combustible cigarettes to noncombustible alternatives can reduce exposure to the harmful and potentially harmful constituents (HPHCs) found in cigarette smoke, because many of these constituents are generated by burning tobacco (combustion).¹⁵

To adequately address the problem of smoking, the United States needs to continue to innovate and meet the highest quality and safety standards in tobacco and nicotine products, learn from other nations where better, smoke-free alternatives are in use, and provide satisfying alternatives for Americans aged 21 and older who smoke. It's not just the industry that has a role to play: Regulators should review these products to ensure they meet the applicable standards to be sold in the market. Public policy should make it easier for adults who would otherwise smoke to access FDA-authorized smoke-free alternatives, while maintaining rigorous youth prevention and enforcement against unauthorized products. And doctors and other trusted medical providers should educate their adult patients who smoke about the FDA-authorized products that are better alternatives to smoking.

Unless all of these entities work together on a better approach, the country will be left with preventable harm on the scale of roughly 500,000 lives each year.

Today, less harmful alternatives to cigarettes exist. As a business, our mission is to help accelerate the decline in cigarette smoking in the U.S. By working with public health stakeholders, regulators, and community leaders, we can support policies that prioritize quitting while expanding access to FDA-authorized alternatives for adults who would otherwise smoke.



“The members of Congress I’ve worked with have said that enough has been done, enough education has been done. And if you still choose to smoke in this day and age, notwithstanding the young kids, there’s nothing more we can do from a public health perspective.”

—Public policy professional



Smokers Today

A series of focus groups commissioned by PMI U.S. and conducted in Washington, D.C., in February 2026 by Povaddo suggests that policy professionals tend to perceive the “typical smoker” in a way that can reinforce stigma and make it harder to build support for effective solutions.

Attitudes cross political divides:

“With my father, who was born in like 1926 ... [smoking] was kind of elegant. Now I view it as kind of lower-middle-class. I don’t know very many well-educated people who smoke. America makes it so difficult to smoke now.”

—Republican policy professional

“I feel my perception is [smokers] probably engage in other risky behaviors. Maybe they drink a lot of alcohol, maybe they ride a motorcycle, maybe [they’re] not as conscious of their health and safety as others.”

—Democratic policy professional

These quotes make one thing clear: There's a general sense that the population of smokers in the U.S. is different today compared with earlier eras.

Promisingly, there is some recognition among policy professionals that there is a broader societal cost to smoking and that approaches that were effective decades ago might not work for today's smokers.

“At the end of the day, we are all paying the price, whether it’s in our healthcare premiums or the cost of Medicare or Medicaid. ... Even if it’s something that people don’t see, we are all paying for it.”

—Democratic policy professional

“In the past, our anti-smoking campaigns have been a broad brush aimed at a broad audience, to try to get as many people [as possible] to stop and read this. We have now more of a tailored demographic, and if we want to do something more, we might be able to more narrowly tailor the message to reach this specific group that we haven’t done in the past.”

—Republican policy professional



In that sense, there is hope. In Povaddo's survey, when general-population adults in the U.S. are presented with the facts that some 25–30 million people in the U.S. still smoke and that nearly half a million Americans die each year from smoking-related disease, 79 percent said more should be done to address the harm associated with smoking. When people understand the scale of the problem, they are more likely to support practical steps to solve it.



Why Better Strategies for Eliminating Smoking Are Needed

There are more former smokers in this country than smokers, speaking to the potential for smokers to quit. Of the close to 90 million Americans who have ever been regular consumers of cigarettes, nearly two-thirds have quit, creating a population of 56 million former smokers.

Although all smokers can quit, not everyone finds it equally easy to do so. As an example, one study showed that less than 6 percent of smokers aged 45 and older who had tried to quit in the previous year were successful. That same study also showed that less than 6 percent of smokers who lived in rural areas who had tried to quit in the previous year were successful.¹⁶ For these people, access to supportive, evidence-based resources is key to increasing successful quitting.¹⁷

Urban smokers are nearly twice as likely to quit as rural smokers; smokers with a college or advanced degree are roughly four times as likely to quit as smokers with no high school degree and more than twice as likely to quit as smokers with only a high school diploma.¹⁸

Smokers facing significant health and socioeconomic challenges—including some mental health conditions—also may struggle to stop smoking. Adults with schizophrenia have a quit rate of approximately 14 percent worldwide, less than half

- 16 VanFrank B, Malarcher A, Cornelius ME, Schechter A, Jamal A, Tynan M. Adult Smoking Cessation — United States, 2022. *MMWR Morb Mortal Wkly Rep* 2024;73:633–6
- 17 Lorna Bittencourt, Dana Rubenstein, Devon Noonan, F Joseph McClernon, Dana Mowls Carroll, Smoking Quit Attempts and Associated Factors Among Rural Adults Who Smoke Daily in the United States, *Nicotine & Tobacco Research*, Volume 26, Issue 7, July 2024, Pages 948–953
- 18 VanFrank B, Malarcher A, Cornelius ME, Schechter A, Jamal A, Tynan M. Adult Smoking Cessation — United States, 2022. *MMWR Morb Mortal Wkly Rep* 2024;73:633–641

the quit rate among adults without mental illness.^{19,20,21} Adults with major depression or bipolar disorder quit at 26 percent, and those with PTSD at 23 percent—dramatically below the 42 percent quit rate among people with no psychiatric diagnosis.^{22,23}

Does developing a smoking-related chronic disease make it more likely a person will quit? Not usually: 68.7 percent of smokers with a smoking-related chronic disease report wanting to quit, but only 7.8 percent succeed.²⁴ Among smokers with no chronic disease, 65.2 percent report wanting to quit, but only 9.6 percent do quit.²⁵

Taken together, these findings underscore two realities: While many adults do quit successfully, many others may benefit from more accessible, better-tailored products. For adults who would otherwise smoke, accurate information about FDA-authorized smoke-free alternatives can also support movement away from cigarettes—and down the continuum of risk.

Until this is addressed, all Americans—but especially those who smoke—will continue to pay the price.

- 19 Zeng LN, Zong QQ, Zhang L, Feng Y, Ng CH, Ungvari GS, Chen LG, Xiang YT. Worldwide prevalence of smoking cessation in schizophrenia patients: A meta-analysis of comparative and observational studies. *Asian J Psychiatr*. 2020 Dec;54:102190. doi: 10.1016/j.ajp.2020.102190. Epub 2020 Jun 6. PMID: 32622029
- 20 Lasser K, Boyd JW, Woolhandler S, Himmelstein DU, McCormick D, Bor DH. Smoking and mental illness: A population-based prevalence study. *JAMA*. 2000 Nov 22-29;284(20):2606-10. doi: 10.1001/jama.284.20.2606. PMID: 11086367
- 21 Cather C, Pachas GN, Cieslak KM, Evins AE. Achieving Smoking Cessation in Individuals with Schizophrenia: Special Considerations. *CNS Drugs*. 2017 Jun;31(6):471-481. doi: 10.1007/s40263-017-0438-8. PMID: 28550660; PMCID: PMC5646360.
- 22 Kalman D, Morissette SB, George TP. Co-morbidity of smoking in patients with psychiatric and substance use disorders. *Am J Addict*. 2005 Mar-Apr;14(2):106-23. doi: 10.1080/10550490590924728. PMID: 16019961; PMCID: PMC1199553
- 23 McFall M, Saxon AJ, Malte CA, Chow B, Bailey S, Baker DG, Beckham JC, Boardman KD, Carmody TP, Joseph AM, Integrating tobacco cessation into mental health care for posttraumatic stress disorder: a randomized controlled trial. *JAMA*. 2010 Dec 8;304(22):2485-93.
- 24 VanFrank B, Malarcher A, Cornelius ME, Schechter A, Jamal A, Tynan M. Adult Smoking Cessation – United States, 2022. *MMWR Morb Mortal Wkly Rep* 2024;73:633–641.
- 25 Ibid.





Clearing Up Misperceptions About Nicotine

Myth: “Nicotine is the cause of cancer among smokers.”

Nicotine is a stimulant that occurs naturally in tobacco plants and is addictive. But nicotine is not the primary cause of smoking-related disease. Rather, it is the burning of tobacco and the high levels of harmful chemicals found in cigarette smoke that are primarily responsible for the harms of smoking.²⁶ And yet, public health education efforts fail to make this distinction. Consequently, most Americans²⁷—and close to half of medical professionals²⁸—mistakenly believe that nicotine is a carcinogen. This widespread misunderstanding is confirmed by Povaddo’s February 2026 survey, which found that more than half of U.S. adults (52 percent) mistakenly think nicotine causes cancer.

Research shows that lower-income and less-educated adults are significantly more likely to hold inaccurate beliefs about nicotine risk, and these misperceptions reduce their willingness to use an FDA-approved nicotine replacement therapy (NRT) or FDA-authorized smoke-free product.²⁹ Moreover, people who have never smoked are even more likely than smokers or former smokers to believe that nicotine causes cancer,³⁰ making it less likely that they would encourage the smokers in their lives to quit smoking using NRTs or switch to an FDA-authorized better alternative to smoking.

26 Nicotine Is Why Tobacco Products Are Addictive | FDA

27 <https://pmc.ncbi.nlm.nih.gov/articles/PMC5328980/>

28 <https://www.pmi.com/us/medical-professionals-see-greater-role-for-fda/>

29 Kiviniemi, M.T. and Kozlowski, L.T., 2015. Deficiencies in public understanding about tobacco harm reduction: results from a United States national survey. *Harm Reduction Journal*, 12(1), p.21.

30 <https://pmc.ncbi.nlm.nih.gov/articles/PMC5328980/>



“It’s the thousands of chemicals contained in tobacco and tobacco smoke that make tobacco use so deadly. ... This toxic mix of chemicals—not nicotine—cause the serious health effects among those who use tobacco products, including fatal lung diseases, like chronic obstructive pulmonary disease (COPD) and cancer.”³¹

—U.S. Food and Drug Administration



The failure of public health authorities to properly define the risks of nicotine and ensure that this information reaches smokers means more of these adults will continue to smoke. What is needed is not just a general education campaign but culturally relevant interventions from community health workers and other trusted figures in safety-net settings (e.g., community health centers, free clinics, public hospitals) and in all relevant places in which smokers find themselves.

Myth: “All tobacco and nicotine products carry the same risk.”

This is another commonly held myth. In 2022, more than 6 in 10 U.S. physicians surveyed said all tobacco and nicotine

products pose an equal risk.³² This is untrue. The FDA has recognized, and multiple studies have demonstrated, that noncombustible tobacco products generally have lower health risks than cigarettes.³³ The scientific evidence of PMI's own heated tobacco products—which heat but do not burn tobacco—shows that the aerosol from these products has significantly lower levels of harmful and potentially harmful constituents, on average, and is less toxic than cigarette smoke.³⁴ Clinical findings from a six-month study on biomarkers of potential harm indicate that switching completely to this product may have a positive impact on adult smokers' health.³⁵

However, awareness of the science behind smoke-free alternatives lags. In Povaddo's February 2026 survey, 73 percent of general population respondents agreed that all tobacco and nicotine products are equally harmful to the person using them, while 70 percent said that all tobacco and nicotine products pose about the same risk to public health overall. The survey also revealed that skepticism around smoke-free alternatives remains high among smokers as well. More than three-quarters of adults who smoke (77 percent) incorrectly believe that all tobacco and nicotine products are equally harmful to the person using them, and 70 percent mistakenly believe that all tobacco and nicotine products pose about the same risk to public health overall.

Misinformation around smoke-free alternatives to cigarettes—and misperceptions regarding their relative health risk compared with combustible nicotine products—creates an additional barrier that discourages smokers from moving away from this most harmful tobacco product.

32 <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2791164>

33 [The Relative Risks of Tobacco Products | FDA](#)

34 <https://www.pmi.com/our-science/the-difference-between-cigarette-smoke-and-our-heated-tobacco-aerosol/>

35 <https://www.pmiscience.com/en/research/product-assessment-approach/clinical-assessment/#preliminary-clinical-THS-reduced-disease-risk>



- **52%** of adults surveyed incorrectly believe nicotine directly causes cancer.
- Confirming the prevalence of misinformation in this arena, **73%** mistakenly believe all tobacco and nicotine products are equally harmful to the user, while **70%** believe they all pose the same risk to public health.
- **53%** agree that adults who still smoke should be encouraged to switch from cigarettes to smoke-free nicotine alternatives.
- **81%** say it is important for public health agencies like the FDA to provide scientifically substantiated information about the relative harms of tobacco and nicotine products.
- **63%** agree that FDA reform is needed to keep pace with newer smoke-free products.



Creating More Alternatives for Smokers

Recognizing the continuum of risk

As the FDA has acknowledged, tobacco and nicotine products exist on a continuum of relative risk.³⁶ Cigarettes and other combustible tobacco products are at the most severe end of the spectrum since they are scientifically proven to cause the most harm to users. On the other end of the spectrum are FDA-approved NRTs such as nicotine patches or gum.³⁷

Along the path between the most harmful product (cigarettes) and the least harmful products (NRTs) lie noncombustible tobacco products such as e-cigarettes, heated tobacco products, and nicotine pouches. These are neither risk-free nor harmless, and they contain nicotine, which is addictive. Nevertheless, since they do not burn tobacco, they are likely to pose a significantly lower health risk compared with cigarettes.

This continuum of risk, however, is not apparent to the wider public: When asked about the relative harms of noncombustible tobacco products compared with cigarettes, a significant majority of adults responding to the Povaddo survey said that e-cigarettes (68 percent) and nicotine pouches (60 percent) pose the same or higher risk than cigarettes.

Widespread confusion around smoke-free alternatives is also apparent among policy professionals. During our bipartisan focus groups, both Republican and Democratic policy professionals were apt to assert that not enough scientific data exists to confirm that smoke-free alternatives are less harmful than cigarettes.

36 [The Relative Risks of Tobacco Products | FDA](#)
37 [Ibid.](#)

“We know how much smoking leads to healthcare expenditures, but we don’t know [about] the vaping. We don’t know the e-cigarettes. We don’t know what the implications are going to be.”

—Democratic policy professional

Legal-age adults who smoke should understand this continuum of risk for tobacco and nicotine products so they can make a more informed decision about potentially switching to a better alternative.

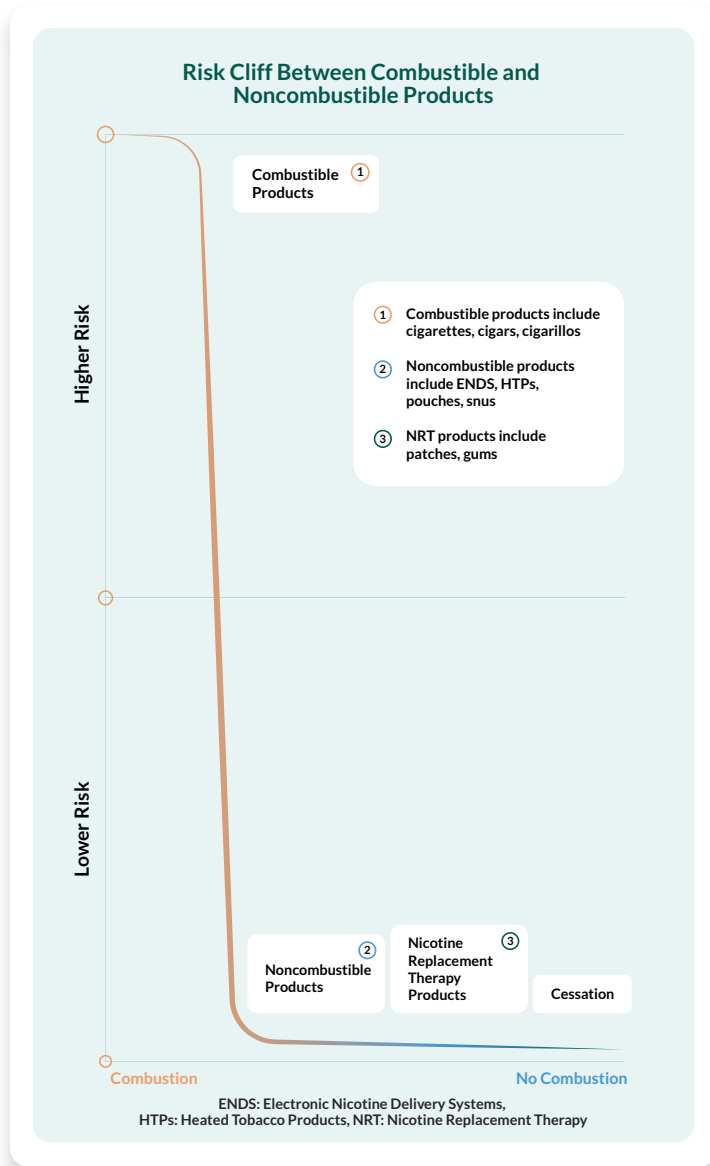
Our focus group participants agreed:

“If there are other options that are less risky, I think that we shouldn’t just say, ‘Oh, [smokers] all know, so let’s just keep going.’”

—Democratic policy professional



Tobacco Harm Reduction



Source: Nutt, D.J., Phillips, L.D., Balfour, D., Curran, H.V., Dockrell, M., Foulds, J., Fagerstrom, K., Letlape, K., Milton, A., Polosa, R. and Ramsey, J., 2014. [Estimating the harms of nicotine-containing products using the MCDA approach](#). *European addiction research*, 20(5), pp. 218-225.

Using smoke-free alternatives

When cigarette smokers switch to products that deliver nicotine without combustion, they significantly reduce their exposure to the harmful and potentially harmful chemicals associated with cigarette smoke. Although these products are not risk-free, switching to a smoke-free alternative, backed by science, is a far better choice.

The Povaddo survey shows that most Americans (53 percent) agreed that adults who still smoke should be encouraged to switch from cigarettes to smoke-free nicotine alternatives. Only 12 percent of the sample disagreed. Among those with direct knowledge of the issue, current users of nicotine pouches or e-cigarettes, agreement levels rose to 79 percent and 73 percent, respectively.

U.S. policy professionals also appear to recognize this opportunity as a more realistic and effective path toward helping smokers move away from cigarettes for good.

“Let’s be realistic about why people are in the situation they are, the struggle. And give them actual information. And to not be so either punitive or shaming or binary: ‘Quit.’ Well, help me, help me transition, you know. ... Aren’t there any other options?”

—Republican policy professional





Real-World Evidence from Other Nations

International experience shows that when adult smokers have access to acceptable, scientifically substantiated alternatives to cigarettes, smoking rates can fall faster than through quit-only strategies alone.

In the focus groups conducted by Povaddo in February 2026, policy professionals with firsthand experience in other countries' handling of the issue agreed that smoke-free alternatives can play a role in getting even older smokers to transition away from cigarettes.

“This aligns with my experience in Europe. Going around random towns, you see old people using the [heated tobacco] products. I’ve seen it with my own two eyes that people of that generation actually like them and will use those as opposed to cigarettes. So, I just think it matches up with my lived experience.”

—Republican policy professional

Sweden: Europe's lowest smoking rate

Sweden provides one of the clearest real-world examples of how tobacco harm reduction can dramatically reduce cigarette use. Today, Sweden has the lowest smoking rate in Europe and is the first nation in the European Union to achieve “smoke-free” status, defined as a smoking rate below 5 percent.³⁸

This success did not occur at random. For decades, Swedish smokers have steadily substituted cigarettes with smoke-free nicotine products, particularly snus, a smokeless tobacco product that is placed under the lip and does not involve combustion. Consequently, cigarette smoking has declined steadily while overall nicotine use has shifted toward significantly less harmful alternatives.

The public health outcomes are striking. With the additional benefit of the nation's robust healthcare systems, Sweden has among the lowest rates of tobacco-related disease in Europe, including lower rates of lung cancer and other smoking-related diseases among adult males compared with countries with similar levels of nicotine use but higher cigarette consumption.

Sweden's experience demonstrates an important principle: When adult smokers have access to acceptable, satisfying alternatives to cigarettes, many will choose them. Rather than increasing overall nicotine use, the availability of smoke-free alternatives has helped accelerate the decline of smoking—the behavior responsible for nearly all tobacco-related disease.

38 [BREAKING NEWS: Swedes first in world to become smoke free – it's a lesson for the world - Smoke Free Sweden](#)

Japan: Rapid declines in cigarette sales

Japan provides another compelling example of how innovation can accelerate reductions in cigarette use.

Beginning in the mid-2010s, heated tobacco products became widely available in Japan. These products heat tobacco rather than burning it, producing a nicotine-containing aerosol without combustion. Because burning tobacco is the primary source of harmful chemicals in cigarette smoke, eliminating combustion significantly reduces the levels of many toxic substances.

Since the introduction of heated tobacco products, cigarette sales in Japan have declined at an unprecedented pace. Between 2015 and 2023, these sales fell by roughly 40 percent—a rate of decline far faster than seen in most other developed countries over the same period.³⁹ Many of the nation’s adult smokers appear to have transitioned directly from cigarettes to heated tobacco products, leaving cigarettes behind.

Public health researchers continue to study the long-term implications of this transition. However, the rapid displacement of cigarettes—the most harmful form of nicotine use—represents a significant shift in consumer behavior and offers important insights into how product innovation can contribute to reduced smoking prevalence.

39 <https://www.pmscience.com/en/news-events/scientific-update-magazine/the-story-of-ths-in-japan/>



Getting to Zero: How the U.S. Can Help Smokers Finally Quit

A Blueprint for Progress

Ending cigarette use in the United States will require a whole-of-society commitment to giving adults who smoke better pathways to a smoke-free future.

Ensure smokers have clear information about better options

In a doctor's office, the conversation between a cigarette smoker and their healthcare practitioner follows a timeworn pattern. The patient knows they should quit. The clinician agrees. Everyone nods at the obvious. And then—nothing.

Patients who smoke need more than an obvious recommendation. These adults need a plan that fits their lives. They need help with cessation strategies. And for those who don't intend to quit nicotine altogether, they need to know about alternatives to cigarettes that can move them down the continuum of risk. They need honest talk about the better options now available.

For many long-term smokers, this isn't the kind of conversation they're having with their medical caregivers. Instead, the

guidance they typically receive is brief and generic, devoid of practical information about what to try next. And when people don't get clear information and guidance from a source they trust, they often turn to whatever is available—friends, headlines, or online content—too often allowing misinformation to fill the gap.

A serious strategy to reduce cigarette smoking can eliminate that gap. Legal-age adults who smoke deserve clear, plain-language guidance about the continuum of risk among tobacco and nicotine products and the full menu of options, from FDA-approved cessation aids (counseling and approved medications/NRTs) to FDA-authorized, noncombustible alternatives. And they need that guidance from people they rely on as experts: clinicians, community health workers, and local healthcare institutions.

Povaddo's February 2026 public opinion survey found that more than 6 in 10 (62 percent) cigarette-only users would be more likely to consider smoke-free alternatives if they had clarity on whether these products are less harmful than cigarettes.

In the same survey, almost as many Americans (59 percent) agreed that the U.S. can accelerate smoking reduction by adopting policies that encourage smokers to switch to FDA-authorized smoke-free alternatives.

Let the science lead

Imagine trying to treat cancer using only the scientific tools and understanding available in the 1980s—without benefit of immunotherapy, personalized genomic medicine, targeted therapies, HPV vaccines, liquid biopsies, and now AI-driven diagnostics. We would recognize that patients deserve the benefit of advances in science, innovation, and medicine.

And yet, we continue to treat cigarette smoking with largely the

same frozen-in-time approach. We know more than we used to about the relative risks of tobacco, cigarette combustion, and nicotine. Scientists have studied reduced harm approaches to helping people move away from cigarettes. But in many ways, public policy is stuck in the past.

It's time we paid attention to the science: Legal-age adults who smoke can reduce their exposure to risk by transitioning to a scientifically substantiated product that delivers nicotine without combustion. By avoiding the burning of tobacco, they will no longer inhale the higher levels of harmful chemicals found in cigarette smoke.

Public health agencies, including the FDA and CDC, can play an important role by providing Americans with scientifically backed facts about tobacco harm reduction strategies and technologies. Medical caregivers can help by sharing clear, consistent information with their adult patients who smoke.

The public agrees. More than 8 in 10 Americans surveyed (81 percent) say it is important for public health agencies such as the FDA to provide scientifically substantiated information about the relative harms of different tobacco and nicotine products.⁴⁰

And yet, that kind of clear, consistent information is not reaching enough adults today. At present, most smokers in the United States do not recognize which aspect of their cigarette smoking is most harmful to them. In the 2026 public opinion survey conducted by Povaddo, 54 percent of legal-age smokers mistakenly agreed that nicotine, smoke, tobacco, and tar are all equally harmful to a smoker's health. They're not.

Americans support giving adult smokers more information about smoke-free alternatives. Nearly 7 in 10 (68 percent) respondents to the Povaddo survey said all adults who would otherwise smoke should have access to, and information about,



a range of smoke-free nicotine products so they can find a better alternative that's right for them. The agreement rate rose to 81 percent among smokers.

That information must be paired with access. More than 6 in 10 Americans (61 percent) agreed that smokers should have access to a wide range of better alternatives to cigarettes, such as e-cigarettes and nicotine pouches. Among smokers, agreement reached 76 percent, emphasizing the importance of product accessibility.

In the same survey, 53 percent of nicotine users who exclusively consume cigarettes agreed that they would be more likely to consider smoke-free alternatives if they had access to accurate information about them at point of sale.

Enact science-based regulation and improve access to reduced harm products

If a cigarette smoker decides to try a smoke-free alternative to cigarettes, they may go to their local pharmacy or convenience store to see what's on offer. There, they may encounter an expansive array of food and beverages or a wide variety of cosmetic products, but for FDA-authorized smoke-free products, there will only be a handful of options, at best.

The problem isn't a lack of commercial innovation and potential supply. Over the past two decades, PMI has invested billions of dollars in research to develop, innovate, and produce smoke-free products, and the company has submitted many of them to the FDA for regulatory review and authorization.

The central problem is that the FDA's process for authorizing new tobacco and nicotine products is very slow. Even after the agency receives a comprehensive application replete with supporting scientific data on quality, safety, and efficacy, it can be years before the product receives scientific review and an actual decision.

Ultimately, cigarette smokers in the U.S. are the ones who get left behind. With far fewer choices, they are less likely to find a smoke-free alternative that works for them, hindering their transition away from cigarettes. This stands in sharp contrast to countries that have embraced tobacco harm reduction and offer legal-age smokers a wide range of government-regulated smoke-free products to help them switch successfully from conventional cigarettes.

The U.S. government can do better—and Americans expect it to. Nearly two-thirds of respondents (63 percent) to Povaddo's 2026 public opinion survey agreed that, to better protect public health, reform of the FDA is needed so the agency can regulate smoke-free alternatives appropriately. That expectation reflects

how much the marketplace has changed since the FDA began regulating tobacco products in 2009, before e-cigarettes and nicotine pouches were on the market.

Employ risk-based taxation, with lower rates for lower-risk products

For millions of Americans who still smoke, cigarettes aren't an abstract "behavior" or a luxury; they're an item that remains in the household budget even as it, along with everything else, continues to go up in price.

Meanwhile, legislators are closing budget deficits with revenue from tobacco taxes, making cigarettes even more expensive. For many low-income adults who smoke, that added cost can feel like a financial penalty. The public health goal is for people to quit tobacco use completely, and tax policy can support that goal. But for adults who would otherwise continue to smoke, a risk-based approach would avoid making smoke-free, lower-risk alternatives as expensive as cigarettes. Today, many jurisdictions continue to raise taxes on all tobacco and nicotine products across the board, without taking into account the relative risk of each.

A risk-based tax system on tobacco would flip that script. It would keep cigarettes—by far the most harmful tobacco product—at the highest tax rate. But it would stop taxing lower-risk, noncombustible alternatives the same as cigarettes, which can be accomplished without compromising strong youth protections. Taxing these products in proportion to their relative risk would reinforce rather than subvert public health goals.

Americans appear to recognize the need for a tiered approach: 52 percent of the Povaddo survey respondents agreed that tobacco and nicotine products that pose higher health risks should be taxed higher than lower-risk products. Nearly the same share of Americans (51 percent) said that products that



have been authorized by the FDA and determined to have the potential to be less risky than smoking should be taxed at a rate lower than cigarettes to encourage switching, but still taxed high enough to discourage use by youth and nonsmokers.

Importantly, 58 percent of cigarette-only nicotine consumers agreed they would be more likely to consider smoke-free alternatives if they were more affordable than cigarettes, pointing to the strong potential that exists for tobacco harm reduction.

Maintain and strengthen youth access prevention and combat illicit trade

Any strategy aimed at helping the “forgotten smoker” move away from cigarettes must come with clear guardrails. No one under the age of 21 should use a tobacco or nicotine product of any kind, and youth access prevention is a shared responsibility across regulators, manufacturers, and retailers. Strict, enforceable rules are essential to ensure that smoke-free products are accessible only to legal-age adults.

Illicit tobacco and nicotine products—those introduced and sold without regulatory review—can undermine both goals at once. They increase the risk of youth access, create black markets that undermine responsible retailers, and can erode consumer and policymaker confidence in a regulated pathway for smoke-free alternatives. When illicit markets grow, the resulting policy response can narrow adult access to authorized products, making it harder for adults who would otherwise smoke to find and use compliant alternatives.

That is why youth access prevention and illicit-trade enforcement must be treated as core components of any tobacco harm reduction strategy. This includes robust age-verification requirements, both in-store and online, consistent compliance checks, and clear penalties for retail violations.

Any expansion of adult access to FDA-authorized smoke-free alternatives must be paired with strict enforcement and clear accountability to keep these products out of the hands of youth.

Will These Strategies Work?

According to the Povaddo survey, interest in smoke-free alternatives rises when smokers have more information and when these products are more affordable: 62 percent of smokers said they would be more likely to consider smoke-free alternatives if they “had clarity on whether these products are less harmful than cigarettes,” and 58 percent said they would be more likely to consider them if “they were more affordable than cigarettes.”⁴¹ Vitaly, this paper recognizes that achieving a smoke-free future requires progressive regulatory interventions, public health policies that foster harm reduction, scientific consensus on better alternatives, and widespread acceptance of new FDA-authorized smoke-free products.



Conclusion: Moving Smoke-Free Progress Higher on the Public Health Agenda

For more than half a century, the United States has made extraordinary progress in reducing the prevalence of smoking. Now, progress has slowed, not because the problem is solved, but because the remaining challenge is harder—and too easy to deprioritize.

An estimated 25–30 million Americans still smoke cigarettes, the most harmful form of tobacco use and the leading cause of preventable death in the country.

These are not statistics. They are people. The forgotten smoker has a name, a face, a place in society, and people who love them.

Smoking persists across America, among all demographics, professions, and ways of life. But our current approach works better for some Americans while negatively impacting others; for example, people living in or near poverty, who also bear the brunt of regressive tobacco taxes. Policy and health systems should focus added support on affected populations in ways that work best for them rather than employing a one-size-fits-all approach.

Many smokers have tried and failed to quit. Others may not want to quit at this time and will continue to smoke despite the serious health risks.

The forgotten smoker isn't left behind because solutions don't exist. They have been forgotten because helping them is harder and requires fresh policy approaches that embrace the innovation and science of the last 20 years. It requires everyone to play a role: the smokers themselves, their families and friends, their healthcare providers, and yes, policymakers. Change in Washington rarely comes easily. More often, it is slow-moving, especially when innovation is involved. Ending smoking is worth the concerted effort of all these parties.

If America is serious about achieving a smoke-free future—a future without cigarettes—we must stop pretending it can be accomplished under the current system. New efforts must account for the social boundaries, hurdles, and persistent stigmas that continue to thwart progress.

Ending smoking will not happen through attrition. It will happen only if the country treats cigarette smoking, and the adults who smoke, as a continuing public health priority—and designs policies that make it easier for people to move to a smoke-free life.

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