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From Marlboro Man to 'smoke-free future': the reinvention of tobacco marketing through IQOS by Philip Morris International

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Abstract

The rise of IQOS represents a strategic reinvention of tobacco marketing in the 21st century, blurring the lines between harm reduction and corporate opportunism. As governments around the world have imposed strict regulations on traditional cigarette advertising, Philip Morris International (PMI) has revived and repackaged many of its most effective marketing tactics through its heated tobacco product: IQOS. By leveraging luxury branding, digital influencer marketing, and regulatory loopholes, PMI has positioned IQOS not as a tobacco product, but as a modern, tech-driven lifestyle accessory.

This thesis explores the historical evolution of tobacco marketing, highlighting how IQOS mirrors cigarette advertising strategies that were ultimately banned for their deceptive nature. It examines PMI's claim of harm reduction, analyzing whether IQOS genuinely helps smokers quit or merely sustains nicotine addiction under a new brand identity. Furthermore, this research assesses the public health implications of IQOS, particularly its potential to attract a new generation of users under the guise of innovation.

In essence, this study questions whether IQOS represents a public health breakthrough or a calculated marketing maneuver, designed to bypass regulation and ensure the continued dominance of nicotine in global markets. By examining this modern case of tobacco promotion, the findings underscore the urgent need for agile regulatory frameworks to prevent history from repeating itself.

Introduction

Cigarettes have long been a symbol of both indulgence and controversy, shaping cultures, economies, and even politics. Since their mass commercialization in the late 19th century, they have evolved from hand-rolled luxury items to mass-produced commodities, marketed through some of the most sophisticated advertising strategies in history. For decades, tobacco companies mastered the art of persuasion, embedding smoking into the fabric of social life – glamorizing it through Hollywood icons, associating it with masculinity, independence, and rebellion, and creating an aura of sophistication around their brands. However, as science exposed the devastating health consequences of smoking, governments worldwide cracked down on traditional cigarette marketing, banning advertisements, enforcing plain packaging, and imposing stringent health warnings.

Yet, Philip Morris International (PMI) – one of the world's most powerful tobacco giants – found a way to sidestep these restrictions with an innovation that straddles the fine line between tobacco and technology: IQOS. This "heat-not-burn" device, marketed as a cleaner and potentially less harmful alternative to cigarettes, presents a fascinating case study in how a legacy tobacco company reinvents itself in an era of aggressive anti-smoking regulations. Unlike traditional cigarettes, IQOS is not legally classified as a conventional tobacco product in many jurisdictions, allowing PMI to deploy marketing tactics that would be outright illegal for cigarettes. The company's ability to rebrand itself as a technology innovator, rather than a tobacco manufacturer, represents a masterstroke in corporate strategy – one that raises ethical questions about the boundaries of regulation, consumer manipulation, and public health.

This thesis explores the extent to which PMI's traditional marketing tactics – honed over decades of selling cigarettes – are now being repurposed to promote IQOS. How has the company adapted its storytelling, brand positioning, and consumer engagement strategies in an environment where direct tobacco advertising is prohibited? Is IQOS truly an innovation aimed at harm reduction, or is it a calculated move to maintain nicotine dependency in a world that is rapidly rejecting cigarettes? By tracing the historical evolution of cigarette marketing and analyzing PMI's strategic pivot, this research aims to uncover the hidden continuities between the past and present of tobacco promotion.

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Chapter 1: The Evolution of Cigarettes – From Luxury to Mass Consumption

1.1 Introduction

The history of cigarettes is, in my opinion, a remarkable story of transformation – evolving from a luxury item for the elite into a mass-produced, aggressively promoted, and eventually highly regulated product. This shift was achieved by tobacco companies that skillfully leveraged new technologies, bold marketing strategies, cultural influence, and social manipulation to create one of the most successful consumer products of all time. Over decades, cigarettes infiltrated everyday routines, public life, culture, and even military narratives through carefully crafted campaigns that merged personal identity with personal habit. Understanding this progression is key to analyzing how marketing approaches were developed, optimized, and later adapted in response to growing restrictions and health awareness.

To begin with, this chapter presents a concise and comprehensive review of historical, economic, industrial, and socio-cultural dynamics that drove the global boom of cigarettes. It examines how technological innovations (like the Bonsack machine), flue-curing of tobacco, and the emergence of safety matches revolutionized production and consumption. It also explores how gendered narratives, media glamorization, and wartime practices normalized smoking on a massive scale. By placing cigarette marketing within pedagogical frameworks, we can distinguish between legacy frameworks that are currently being reinterpreted in the promotion of alternatives such as IQOS. Relevant statistics throughout describe the economic might of Big Tobacco and the public health consequences that eventually provoked backlash.

1.2 Cigarettes as a Luxury Good

In their initial commercial stages, cigarettes were not mass-market products but rather handcrafted luxuries. During the 19th century, the primary modes of tobacco consumption included chewing tobacco, cigars, and pipes. Cigarettes – often imported or rolled by hand in small batches – were expensive and consumed mainly by members of the elite class, particularly in Europe. According to Brandt (2007), these early cigarettes were seen less as daily habits and more as accessories to aristocratic leisure and cosmopolitanism. The product's uniqueness and refined nature, along with its exotic appeal, increased its image as a symbol of high social status.

Statistical records from the period show a slow but steady rise in cigarette imports to Europe by the 1870s, with elite usage documented in fashion magazines and travel literature from the era (British Trade Reports, 1873). Cigarettes' early image as symbols of sophistication eased the way for their broader appeal, as people began emulating upper-class behaviors in their purchasing habits at the end of the 19th century. The cultural framing of smoking as elegant and cosmopolitan helped set the stage for its later commodification, even as production methods shifted into the mass manufacturing.

1.3 Industrialization and Mechanization

Mass producing cigarettes wasn't possible until the 1881 invention of the Bonsack cigarette making machine. James Albert Bonsack revolutionized the cigarette industry virtually overnight. The nimble fingers that handrolled cigarettes could produce just four a minute. Even with a large staff of over 500 cigarette-girls, production was painfully slow. The remarkable Bonsack machine made up to 120,000 cigarettes during a ten hour work day, and was consider the most important tobacco invention of the 19th Century.

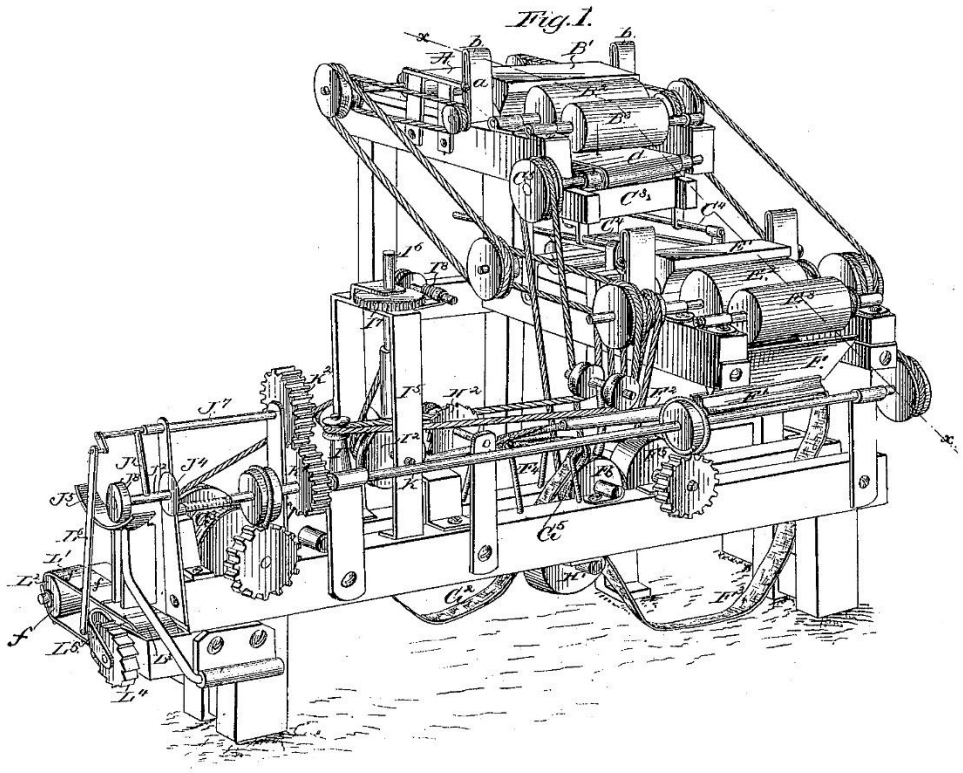

Figure 1 The Bonsack machine. This diagram is from James Albert Bonsack's patent application.

This breakthrough significantly affected the field of tobacco production by reducing labor costs and enabling large-scale distribution. Notably, it coincided with other technological advances like flue-cured tobacco (a heat-based drying process) that had been discovered a few decades earlier (around 1839), producing a milder, more inhalable smoke than traditional air- or fire-cured tobacco. This made cigarettes more appealing and pleasant to consumers, while the widespread availability of safety matches made smoking far more convenient. In combination, these innovations improved the ease of use of the cigarettes and primed it for explosive growth.

American entrepreneur James Buchanan Duke capitalized on mechanization with aggressive tactics. By leasing Bonsack machines and undercutting competitors, Duke's American Tobacco Company dominated the U.S. market; by 1900, it had monopolized over 80% of American cigarette production (Tate, 1999). Economic impacts were significant. The cigarette quickly became one of the first globally standardized consumer goods of the 20th century, fueling an industry that would generate great revenues and tax income for governments. Cigarettes were enjoying a modest increase in yearly sales. Manufacturer W. Duke Sons & Co. reported that they sold 466 million cigarettes in 1887, up from 283 million in 1886.

Mechanization had a double effect: it made cigarettes affordable to the masses and allowed tobacco companies to saturate the market at unprecedented levels. In 1900, Americans smoked approximately 2.5 billion cigarettes annually; by 1950, that figure had surged to 400 billion (CDC, 2020). This exponential rise in consumption directly correlated with industrial output and economies of scale in manufacturing.

Joseph Schumpeter's theory of innovation cycles provides a valuable lens for this era of rapid expansion. A core idea in Schumpeter's theory is that innovation disrupts and replaces existing systems, driving progress through the dismantling of outdated industries and practices.It's a process where innovative technologies and products displace older ways of production and consumption, reshaping entire economic sectors. In this context, the mechanization of cigarette production – specifically through the Bonsack machine; being the first and most important breakthrough for the tobacco industry – represents a paradigmatic case of creative destruction. Before mechanization, tobacco use (through cigars, pipes, etc.) was artisanal, slow, and often bound to specific rituals or classes. These older forms were swiftly replaced by the machine-made cigarette, which was cheaper, uniform, and perfectly suited to the tempo of an industrializing society. Thus, cigarettes'

physical convenience, quick consumption, and compatibility with urban working life allowed them to thrive.

The shift from traditional tobacco products to mass-produced cigarettes illustrates how technological innovation can fundamentally alter consumer behavior and cultural norms. Both industrial efficiency and mass marketing drove the cigarette's emergence as both a commercial and cultural phenomenon. Viewed from a Schumpeterian lens, this transformation represents more than just enhanced productivity; it reflects a core restructuring of economic social practices –where new systems did not simply improve upon the old, but they replaced them. Ultimately, the late-19th-century industrialization of tobacco exemplifies how innovation, market expansion, and changing consumer habits co-evolved, making cigarettes a compelling case study in capitalist development.

1.4 The Birth of Mass Marketing

By the early 20th century, cigarette producers turned to mass marketing to create demand for their now plentiful product. They engineered techniques that would become staples of advertising.

A notable example is Edward Bernays' 1929 "Torches of Freedom" campaign, which astutely linked cigarettes to first-wave feminism and rebellion against patriarchal norms. Bernays was Sigmund Freud's nephew, and he used Freud's theories of psychoanalysis to develop public relations strategies, becoming known as the "father of public relations". He successfully redefined the cultural meaning of smoking for women. His campaign was a "masterclass" in strategic marketing: by planning for a group of young women to smoke openly during New York's Easter Parade (an event later found to be deliberately staged for maximum media coverage), where Bernays sparked a national conversation about gender roles and social norms. The image of women defiantly lighting up "torches of freedom" framed cigarettes as symbols of female emancipation and equality. Bernays understood that consumers are often driven more by emotion than reason, and he harnessed this insight to manipulate public perception. The lasting impact of "Torches of Freedom" was not only the normalization of female smoking, but the establishment of a new framework: products could be tied to social movements or personal aspirations, masking harmful consequences behind powerful symbolic narratives.

Figure 2 Edward Bernays' "Torches of Freedom" Campaign

Figure 3 "Women Are Free!" American Tobacco Co,. 1929

Other campaigns also tapped into unconscious desires tied to body image and beauty standards. Cigarettes were associated not only with freedom but with slimness and, by extension, attractiveness and social acceptance. Slogans like “Reach for a Lucky instead of a sweet” suggested that smoking could be a tool for appetite control and weight management – paradoxically pitching health and beauty benefits for a product that was proven anything but healthy. These messages resonated with women striving to meet the emerging ideals of modern femininity (Amos & Haglund, 2000).

Figure 4 "Reach for a Lucky instead" campaigns

As cigarette marketing matured through the 1920s and 1930s, it became increasingly sophisticated. The AIDA model (Attention, Interest, Desire, Action) – an early marketing framework – was effectively embedded in these campaigns. Advertisers captured attention with bold imagery and catchy slogans, generated interest by linking smoking to glamour or modernity, fueled desire by associating cigarettes to aspirations (freedom,

sophistication, romantic appeal), and ultimately drove action through habitual consumption.

By the mid-20th century, tobacco ads pervaded every medium: billboards, newspapers, radio jingles, and eventually television commercials. Its constant visibility shaped public perception, framing smoking as a common and socially endorsed behavior. Market data from the period proves the success of these strategies. In the U.S., annual tobacco advertising expenditures rose from $280 million in 1960 to over $500 million by 1970 (FTC, 1971). Such investments paid off in consumption: by 1965, over 40% of American adults were smokers, including men and women across various socioeconomic classes (CDC, 2020). Cigarettes had evolved into vehicles of self-expression and symbols of lifestyle. Cigarettes had become more than just a product – they were lifestyle statements. The industry's marketing encouraged individuals to see their choice of cigarette brand as an extension of personal identity, whether that meant sophistication, ruggedness, or rebellion.

1.5 Social Norms and the Gendering of Cigarettes

As advertising increased, cigarettes came to occupy distinct, gender-coded spaces in the consumer psyche. Tobacco companies meticulously tailored their campaigns to men and women. Virginia Slims, launched in 1968, offers a telling example. Its slogan "You've come a long way, baby" coopted feminist rhetoric to suggest that smoking was not only fashionable but a symbol of women's liberation.

Figure 5 Virginia Slims Advertisement "You've come a long way, baby." - 1968

Toll and Ling (2005) argue that such ads commodified feminist ideals; offering cigarettes as symbolic tools of empowerment while conveniently downplaying their health risks. By shrinking the size of the cigarette and packaging it in sleek, feminine designs, Virginia Slims explicitly targeted women who yearned for independence and style.

For men, smoking imagery in the 20th century remained tied to themes of toughness, adventure, and patriotism. Brands like Lucky Strike were intertwined with images of soldiers, cowboys, and rugged frontiersmen. These ads reinforced ideals of masculinity that aligned with nationalistic and militaristic values: endurance, bravery, and stoicism.

Figure 6 Lucky Strike Cigarettes Ad - RODEO COWBOYS - 1963

The iconic Marlboro Man campaign, transformed Marlboro from a ladies' cigarette – since it had been marketed with a red filter tip as a "beauty tip" for women in the 1950s – into the embodiment of male ruggedness, is a great example. By the mid-1950s, Marlboro's advertising pivoted to feature the now-famous cowboy figure: the Marlboro Man, who is one of the most recognized brand ambassadors in advertising history, solidifying the link between smoking and an idealized male identity.

Figure 7 Marlboro advertising cigarettes with "beauty tip" - 1924

Figure 8 The Iconic Marlboro Man - 1954

Psychological frameworks help clarify how audiences absorbed and accepted these customized messages. Gender Schema Theory (Bem, 1981) suggests that people process information through gendered lenses shaped by societal cues. At that time, tobacco advertising provided such cues on a large scale. Consumers were taught to associate cigarette brands with socially accepted gender roles and ideals: for women, smoking was framed as elegant and empowering – a symbol of emancipation (e.g., via Virginia Slims) – while for men, it was framed as a display of strength, ruggedness, and respectability (e.g., the Marlboro Man's famous ads).

The following is a comparison table that outlines how the Gender Schema Theory applies to tobacco advertising strategies for men and women, based on what has been presented so far:

Category	Women	Men
Gender Schema Initiation	Reinforced emerging schemas of female empowerment, style, and independence	Reinforced traditional masculine schemas of adventure, endurance, and national pride
Visual and Design	Slimmer cigarettes, elegant and sleek packaging	Bold visuals of cigarettes being used by cowboys, soldiers
Symbolic Messaging	Smoking as a symbol of liberation and sophistication	Smoking as symbol of toughness, bravery and masculinity
Theoretical Framing (Bem, 1981)	Advertisements provided social cues that aligned with a progressive smoking identity	Advertisements aligned with longstanding masculine ideals shaped by cultural and military roles
Psychological Effect	Created emotional appeal through liberation narratives	Fostered aspirational identity alignment (e.g., becoming like the Marlboro Man)
Consumer Response	36% of U.S. women smoked – up from earlier decades	52% of U.S. men smoked – consistent with targeted masculine messaging
Marketing outcome	Successful gender segmentation and a broadened market base	Reinforced brand loyalty via idealized masculine imagery

Figure 9 Gender Schema Theory Applied for the 20th century

By 1975, 36% of U.S. women and 52% of U.S. men were smokers, indicating the relative success of these gender-segmented campaigns in broadening the market (CDC, 2020). Market segmentation by gender became a core marketing tool to maximize emotional appeal and brand loyalty, not to forget the product's addictive attribute guaranteed ongoing customer dependence.

1.6 War-Time Normalization

War proved to be a potent accelerator of cigarette normalization. During World Wars I and II, cigarettes were regularly included in soldiers' rations and even distributed freely by tobacco companies. This practice embedded smoking into the daily life of military service members, making it almost inseparable from notions of camaraderie and stress relief on the front lines. Smoking became intimately linked with bravery, sacrifice, and fraternity under fire. As historian Robert Proctor (2012) observes, countless soldiers returned home not only with battlefield scars but with deeply ingrained smoking habits fostered during their service.

The scale of this wartime distribution was vast. Data from U.S. military supply archives show that during World War II, over 30 billion cigarettes were provided to Allied troops annually (U.S. Army Quartermaster Reports, 1944). These war-era habits transitioned into peacetime consumer behavior. Veterans continued to smoke, often favoring the brands that supported the troops (Lucky Strike's wartime slogan "Lucky Strike Green Has Gone to War" is a notable example where a brand linked itself to the war effort by claiming its green dye was sacrificed for military use). The tobacco industry actively cultivated these associations, with post-war advertisements often featuring military imagery and patriotic themes – implying that smoking was part of the soldier's identity carried into civilian life.

According to Social Learning Theory (Bandura, 1977), people adopt behaviors by observing role models or peers – especially those they respect. During the wars, young men observed honored officers and fellow soldiers constantly smoking, implicitly signaling that tobacco was a source of solace and courage. The habit thus spread not just by addiction, but by imitation and social bonding. Furthermore, governments tacitly endorsed tobacco use among troops (some officials believed cigarettes had moraleboosting or even mildly medicinal effects, such as calming nerves). By the end of World War II, an entire generation had normalized smoking as part of everyday life. In the U.S., smoking rates among adult men peaked between the mid-1940s and 1950s, reaching nearly 70% in certain demographic groups – an unprecedented prevalence (CDC, 2020). What had started as an emergency provision had evolved into a widespread civilian habit, exemplifying how extreme circumstances can accelerate the acceptance of a vice.

Figure 10 World War II K-ration

General John J. Pershing, commander of the American Expeditionary Forces during World War I – when asked what was needed to win the war, he reportedly replied:

"You ask me what we need to win this war. I answer tobacco as much as bullets. Tobacco is as indispensable as the daily ration; we must have thousands of tons without delay."

1.7 Hollywood and Visual Culture

Arguably, Hollywood offered the most enduring and glamorous platform for promoting cigarettes. From the 1930s through the 1950s, nearly every iconic actor or actress was portrayed smoking on screen. Classic films show the leading men and ladies – Humphrey Bogart with a cigarette dangling rakishly from his lips, Audrey Hepburn peering from behind an elegant cigarette holder in Breakfast at Tiffany's, James Dean posing with a smoldering stub as the emblem of teenage rebellion. These images firmly linked smoking with sophistication, sex appeal, mystery, and cool defiance.

Mekemson and Glantz (2002) document how tobacco companies capitalized on Hollywood's influence through paid product placement deals that ensured their brands received premium screen time. A steady stream of on-screen smoking kept the habit in the cultural spotlight even as formal advertising was eventually reduced.

Studies confirm the impact of this exposure. A 2001 content analysis found that 74% of top-grossing films from 1988 to 1997 contained at least one smoking scene (Glantz et al., 2001). The semiotics of on-screen smoking were powerful: a cigarette could signify a character's toughness, vulnerability, seductiveness, or stress, without a single word of dialogue. Cigarettes became versatile props for storytelling and character development. This constant exposure had real-world effects on social norms. Cultivation Theory (Gerbner, 1976) suggests that heavy exposure to media content can shape viewers' perceptions of reality. In this case, repeated depictions of smoking in movies (and later TV) cultivated the belief that smoking was a normal, even desirable, part of adult life. Viewers of all ages came to associate smoking with the glamor and charisma of their screen idols.

The influence of Hollywood crossed international borders, effectively globalizing the appeal of American smoking culture. Despite growing medical evidence of smoking's health risks, the film industry's inertia in portraying smoking meant that, even into the 1990s, young audiences worldwide continued to encounter new films that glamorized cigarette use.

Public health advocates eventually pushed for stricter rules about how smoking was shown in movies. By the late 2000s, the Motion Picture Association of America (MPAA) began incorporating smoking into its film rating criteria, acknowledging it as a factor in determining age-appropriate classifications. However, this shift came after decades in which visual media had already solidified smoking's cultural associations with style, rebellion, and individual identity, leaving a lasting historical imprint.

1.8 Global Expansion and Cultural Adaptation

By the mid-20th century, tobacco companies were no longer content with domestic domination; they aggressively expanded into global markets. The globalization of tobacco marketing was characterized by remarkable adaptability to local cultures. American and British tobacco firms carried their brands into Asia, Africa, the Middle East, and Latin America, often tailoring campaigns to resonate with local values, languages, and icons. What remained constant was the core message that smoking was modern and aspirational. The World Health Organization notes that between 1960 and 1990, tobacco consumption grew by over 300% in developing nations, largely driven by such aggressive marketing and the opening of new markets. In many developing countries, smoking prevalence among

men soared above 50% during this period (in some cases exceeding 60%), even as rates in many Western nations began to plateau or decline.

Tobacco multinationals employed a strategy often referred to as "glocalization" (Robertson, 1995) – blending global branding with local cultural elements. For example, in Nigeria, British American Tobacco sponsored popular local music and sporting events in the 1970s and 1980s (Otang, 1992), positioning cigarettes as a marker of cosmopolitan cool and success. In Japan and South Korea, American brands used indigenous motifs and hired local film stars to endorse their products, effectively sidestepping any notion of smoking as a "foreign" habit. The industry demonstrated a keen anthropological eye: understanding a society's aspirations and anxieties, then linking smoking to those emotions. Whether it was associating cigarettes with the machismo of cowboys in Latin America or the refined elegance of Western fashion in urban Asia, the marketing playbook was flexible.

This global push also involved targeting new demographics like youth and women in regions where those groups traditionally had low smoking rates. As Western markets had shown, women represented a vast untapped segment; thus, brands like Virginia Slims and Lucky Strike were introduced abroad with messaging tweaked for local gender norms. The late 20th century saw female smoking rates climb in parts of East Asia and Europe in parallel with such campaigns (WHO, 2021). Similarly, youth-oriented tactics – concert sponsorships, distribution of free samples at clubs, etc.– were deployed in countries with lax regulations, despite industry pledges about not targeting minors.

The global expansion of the tobacco industry proved highly profitable. By the 1990s, the leading transnational tobacco firms derived more than half of their revenue from outside their home countries. However, this commercial success carried public health consequences: as Western nations started implementing stricture tobacco control measures – such as increased taxation and advertising restrictions – the burden of the tobacco epidemic increasingly shifted toward the developing countries. The WHO (2022) reports that today 80% of the world's 1.3 billion tobacco users live in low- and middle-income countries. The cultural adaptation strategies of the mid-late 20th century effectively laid the foundation for a growing public health crisis in these regions, illustrating the extent to which strategic marketing can shape and sustain global consumption patterns.

1.9 Early Criticism and Medical Warnings

Despite the glamorous appearance cultivated by advertisers, medical warnings about smoking's dangers began emerging as early as the 1930s. A handful of researchers in

Germany and the United States reported statistical links between smoking and respiratory illnesses or heart disease. By the 1950s, epidemiological studies (such as those by Richard Doll and Austin Bradford Hill in the UK) provided stronger evidence connecting cigarette smoking to lung cancer. The crescendo came in 1964 when the U.S. Surgeon General's Report officially confirmed the causal link between smoking and lung cancer, among other diseases. This pivotal report synthesized over 7,000 studies and clearly labeled smoking a health hazard of the highest order (U.S. Department of Health, Education, and Welfare, 1964).

However, the tobacco industry was neither caught off-guard nor idle. Anticipating potential threats to their business, tobacco companies had already begun to mobilize by the 1950s to counteract negative publicity. Internal documents (made public decades later through litigation) reveal systematic efforts to undermine scientific findings and shape public perception. The industry's tactics included funding favorable research (or research designed to confuse the issue), creating front groups with authoritative-sounding names (e.g., the Tobacco Industry Research Committee) to sow doubt, and launching extensive PR campaigns to reassure the public that "many experts disagree" about the health claims. This deliberate campaign of disinformation delayed effective regulation and kept many smokers in the dark or uncertain about the risks.

Psychological models help explain why these early warnings did not immediately curb smoking rates. The Risk Perception Model (Slovic, 1987) argues that people tend to underestimate risks that are voluntary, familiar, and delayed in effect – smoking checks all those boxes. Smokers often believed that health problems, if they occurred, would come much later or happen to "somebody else." Tobacco advertising, with its reassuring images of healthy, active smokers, further blunted the impact of health warnings. When combined with the industry's active suppression of evidence (e.g., quashing research that showed harm), it's clear that public understanding lagged far behind scientific knowledge. In the 1960s, even after the Surgeon General's announcement, smoking prevalence remained high; it took repeated public health campaigns and policy interventions in subsequent decades to gradually shift the tide.

1.10 Conclusion

Cigarettes did not achieve global ubiquity by accident or overnight. Their rise was the result of technological innovation, psychological manipulation, and cultural engineering on a big scale. Through mechanization, the tobacco industry created a cheap, standardized product; through marketing, it crafted powerful messages around that product. By carefully branding cigarettes as symbols of sophistication, freedom, masculinity or femininity, and even patriotism, tobacco companies embedded smoking into the fabric of modern life.

Sociocultural forces – from World War soldiers sharing a smoke, to silver-screen idols exhaling in black-and-white films – further reinforced the behavior. Statistical growth in consumption throughout the 20th century, paired with cross-disciplinary marketing frameworks (like AIDA or social learning), reveals the intentional design behind smoking's normalization.

By the late 20th century, the consequences of this grand social experiment were becoming painfully clear: lung cancer had shifted from a rare illness to a leading cause of death, and governments were slow to act, only beginning to regulate cigarette marketing after significant delay.

Later, will show how new devices like IQOS (marketed as "heated tobacco" for a "smokefree future") draw on the same visual cues, emotional narratives, and identity appeals that once sold traditional cigarettes. Even when framed as "harm reduction," these products often leverage the marketing DNA perfected by Big Tobacco over a century. Understanding how cigarettes were evolved, promoted, and normalized is essential for evaluating the contemporary landscape of nicotine products – and for crafting effective regulatory and public health responses in the future. The evolution of cigarettes offers a cautionary story in consumer product marketing, one that regulators and society would do well not to forget as history threatens to repeat itself in new forms.

Chapter 2: The Backlash – Regulation and the Decline of Cigarette Marketing

2.1 The Rise of Public and Scientific Opposition (1940s–1960s)

By the mid-20th century, scientific evidence began exposing the once-dominant narrative that cigarettes were harmless or even a benefit to the health. A turning point came in 1950, when researchers in the US and UK published landmark studies linking smoking to lung cancer and other diseases. In September 1950, an article in the British Medical Journal by Richard Doll and Austin Bradford Hill provided strong statistical evidence that heavy smokers were far more likely to develop lung carcinoma. Four years later, the ongoing British Doctors Study confirmed the alarming link – urging health authorities to officially advise that smoking was associated with rising lung cancer rates. Similar findings in the United States (such as Wynder and Graham's studies in the early 1950s) fueled growing concern in the medical community. By 1957, the U.S. Surgeon General Leroy Burney took the unprecedented step of declaring an official statement that smoking causes lung cancer, reflecting a growing scientific consensus.

As evidence against smoking accumulated, public awareness and resistance to cigarette advertising grew alongside it. Throughout the late 1950s and early 1960s, health organizations increasingly spoke out – going so far as to write to President John F. Kennedy in 1961 to urge federal action on what they termed the "smoking problem".

This period saw the first wave of critical media coverage: for example, magazines ran exposés on the dangers of smoking, undermining years of tobacco advertisements that featured doctors and celebrities. As mentioned in Chapter 1, the crescendo of this scientific and public backlash was the 1964 Surgeon General's Report on Smoking and Health, a watershed moment. Released by Surgeon General Luther Terry on January 11, 1964, it unequivocally confirmed that cigarette smoking causes lung cancer, chronic bronchitis, and other serious diseases. This report received massive media attention and dramatically shifted public attitudes. For the first time, the government's top medical authority was telling Americans that smoking was a proven health hazard. Many smokers were convinced: surveys at the time showed significant numbers attempted to quit in response to the report's findings. In fact, 1964 marked the peak of adult smoking rates in the U.S. (with about 42% of adults smoking); thereafter smoking prevalence began a steady decline. The early backlash, driven by mounting scientific evidence and public health advocacy, had effectively pierced the image of cigarettes as a benign consumer product.

2.2 Progressive Phases of Government Intervention

As evidence of tobacco's harms grew irrefutable, governments around the world responded with an escalating series of regulatory interventions. These measures unfolded from the 1960s onward, steadily eroding the freedoms that cigarette marketers once enjoyed. Key phases of intervention included:

- **Health Warning Labels on Packaging:** One of the earliest regulations was the requirement to print health warnings on cigarette packs. The United States led with the Federal Cigarette Labeling and Advertising Act of 1965, mandating the cautionary label "Cigarette Smoking May Be Hazardous to Your Health" on every pack. This was a minimal warning in small print, but it set a precedent. Other countries soon followed: for instance, the United Kingdom introduced its first health warnings on cigarette packs by the late 1960s. Over time, these warnings became more forceful and prominent. By the 1980s, many countries required alternating warnings about specific diseases. In the 2000s, a new standard emerged – graphic pictorial warnings covering large portions of the pack (pioneered by Canada in 2001 and adopted by dozens of nations thereafter). Research shows that such stark warnings can effectively inform consumers and deter smoking initiation. Today, more than 100 countries mandate graphic health warnings, a direct result of public health advocacy translating into law.

Figure 11 U.S. Mandated the First Health Warnings on Cigarette Packs

- **Advertising and Promotion Bans:** Perhaps the most dramatic rollback of cigarette marketing came via advertising bans. In the 1960s, pro-health groups pushed regulators to curtail the ubiquitous tobacco ads on billboards, in newspapers, and especially on radio and television. The U.S. government took a major step with the Public Health Cigarette Smoking Act of 1969, which banned cigarette advertising on TV and radio effective January 1971. (Notably, in the late 1960s U.S. broadcasters had been forced under the Fairness Doctrine to air anti-smoking public service announcements alongside cigarette commercials – a development that the tobacco industry found so damaging that it ultimately accepted the ad ban as a lesser damaging option.) The United Kingdom had already banned cigarette commercials on TV as early as 1965, and other countries soon imposed their own restrictions on broadcast advertising. By the 1980s and 1990s, many nations extended the bans to print media, outdoor advertising, and sponsorships. For example, Norway and Finland outlawed virtually all forms of tobacco advertising in the 1970s, and by 1991 France had banned tobacco sponsorship of sporting events. Comprehensive bans became a global norm after the WHO Framework Convention (2003) pressed all signatories to prohibit "all tobacco advertising, promotion and sponsorship". The result was a near-disappearance of overt cigarette ads in many markets. Academic research confirms that comprehensive advertising bans are associated with reduced smoking rates, especially among youth.

- **Taxation and Pricing Policies:** Governments also leveraged fiscal policy as a tool to curb smoking. High excise taxes on cigarettes have been implemented, aiming both to deter consumption (especially among price-sensitive youth) and to raise funds for health programs. For instance, the U.S. federal cigarette tax rose from $0.08 per pack in the 1950s to $1.01 (tax increased by 1,162.5%) by 2009, on top of state taxes that often add $1–2 more per pack. European countries, Australia, and Canada similarly escalated tobacco taxes such that by the 2010s a pack of cigarettes in those markets cost several times more than in earlier decades. The World Bank and WHO have long recommended taxation as one of the most effective tobacco control measures, citing evidence that a 10% price increase worldwide could reduce overall tobacco consumption by about 4% in high-income countries and 5% in low- and middle-income countries. Real-world outcomes illustrate this effect: for example, after France sharply raised cigarette taxes in the early 2000s, cigarette sales dropped and lung cancer rates in middle-aged men declined a decade later. Likewise, after Brazil implemented high tobacco taxes and other measures in the 2010s, adult smoking prevalence fell by 35% in that country. Such data underscore how taxation, by making smoking progressively more expensive, has been a crucial in the decrease of cigarette use.

- **Public Smoking Restrictions (Clean Indoor Air Laws):** Another phase of the backlash focused on protecting non-smokers and denormalizing tobacco use in public spaces. In the early 1970s, some jurisdictions began requiring separate "smoking sections." Arizona passed the first state law mandating smoking and non-smoking areas in public places in 1973. This concept evolved into broader smoke-free laws. By the 1980s, evidence about the dangers of secondhand smoke (including a 1986 U.S. Surgeon General report that classified secondhand smoke as a known carcinogen) propelled stricter rules. Workplaces, airplanes, and schools increasingly went smokefree. In the U.S., smoking was banned on all domestic airline flights in 1990 (after intermediate steps starting in 1988) . The state of California pioneered a ban on smoking in restaurants and bars in 2000, and many states and cities followed suit. Internationally, Ireland made headlines in 2004 as the first country to enact a nationwide ban on smoking in all indoor workplaces (including pubs), encouraging similar laws across Europe, Australia, and beyond in the following years. Today, over 100 countries have enacted comprehensive smoke-free laws for workplaces and public venues. These laws not only protect people from secondhand smoke, but also change social norms by greatly reducing the visibility of smoking. Studies have credited smoke-free policies with lowering heart attack rates and encouraging smokers to quit or reduce consumption. What began as modest "no smoking" sections has grown into a world where smoking is prohibited in most indoor public environments – a testament to how far public sentiment and policy have shifted since the freewheeling advertising days of the 1950s.

Each of these government interventions – warnings, ad bans, taxes, and public smoking restrictions – unfolded over decades, often in incremental steps and at different paces across countries. Collectively, however, they reinforced the message that tobacco was a uniquely dangerous product justifying extraordinary control. By constraining how cigarettes could be marketed and used, governments helped strip away the social acceptability that the tobacco industry had carefully cultivated. The once-glamorized cigarette was increasingly regulated like a hazard.

2.3 Evolution of Public Health Campaigns and Media Strategies

Regulatory measures were reinforced by aggressive public health campaigns that further turned the tide of public opinion against smoking. Over the years, these campaigns evolved in strategy and media usage – from straightforward informational ads to highly emotional, graphic messages designed to shock and persuade. Early efforts in the 1960s and 1970s were relatively modest: for example, the American Cancer Society and public health

groups produced simple public service announcements urging smokers to quit, often featuring authoritative figures (like doctors) delivering facts. One early breakthrough was the use of television airtime: as a result of the late-1960s Fairness Doctrine rulings, U.S. TV stations aired anti-smoking ads that bluntly countered cigarette commercials. Although these early public service announcements were low-budget, they demonstrated the power of mass media to influence behavior – surveys found increased public awareness of smoking risks during the years those messages ran.

By the 1980s and 1990s, health institutions adopted more creative and hard-hitting media strategies. Fear appeal and graphic imagery became common tactics, based on evidence that emotional messages have greater impact on smokers' risk perceptions. Governments and nonprofits around the world produced advertisements showing the gruesome health consequences of smoking – tar blackened lungs, patients with throat cancer speaking through electrolarynx devices, grieving family members, and similar scenes intended to evoke shock, fear, or sadness. Campaigns also began to feature real people's stories rather than just statistics. This approach proved especially potent in the United States' "Tips From Former Smokers" campaign, launched by the CDC in 2012. The "Tips" campaign was a nationwide series of TV, radio, print, and digital ads in which former smokers suffering from smoking-related illnesses shared personal testimonials and practical quitting advice. The ads were often emotionally intense – for example, showing a woman named Terrie preparing her wig and artificial voice box after losing her hair and larynx to throat cancer. The impact of this campaign was unprecedented: in its first 3-month run, it prompted an estimated 1.6 million smokers to attempt quitting, and at least 100,000 smokers to quit for good as a direct result. Health officials noted that the campaign reached about four out of five U.S. smokers and was highly cost-effective in driving quit attempts. The emotional storytelling – essentially smokers giving "tips" from their own painful experiences – proved to cut through self-satisfaction in a way that prior factual ads had not.

Another influential initiative was the "truth" campaign, launched in 2000 by the American Legacy Foundation (now Truth Initiative) using funds from the tobacco industry legal settlements. The "truth" campaign took a different tone: edgy, youthoriented ads that exposed the tobacco industry's marketing tactics and encouraged teens to rebel against industry manipulation. Instead of scaring viewers about health effects, many "truth" ads used peer influencers and bold stunts (like dumping body bags outside a tobacco company headquarters to symbolize deaths) to make smoking look uncool and industry executives the villains. This resonated with young audiences and is acknowledged with driving down teen smoking rates. Indeed, studies estimated that from 2000 to 2004 the national "truth" campaign prevented about 450,000 youth from starting to smoke. The campaign's success demonstrated that counter-marketing – using the marketing playbook against the tobacco companies – could shift social norms among youth.

Over time, public health campaigns have become more sophisticated in media strategy. Health agencies now use social media, viral video, and targeted digital content alongside traditional TV ads to reach specific demographics. The tone can range from empathetic (portraying how quitting improves one's life) to raw (showing surgeries or diseased organs) to empowering (encouraging smokers that they have the strength to quit, or encouraging young people to stay tobacco-free as an act of independence). Common to all successful campaigns is a strong emotional core and a clear call to action (such as a quitline number or website for help). For example, Australia's national campaigns have famously shown graphic footage of internal damage ("Every cigarette is doing you damage") followed by hopeful messages about quitting benefits. These approaches are rooted in behavior change research: fear-based messages capture attention, personal stories foster emotional connection, and providing solutions – such as tips and resources – enhances individuals' self-efficacy in quitting. This strategy can be seen as a reimagined application of the AIDA model, using fear to grab attention, stories to build interest and desire, and practical tools to drive action by boosting confidence in quitting.

The strategic impact of such campaigns has been significant. They not only motivate individual smokers to quit, but also reinforce an environment in which smoking is seen as undesirable and socially unacceptable – essentially counteracting decades of glamorous cigarette advertisements. The CDC's "Tips" campaign, for instance, can also be associated with increased discussions about quitting between smokers and doctors and higher utilization of quit-smoking services. Public health messaging has thus played a crucial role in the decline of cigarette marketing's effectiveness: by continually reminding the public of tobacco's harms in vivid ways, these campaigns undercut the industry's efforts to recruit new smokers and retain current ones.

In short, while laws have restricted where tobacco can be advertised, public health campaigns have powerfully influenced the way tobacco is perceived – making the act of smoking (and by extension, cigarette marketing) far less appealing than it once was; thanks to the Fairness Doctrine.

2.4 Legal Battles and the 1998 Master Settlement Agreement

By the 1990s, the anti-tobacco backlash had moved into the courts, creating a legal environment that ultimately forced the cigarette industry into a historic retreat. For decades prior, individuals had tried – and overwhelmingly failed – to hold tobacco companies liable for smoking-related illnesses. From the 1950s through the early 1990s, more than 800 liability lawsuits were filed against cigarette makers in the United States. The industry's legal defense was formidable: it repeatedly prevailed by arguing that smokers chose to assume the risks (often defeating lawsuits on grounds of personal responsibility or lack of

"conclusive" proof of causation at the time) . This string of victories emboldened tobacco companies, but also taught public health advocates a lesson – a different legal strategy was needed to crack Big Tobacco's shield.

That breakthrough strategy emerged in the mid-1990s with state-initiated lawsuits.
Starting in 1994, state attorneys general began suing tobacco companies to recover Medicaid and public healthcare costs for treating sick smokers. The key innovation was that these lawsuits accused the industry of fraudulent and deceptive practices under consumer protection and antitrust laws, rather than focusing on individual smokers' responsibility. The first state case was filed by Mississippi's Attorney General Mike Moore in May 1994, soon followed by Minnesota, West Virginia, Florida, and dozens of other states. These suits alleged that cigarette makers had long known of the dangers and addictiveness of their product, yet conspired to hide that information and market to children. Crucially, when the state is paying for smoking-related healthcare, the defense that "the smoker chose to smoke" carries less weight – the legal question becomes one of industry misconduct and cost burden on taxpayers.

As Mike Moore put it at the time: **"You caused the health crisis; you pay for it".**

Facing the prospect of battling 40+ state lawsuits simultaneously, the major tobacco companies sought a grand resolution. In 1997, negotiations between the industry and the states – with participation from Congress – produced a proposed "global" settlement. Announced in June 1997 by AG Mike Moore and others, this deal would have imposed $365 billion in penalties, granted the FDA some regulatory authority over nicotine, and even put tighter restrictions on advertising, in exchange for shielding the companies from future liability. However, that ambitious settlement required Congressional approval, and it weakened amid political resistance in 1998. As the talks fell through, several states pushed ahead and settled individually: Mississippi, Florida, Texas, and Minnesota reached their own agreements by mid-1998, totaling over $35 billion in damages and extracting certain marketing concessions. These early victories put additional pressure on the remaining industry holdouts.

All of this set the stage for the Master Settlement Agreement (MSA) of November 1998 – the largest civil litigation settlement in U.S. history. In the MSA, 46 states (and six other U.S. jurisdictions) joined forces to settle with the four largest tobacco companies (Philip Morris, R.J. Reynolds, Brown & Williamson, and Lorillard, together controlling ~97% of the market) . The companies agreed to pay an eye-popping $206 billion over the first 25 years (with payments continuing in perpetuity), to compensate states for smoking-related health costs. Equally significant for the decline of cigarette marketing were the non-monetary terms: the MSA imposed sweeping restrictions on how cigarettes could be advertised, promoted, and sold. Key provisions of the 1998 MSA included:

- **Advertising and Marketing Curbs:** The settlement banned targeting youth in any cigarette advertising or promotion, formalizing a standard that had often been violated in practice. It prohibited the use of cartoons or animated characters in tobacco marketing (this immediately meant the end of R.J. Reynolds' Joe Camel campaign, which had been accused of targeting kids). It banned tobacco billboards and transit ads, and also forbade paid product placement in media such as movies, TV shows, and video games. Branded merchandise (like logo-bearing T-shirts or caps) was no longer allowed. The MSA further restricted event sponsorships, barring tobacco brands from sponsoring concerts, sports teams, or events with significant youth audiences. In short, many of the industry's most effective marketing avenues from the past were forever closed off.

- **Public Disclosure and Education:** The settlement forced the termination of certain tobacco industry advocacy organizations that had been used to mislead the public. The Tobacco Institute (the industry's lobbying arm) and the Council for Tobacco Research (an alleged "research" body that mainly served to dispute health findings) were disbanded as part of the agreement. More than 40 million pages of internal tobacco company documents, revealed during litigation, were made public and archived, ensuring continued scrutiny of industry conduct. Importantly, the MSA also provided for the creation of a new independent foundation dedicated to anti-smoking education: the American Legacy Foundation, now known as the Truth Initiative. This foundation was funded with settlement money and tasked with running national prevention campaigns (the aforementioned "truth" campaign is a product of the MSA). Thus, the MSA didn't just restrict marketing by tobacco companies – it actually helped fund counter-marketing aimed at reducing tobacco use, as previously discussed

- **Financial Payments and Price Effects:** The billions in settlement payments effectively functioned and costs passed on to consumers through higher cigarette prices. In fact, one explicit goal of the MSA was to raise the cost of cigarettes to deter consumption. As a result of the settlement (and a federal tobacco tax hike around the same time), the price per pack jumped significantly in the late 1990s. Economic research later indicated that these price increases contributed to declines in smoking rates, amplifying the direct effect of the new marketing restrictions. The negotiation process of the MSA was intense and involved key players on both sides. State attorneys general like Mike Moore (MS), Hubert H. Humphrey III (MN), and Christine Gregoire (WA) were instrumental in driving a hard bargain on behalf of the public. On the other side, CEOs and lawyers of the major tobacco firms sought to preserve their companies' viability while conceding enough to settle the

avalanche of lawsuits. The resulting agreement was a compromise – substantial in monetary terms and marketing restraints, yet the industry avoided some of the most severe measures (for example, the MSA did not grant FDA regulatory authority over tobacco, an issue left for later legislation in 2009). Nonetheless, the aftermath of the MSA was a turning point in the decline of cigarette marketing. Tobacco companies dramatically curtailed their advertising presence: iconic billboards came down, cigarette-branded sports events disappeared, and cartoon characters like Joe Camel were retired. The industry's annual marketing expenditures did not disappear – but they were redirected to more limited channels (such as adult-only promotions at retail stores or indirect methods), since the open playing field of mass marketing was gone. Meanwhile, states began receiving annual payments; some of this money funded tobacco prevention and cessation programs (though many states also diverted funds to unrelated budget needs, drawing criticism).

In the broader context, the MSA and the lawsuits brought to light decades of deceptive practices by cigarette manufacturers. This created a lasting shift in public perception: the tobacco industry's credibility was shattered by evidence that it had suppressed health research, marketed to minors, and even manipulated nicotine levels. The legal battles thus not only resulted in concrete restrictions and costs for the industry, but also reinforced the backlash – turning Big Tobacco into a public health pariah. In subsequent years, tobacco companies in the U.S. operated under increased scrutiny,with additional legal actions continuing to unfold (for instance, a 2006 federal court verdict found major cigarette makers guilty of racketeering/fraud). Overall, the MSA stands as the key player of the 1990s legal backlash, symbolizing the powerful convergence of litigation and regulation that ultimately brought an end to the most outrageous forms of cigarette marketing.

2.5 The WHO Framework Convention and Global Collaboration

By the turn of the 21st century, the fight against tobacco had expanded from national to the global stage. The tobacco epidemic was recognized as a universal problem and cigarette companies had increasingly shifted their marketing to low- and middle-income countries as high-income markets became more regulated. In response, the World Health Organization (WHO) led the creation of the Framework Convention on Tobacco Control (FCTC), the world's first global public health treaty. Negotiated by WHO member states over several years, the FCTC was adopted by the World Health Assembly in May 2003 and entered into force in February 2005. It quickly became one of the most widely embraced treaties in United Nations history: as of the mid-2010s, over 180 countries had ratified the FCTC, committing to its tobacco control measures. This uptake reflects unprecedented international collaboration against cigarette marketing and tobacco use.

The development of the FCTC was itself a story of backlash against the tobacco industry's global tactics. WHO's Director-General at the time, Dr. Gro Harlem Brundtland, made tobacco control a priority, mobilizing countries to unite against
what was described as "a global tobacco epidemic." Health advocates and experts from around the world contributed evidence and pushed for strong provisions. Low-income countries, which often lacked domestic tobacco regulations, supported the treaty as a way to receive guidance and support for enacting protections for their populations. Despite strong pushback from the tobacco industry and some countries that grow tobacco, the treaty's adoption showed that the international community was serious about putting public health first. The final WHO FCTC text established a comprehensive framework of measures to reduce both the demand and supply of tobacco. It calls for each participating country to implement a range of proven interventions, including: higher tobacco taxes (Article 6), smoke-free public places (Article 8), strong health warnings on packs (Article 11), public education campaigns (Article 12), and a comprehensive ban on tobacco advertising, promotion and sponsorship (Article 13), among others. In essence, the treaty turned decades of national tobacco control experience into a clear international strategy.

Enforcement of the FCTC relies on national governments passing and implementing laws in line with the treaty, but the international framework greatly facilitates this process. Countries now had an external mandate and support to take actions that tobacco companies had long resisted. For example, after ratifying the FCTC, countries like Turkey and Kenya swiftly moved to ban tobacco advertising and require graphic package warnings, whereas previously such measures might have stalled. The treaty set up a mechanism for international cooperation: the Conference of the Parties (COP), where all member countries meet regularly to review progress, share strategies, and adopt additional protocols. Through the COP and various working groups, nations share policy models (e.g. template legislation for smoke-free laws) and technical assistance. This has led to what one WHO official called "new legal dimensions for international health cooperation" – for instance, countries coordinate on cross-border issues like smuggling (via the Illicit Trade Protocol) and collectively address tobacco industry tactics that go beyond national boundaries.

The impact of the FCTC in its first decade was significant in accelerating the decline of cigarette marketing worldwide. By 2015, a WHO review found that the treaty had "increased the implementation of measures across several policy domains and that this was linked to "measurable impacts on tobacco consumption and prevalence". In other words, countries that faithfully implemented FCTC measures saw smoking rates fall.

Global data underscore this trend: in 2000, roughly one in three adults in the world used tobacco, but by 2022 this ratio had dropped to about one in five. This decline translates to tens of millions of lives saved in the long run. A study in the journal "Lancet" estimated

that over a decade, the FCTC was associated with 24 million fewer smokers globally than would otherwise be expected. Perhaps equally important, the FCTC helped change the culture of tobacco control – it made strong tobacco regulation the international norm, bolstering advocacy within countries to pass tougher laws. Even in countries that have not formally joined (the United States notably signed but has not ratified the FCTC), the treaty's standards exert influence. For example, the idea of plain packaging (removing all branding from cigarette packs, leaving only standardized colors and health warnings) was endorsed in FCTC forums and then adopted by multiple countries (starting with Australia in 2012), showcasing global diffusion of innovative measures.

International collaboration under the FCTC also helped low-resource nations implement policies by providing funding and expertise. Programs through the WHO and World Bank have supported nations in raising tobacco taxes or running mass media campaigns – efforts that those countries might not have managed alone. The treaty explicitly acknowledges the need to protect public health policies from tobacco industry interference, which has empowered policymakers to stand firm against lobbying, knowing they are backed by a global consensus.

In summary, the WHO FCTC has been a game-changer in the backlash against cigarette marketing: it globalized the fight, ensured that enforced marketing restrictions became a widespread reality, and pushed for a cooperative environment where countries learn from each other's successes. The tobacco industry, once able to exploit regulatory gaps between nations, now faces a far more unified front of regulations that severely constrain the promotion of cigarettes virtually everywhere.

2.6 Conclusion: Impact on Cigarette Marketing and Consumption

The cumulative effect of these scientific, regulatory, educational, and legal backlashes has been a dramatic decline in both cigarette marketing and smoking rates, especially in high-income countries. Where cigarette ads once adorned highways, magazines, and airwaves, today they are largely absent – the result of deliberate policy choices and public pressure. Cigarette packs that once served as portable billboards now carry harsh warning labels and no branding in some cases. The social milieu has also changed: smoking went from a socially encouraged norm to, in many places, a discouraged or even stigmatized behavior. This is evident in the data: in the United States, adult smoking prevalence plummeted from about 42% in 1965 to just 12.5% by 2020, a nearly three-quarters reduction. Similar declines are observed in many other countries that adopted comprehensive tobacco control – for example, Australia's adult smoking rate fell to around 14%, and in the UK to 14% as well, down from well above 40% in the 1960s.

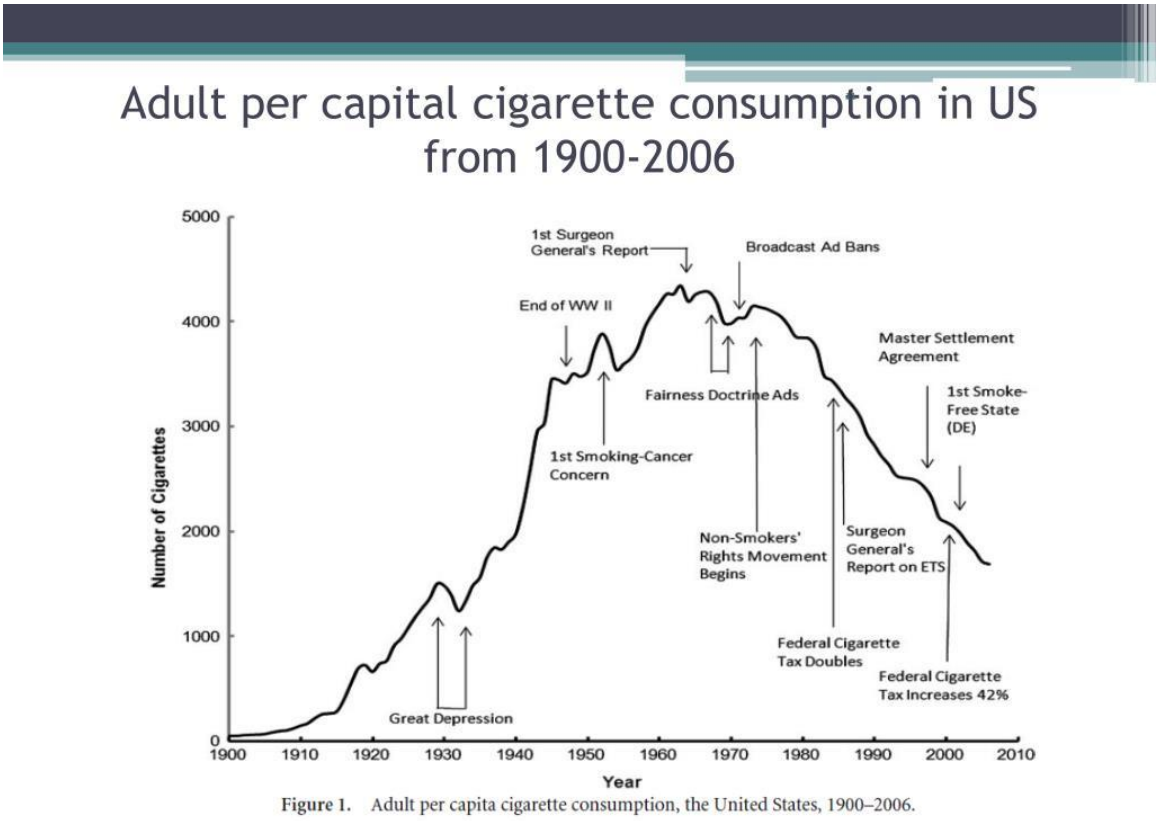

Figure 1. Adult per capita cigarette consumption, the United States, 1900–2006.

Figure 12 Adult per capita cigarette consumption, the United States, 1900 - 2006

Globally, the tide is turning slowly but steadily. As noted by WHO, 150 countries have reported decreasing tobacco use in recent years, and worldwide tobacco use has dropped from 1.3 billion users in 2000 to about 1.25 billion in 2022 despite population growth. This means millions of fewer smokers than projected, thanks in part to the measures described in this chapter.

From a marketing perspective, the cigarette is no longer a product that can be freely glamorized or even made visible to the public in many jurisdictions. The "backlash" against cigarette marketing, succeeded in turning off the advertising tap that fueled the smoking epidemic for much of the 20th century. Of course, the fight is not completely over. The tobacco industry has adapted by shifting its marketing expenditures to subtler channels (point-of-sale displays, loyalty programs, and promotions in regions with weaker laws). In some low-income countries, cigarette ads and sponsorships remain more common, and enforcement of bans can be challenging. Furthermore, the rise of alternative nicotine products (like e-cigarettes and heated tobacco devices) presents new regulatory puzzles

and potential marketing loopholes. Yet, the legacy of the backlash against cigarette marketing is firmly established: a robust international consensus that tobacco promotion must be tightly controlled to protect public health.

In practical terms, younger generations today are far less exposed to pro-tobacco imagery than their grandparents were – and this is largely due to the regulatory and advocacy victories from the 1940s through 2000s. Public health campaigns continue to innovate, keeping the public informed (and often emotionally moved) about the dangers of smoking. Governments continue to update policies, such as raising the age of sale for tobacco to 21 in the U.S. in 2019, or considering bans on flavored tobacco products that appeal to youth. The WHO FCTC's influence ensures that countries collaborate and keep each other accountable in implementing the latest best practices. The net effect is that cigarette marketing has faded from its once-prominent place in culture, and the tobacco industry's power to recruit new customers, especially youths, has been sharply curtailed.

The journey detailed in this chapter illustrates how society can confront a major industry and, over time, force it to change course for the greater good. What started as a "murmur" of scientific concern in the 1940s evolved into a global movement by the 2000s – saving countless lives by preventing smoking initiation and encouraging millions of smokers to quit. The backlash against cigarette marketing, once a mere undercurrent, became a powerful tide that has swept away much of the tobacco industry's former marketing might, marking a triumph of public health over profit driven propaganda.

Chapter 3: PMI's Reinvention – The Birth of IQOS

3.1 Introduction

As traditional cigarette sales declined and public scrutiny of smoking increased in the 21st century, Philip Morris International (PMI) embarked on one of the most ambitious corporate transformations in modern consumer goods. With public declarations of its intent to create a "smoke-free future," PMI sought to shed its image as a health pariah and reposition itself as a science-driven innovator. Central to this reinvention is IQOS, a heat-not-burn tobacco device designed to deliver nicotine without conventional combustion. This chapter explores the technological origins of IQOS, its strategic branding and marketing rollout across the globe, the regulatory maneuvers surrounding it, and how IQOS represents not only a product innovation but a reinvention of tobacco's cultural and commercial identity. PMI's pursuit of harm-reduction products was not purely altruistic; it was a calculated response to market forces and public relations pressures. By the 2010s, decades of tobacco control efforts were bearing fruit: smoking rates were falling in many high-income countries, and cigarettes were increasingly seen as socially unacceptable. Simultaneously, new nicotine technologies (notably e-cigarettes like vape pens and JUUL) were attracting consumers and threatening to disrupt Big Tobacco's dominance.

Figure 13 Picture of the First IQOS Machine

In this context, IQOS can be seen as both a defensive and offensive strategy: defensive, in that it aimed to recapture smokers who might otherwise quit tobacco or switch to independent vaping products; offensive, in that it opened new markets and categories where PMI could be a first mover. This chapter critically examines how PMI framed IQOS as the centerpiece of a "smokefree" narrative and how its introduction attempted to reframe

tobacco use for a new era – one in which the same core product (nicotine) is delivered in a high-tech disguise to recapture lost market segments.

3.2 Declining Market and Strategic Shift

By the early 21st century, the tobacco industry in the Global North was undeniably in decline. Rigorous public health campaigns, rising tobacco taxes, advertising restrictions, and waves of litigation (e.g. the U.S. Master Settlement Agreement of 1998) – that were discussed in chapter two – led to shrinking markets and eroding brand equity for cigarettes. In countries such as the United States, United Kingdom, and Australia, smoking prevalence plummeted between the mid-20th century and 2019 – for example, from 42% of American adults in 1965 to just 14% in 2019 (CDC, 2020). Similar downward trends were observed in many Western European nations and Canada. Younger generations increasingly viewed smoking as a dated or dirty habit, further threatening the industry's future consumer base.

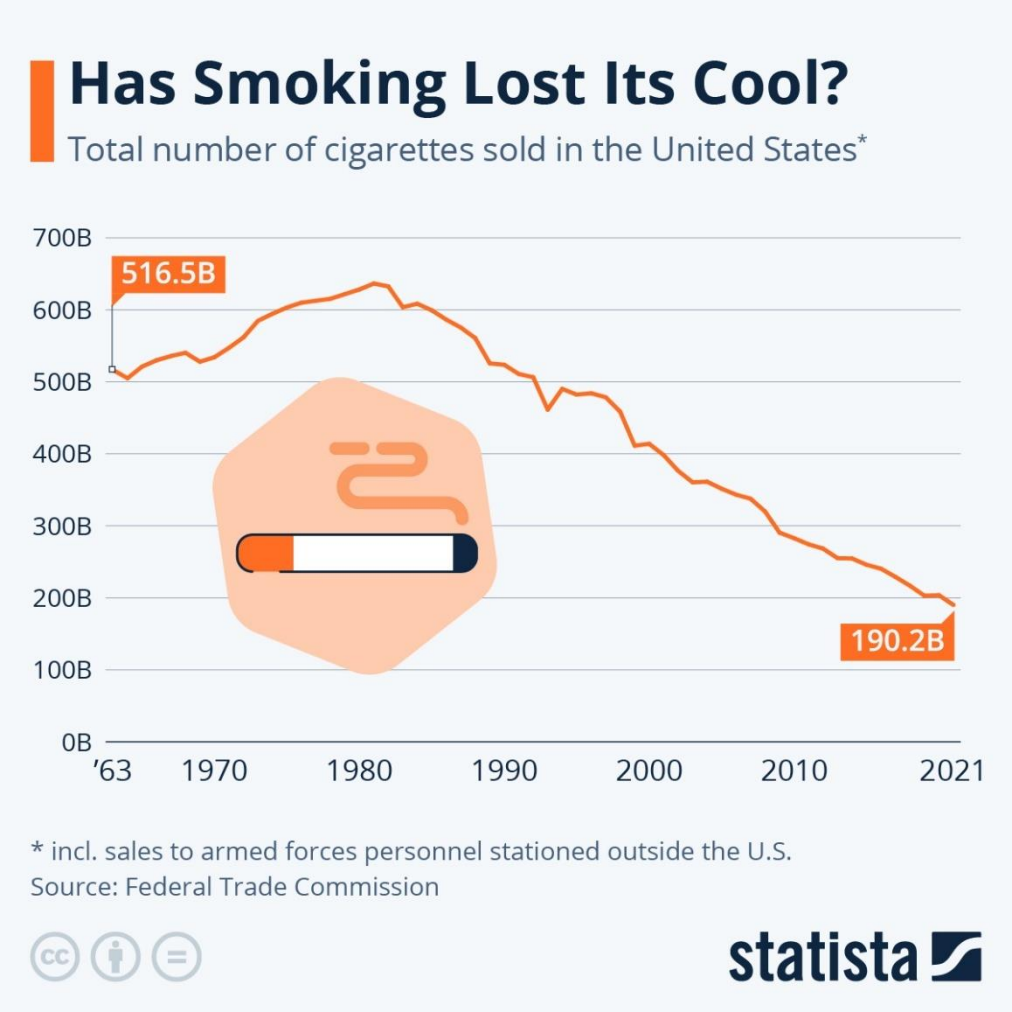

Figure 14 Chart showing the total number of cigarettes sold in the United States

In response to these hurdles, PMI recalibrated its business model and public messaging. In 2016, the company made headlines by announcing a shift toward a "smoke-free future," accompanied by a bold statement that it would work to phase out its own cigarette sales. PMI's CEO at the time positioned the company as transforming into a science and technology outfit focused on "reduced-risk products" (RRPs). This move was as much about reputation as it was about revenue. By embracing the language of harm reduction, PMI sought to reframe itself from part of the tobacco problem to part of the solution. IQOS became the flagship of this initiative – a tangible product to embody PMI's claimed pivot. Internally, the company also set comprehensive Environmental, Social, and Governance (ESG) goals, attempting to align its operations with notions of corporate responsibility and sustainability (even as critics pointed out the irony, given its core business).

It is important to note that PMI's transformation narrative unfolded amidst competition from the burgeoning e-cigarette industry. Vaping devices (mostly produced by smaller companies or competitors like JUUL and BAT's Vuse) were already providing millions of smokers an alternative way to consume nicotine. PMI had little presence in the vaping market (aside from some modest ventures), so its push for IQOS also filled a strategic gap. By developing a heat-not-burn device using actual tobacco sticks, PMI differentiated IQOS from liquid-based e-cigarettes and leveraged its expertise in tobacco sourcing and processing. The company essentially bet that a segment of smokers – especially those skeptical of e-liquids or unsatisfied by them – would gravitate to a heated tobacco product that more closely mimicked the experience of a cigarette. This was a bid to regain market momentum by converting existing smokers to IQOS, rather than losing them entirely. It also served to reframe PMI's public image: instead of being seen solely as a supplier of deathly cigarettes, PMI would present itself as a leader in technological innovation for public health (a claim many found disingenuous).

3.3 Development and Technology Behind IQOS

IQOS (an acronym for "I Quit Ordinary Smoking") is not a traditional e-cigarette; it occupies a category of its own as a heated tobacco product. Instead of vaporizing a nicotine-infused liquid, IQOS heats real tobacco sticks (branded by PMI as "HEETS" or "HeatSticks") to around 350°C – a temperature high enough to release a nicotine-containing aerosol, but below the threshold of combustion (~600–800°C for a burning cigarette). Because the tobacco is heated and not burned, IQOS produces an aerosol with no flame, no ash, and significantly reduced smoke. PMI often emphasizes that IQOS delivers the taste of real tobacco without the smoke and tar that come from burning.

The development of IQOS was years in the making. PMI reportedly invested over $8 billion in research and development for smoke-free products, establishing a sprawling R&D center in Neuchâtel, Switzerland. In truth, IQOS has technological antecedents: both PMI and other tobacco companies experimented with heat-notburn devices in the late 20th century. For instance, R.J. Reynolds launched a product called Premier in 1988 (later rebranded Eclipse), and PMI tested an earlier device called Accord in the 1990s. Those prototypes failed commercially due to poor user satisfaction and technical flaws. However, advances in battery technology, electronics, and materials in the 2010s allowed IQOS to succeed where prior versions failed. The IQOS device consists of a battery-powered holder with a ceramic blade that inserts into the tobacco stick, precisely controlling the heating process. The user experience is designed to be as close as possible to smoking: a HeatStick lasts about 6 minutes or ~14 puffs (similar to a cigarette), and delivers nicotine rapidly.

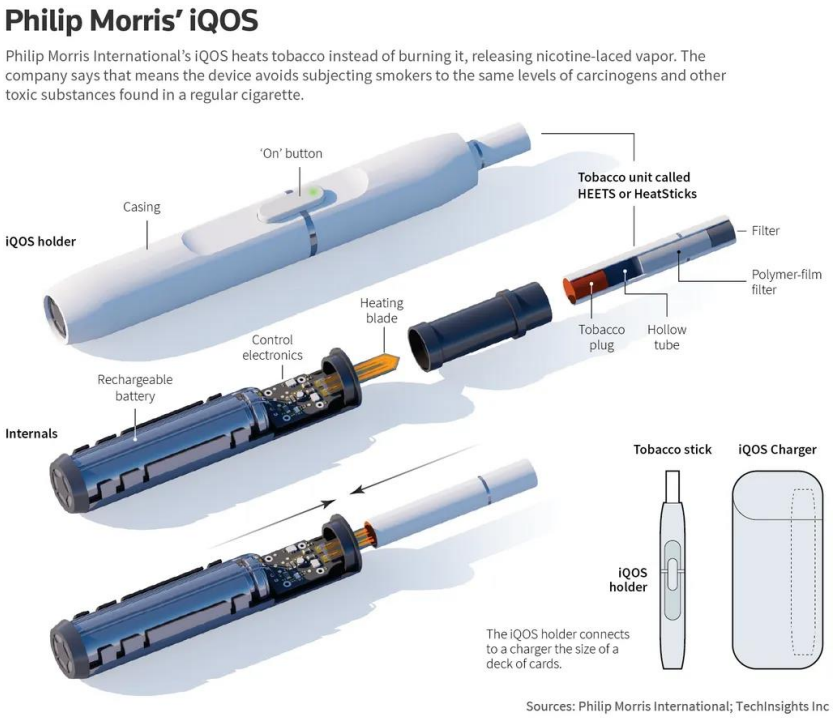

Figure 15 The Mechanics of IQOS

PMI has published studies (and submitted evidence to regulators) indicating that IQOS substantially reduces the levels of many toxic chemicals compared to cigarette smoke. For example, company-sponsored analyses claim IQOS users' exposure to certain harmful constituents is 50–95% lower than with cigarettes. Indeed, when the U.S. Food and Drug

Administration reviewed IQOS, it noted that IQOS aerosol contains significantly lower quantities of 15 out of 93 harmful or potentially harmful constituents identified in cigarette smoke.

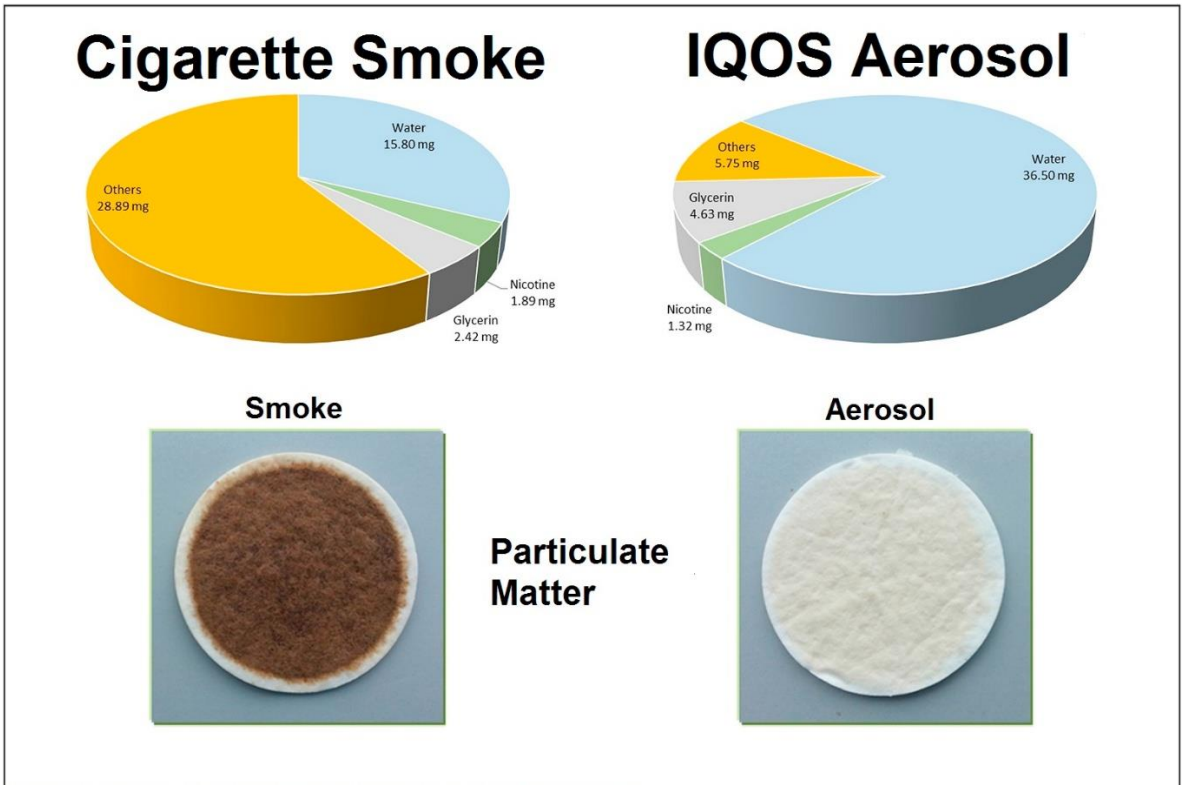

Figure 16 Regulatory Toxicology and Pharmacology 81:S27-47, 2016

However, independent research remains divided on the extent of risk reduction. A 2018 review by Stanton Glantz (a prominent tobacco control researcher) found that while IQOS may reduce some toxicants, it still exposes users to others (such as ultrafine particles, acetaldehyde, and nicotine) at levels that could sustain addiction and potentially contribute to disease. Some lab studies have shown IQOS aerosol can impair human cell function (though less so than cigarette smoke) and may still affect cardiovascular health markers in the short term.

Thus, the consensus is that IQOS is likely less harmful than conventional cigarettes – because almost nothing is as harmful as inhaling smoke from burning tobacco – but it is not harmless. Long-term epidemiological data on IQOS do not yet exist, so claims of actual risk reduction (as opposed to exposure reduction) remain scientifically unproven pending further study.

3.4 Strategic Framing: Innovation, Cleanliness, and Control

The marketing of IQOS departs radically from the old tropes of cigarette advertising. Where 20th-century cigarette ads often emphasized rugged masculinity, rebelliousness, or glamor, IQOS is marketed with an aesthetic and language more akin to consumer electronics or wellness products. The device's design is sleek and minimalist: smooth lines, modern colors, and a premium feel. PMI's promotional materials for IQOS foreground ideas of cleanliness, technology, and personal control. The visual branding often features white or metallic backgrounds, sanitary looking environments, and people engaged in sophisticated, urban lifestyles. In essence, IQOS is framed as a personal upgrade—a smarter, cleaner, more responsible way to consume nicotine.

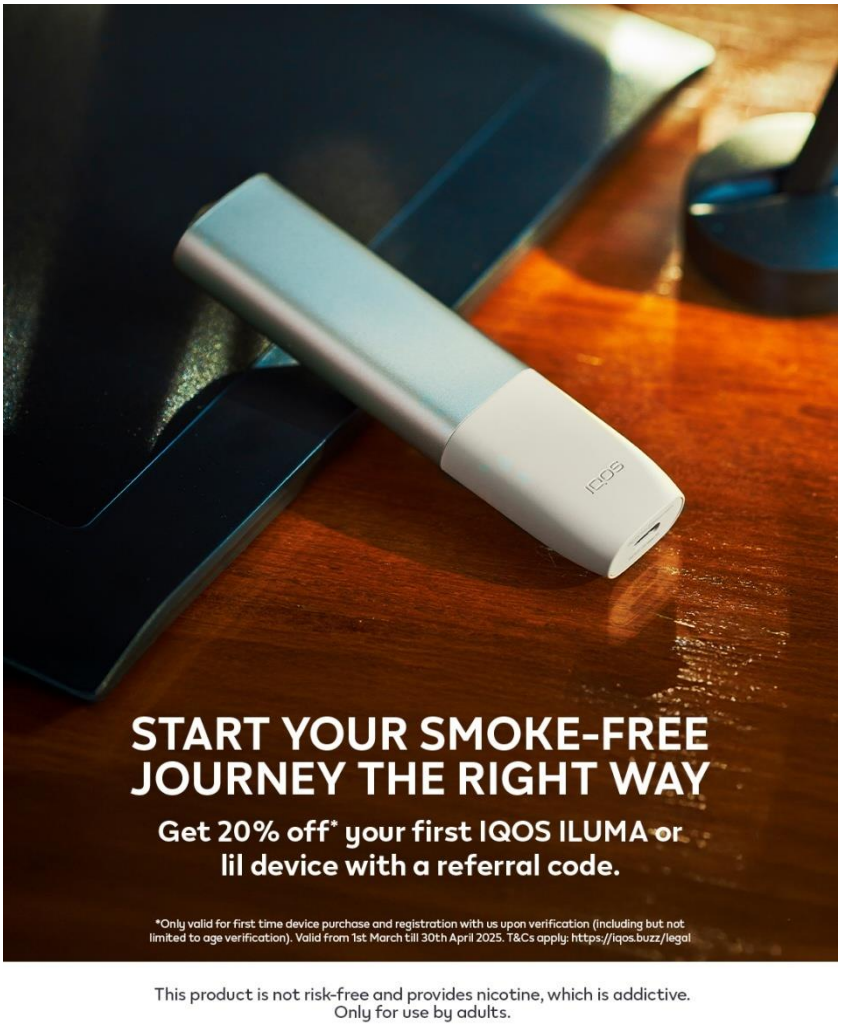

Figure 17 IQOS Instagram Promotion in Malysia

Advertisements for IQOS frequently use words like “innovation,” “smart,” “clean,” and “future.” This deliberate language mirrors how tech companies market the latest smartphone or wearable gadget. One could easily mistake an IQOS ad for that of a new high-end gadget if not for the small print about tobacco. The product is shown in settings that connote modernity and control: a pristine office desk, a chic café, a stylish living room. The underlying message is that IQOS is part of a contemporary, health-conscious lifestyle – implicitly contrasting it with the dirty ashtrays and smelly rooms of the smoking past. This repositioning appeals especially to urban, educated, image-conscious consumers (including many former smokers or smokers who feel social pressure to quit). For someone who would otherwise shun traditional cigarettes for being uncool or unhealthy, IQOS attempts to remove the stigma by offering a “high-tech” nicotine experience.

Symbolically, PMI’s strategy with IQOS has been to align it with the broader cultural trends of wellness and sustainability. Although delivering nicotine (a drug), IQOS marketing often carries hints of green or blue color schemes, evoking cleanliness and even environmental friendliness (because it produces less litter and no cigarette butts). The rhetoric of “smoke-free” is itself a potent frame: it suggests the product is fundamentally different from smoking, inviting the reasoning that it is safe or at least “safer”.

In reality, IQOS still involves tobacco and emissions, but the discursive shift is key to public acceptance. This framing has been effective to a point: surveys indicate many users believe IQOS is far less risky than cigarettes (sometimes more than what scientific evidence actually supports). Thus, PMI successfully created a narrative of IQOS as a cutting-edge solution to the smoking problem – one that lets users have their nicotine and sidestep the social guilt or inconveniences of smoking.

3.5 Regulatory Positioning and Scientific Legitimacy

A central component of PMI’s IQOS strategy has been engagement with regulators and scientific bodies to gain a competitive edge and legitimacy. A milestone in this effort was achieved in July 2020, when the U.S. Food and Drug Administration (FDA) authorized the marketing of IQOS in the United States as a “Modified Risk Tobacco Product” (MRTP) with specific reduced exposure claims. This made IQOS only the second tobacco product line ever to receive MRTP authorization. (Swedish Snus was the first)

Importantly, the FDA granted PMI an “exposure modification” order (allowing claims that IQOS reduces exposure to certain harmful chemicals), but denied a “risk modification” order (which would allow explicit marketing of reduced disease risk). PMI can, for example, tell U.S. consumers that “scientific studies have shown that switching completely

from cigarettes to IQOS reduces your body's exposure to harmful or potentially harmful chemicals", but they cannot claim IQOS is risk-free or proven to reduce diseases.

PMI has leveraged this FDA decision heavily in its public relations, endorsing it as evidence of IQOS's credibility and potential public health benefit. The MRTP status in the U.S. – a country with rigorous regulatory standards – became a talking point in investor communications and marketing in other countries ("IQOS has been authorized by the FDA" – though often without the nuance that it's only authorized with exposure reduction messaging). The FDA itself was cautious: its press release explicitly stated "These products are not safe, and people – especially youth – who do not use tobacco should not start". FDA officials emphasized that any benefit of IQOS depends on adult smokers switching completely and not attracting new users.

Beyond the U.S., PMI engaged with regulators across the world to position IQOS favorably. In the European Union, for instance, PMI worked within the EU Tobacco Products Directive framework to get IQOS classified under novel tobacco products, which, at the time of launch, were not subject to the same advertising bans as cigarettes (some loopholes existed). PMI was careful to ensure that IQOS bypassed existing tobacco laws where possible: in many countries, it argued that because IQOS isn't a cigarette (no combustion), certain labeling or tax rules for cigarettes shouldn't apply. In Japan, IQOS exploited a significant regulatory gap – ecigarettes with nicotine liquid were effectively banned, but heated tobacco sticks fell into a grey area, allowing IQOS a virtually open market with minimal restrictions initially.

This regulatory arbitrage meant that in some jurisdictions IQOS could be advertised or displayed at point-of-sale when traditional cigarettes could not. For example, in Japan and South Korea, IQOS advertising appeared on billboards, in transit stations, and in glossy magazines during its early rollout, forms of advertising long closed to cigarettes. In the EU, while mass advertising was quickly curbed, PMI opened luxurious IQOS boutiques and "pop-up" promotional lounges, which acted as marketing as well as retail.

Public health experts have frequently pointed to the idea of "regulatory capture" in this case, implying that PMI's strategic lobbying and close interactions with regulators could influence policies to benefit the company. By submitting a large volume of research, PMI positions itself not just as a compliant entity, but as a central voice in the scientific debate – one that may overshadow independent research and findings.

Despite some strategic wins for PMI, skepticism remains high among health authorities and NGOs. The World Health Organization (WHO), for instance, has maintained a cautious stance: it emphasizes that all tobacco products, heated or otherwise, pose health risks, and

urges governments to apply similar restrictions to IQOS as to cigarettes (including tax and advertising measures) until independent evidence shows otherwise.

As of 2021, multiple countries (e.g., India, Thailand) went so far as to ban IQOS or heated tobacco imports outright, not convinced of their public health benefit.

In summary, PMI's regulatory strategy with IQOS has been to obtain endorsements or permissions that can be used as marketing tools (like the FDA exposure authorization), while anticipating strict regulation by arguing that IQOS is fundamentally different from cigarettes. This tightrope walk – claiming reduced harm but stopping short of claiming safety – is a cornerstone of IQOS's commercial strategy.

3.6 Global Rollout and Market Penetration

IQOS's global rollout was carefully orchestrated, targeting markets that offered the most receptive conditions and highest potential payoffs. The product was first introduced in late 2014 with pilot launches in Nagoya, Japan and Milan, Italy. These locations were no accident: Japan has a culture of gadget adoption and had regulatory gaps that favored IQOS, and Italy provided a trend-setting European urban environment to test consumer response. The results, especially in Japan, were striking. By 2017, IQOS had rapidly captured an estimated 15%–20% of Japan's entire tobacco market, an unprecedented uptake for a new nicotine product. Many Japanese smokers switched to IQOS in droves, attracted by the lack of smoke smell (important in a society with many smoke-free indoor rules) and the novelty factor. By 2019, Japan accounted for the majority of the world's heated tobacco users, and PMI at times struggled to keep up with HeatStick demand there.

Motivated by success in Japan, PMI accelerated IQOS launches in other countries.
From 2015 to 2018, IQOS expanded across numerous regions: South Korea (another Asian market with tech-friendly consumers) in 2015, several cities in Europe (Paris, London, Moscow, Lisbon, etc.) in 2016–2017, parts of the Middle East (e.g., Lebanon, UAE) by 2017, and Canada in 2017. By 2018, IQOS was available in dozens of countries, often focusing on major urban centers first. The brand's global expansion followed a pattern of targeting affluent cities with strong health trends and high smoking rates – places where consumers might have the means to buy a premium device and the motivation to seek an alternative to cigarettes.

Dedicated IQOS flagship stores – resembling high-end tech boutiques – sprang up in shopping districts from Zurich to Seoul. These stores offered an Apple-like experience: modern interiors, demonstration zones, and personalized customer service. Prospective customers could try IQOS in lounge areas, learn about the device from attendants (often styled as "IQOS coaches"), and see the array of flavor variants for the HeatSticks.

A crucial aspect of the rollout was adapting to local laws and norms. In the European Union, IQOS HeatSticks are classified as tobacco products, so they carry prominent health warnings and are subject to tobacco taxes (though in some countries, heated tobacco is taxed at a lower rate than cigarettes to incentivize switching). PMI had to comply with partial advertising bans, which meant much of the promotion happened through direct-to-consumer channels, event marketing, and the IQOS stores themselves. In markets like Russia and Ukraine, where advertising rules were looser at the time of introduction, IQOS was marketed more overtly, including via TV commercials and large billboards portraying IQOS as the symbol of a modern lifestyle. In the United States, IQOS faced a delayed entry; the FDA authorized it for sale in April 2019 (via the Premarket Tobacco Application pathway), and it initially launched in cities like Atlanta and Richmond through PMI's partner Altria. The U.S. rollout was cautious: given strict marketing limits, IQOS in the U.S. was sold mostly in specialized stores and upscale malls, and marketing was limited to adult smokers through digital platforms and direct mail.

By 2022, according to PMI's reports, more than 17 million users worldwide had switched to IQOS (defined by PMI as those who use IQOS and have either stopped smoking or significantly reduced it). By late 2023, that number climbed further; PMI estimated roughly 27.4 million IQOS users globally, an indication to the device's fast adoption. Notably, PMI claims that the majority of these users switched completely from cigarettes to IQOS – a key point for its harm reduction narrative.

Regionally, Japan remained the largest single market (IQOS has over one-third of the Japanese tobacco market by 2023), and substantial uptake was also seen in countries like Italy, Russia, Portugal, Greece, and South Korea. Some markets proved tougher: in places like Germany and Australia (the latter only approved IQOS in 2022, and with heavy restrictions), acceptance was slower due to cultural factors or regulatory barriers.

From a market segmentation perspective, IQOS initially targeted established smokers, particularly males 30–50 who were tech-savvy or status-conscious, as well as female smokers in professional settings who disliked the stigma of smoking. Over time, the demographic profile of IQOS users broadened. PMI also sought to win back smokers who had migrated to vape e-cigarettes, by pitching IQOS's "real tobacco taste" and eliminating the hassle of e-liquid refills. In essence, PMI's global rollout of IQOS was both an exercise in high-end branding and a case study in navigating diverse regulatory environments.

The company demonstrated agility in its marketing channels: where ads were allowed, it advertised; where they weren't, it relied on branded retail spaces, influencer marketing, and word of mouth. The end result by mid-2020s is that IQOS (and copycat heated products

from competitors) has established a strong presence in many markets, effectively creating a new product category that rejuvenated the tobacco industry's prospects.

3.7 Internal Communications and Public Messaging

PMI's reinvention around IQOS was not just an external marketing campaign, but also an internal corporate rebranding. Internal communications, investor presentations, and public statements throughout the late 2010s consistently emphasized a mission-driven narrative. PMI portrayed itself as a company undergoing a historic pivot: from selling cigarettes to phasing them out. Slogans like "Designing a Smoke-Free Future" or the campaign "Unsmoke Your World" became staples of PMI's messaging. The latter campaign, for example, urged smokers to quit smoking or, if they won't quit, to switch to alternatives like IQOS – a striking message coming from a tobacco company, and clearly aimed at legitimizing PMI's new direction.

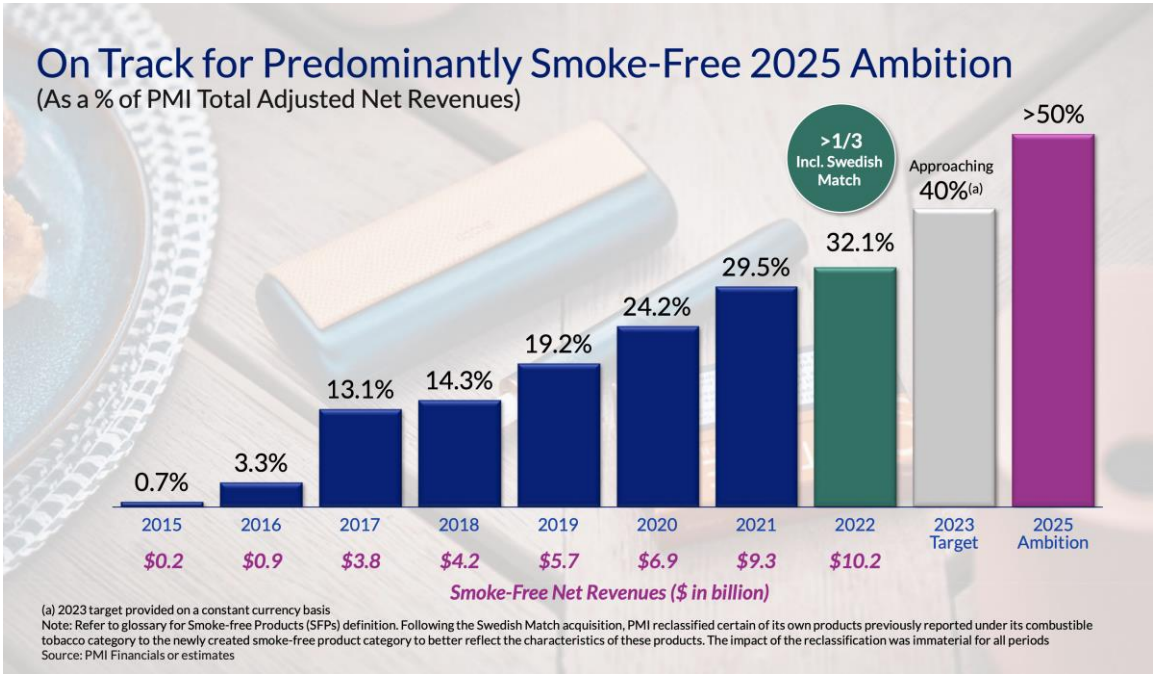

Figure 18 PMI's Revenue Generated from "Smoke-Free" Products

Investor materials from 2016 onward included ambitious targets for switching smokers to RRPs, and progress updates on the percentage of PMI's revenue coming from smoke-free products. By 2023, PMI was proudly announcing that nearly onethird of its global net revenues came from smoke-free products like IQOS, a figure that would have been unthinkable a decade prior. This was used to assure shareholders that the transformation was not only ethically framed but also financially viable. In fact, in 2024 PMI announced

that IQOS and other "smokefree" products accounted for about 40% of its total net revenues – showcasing a new era where the Marlboro brand might eventually be surpassed by IQOS in importance.

Yet, behind the optimistic messaging, PMI continued to operate within a conflicting dual reality. The company continued to derive billions in profits from conventional cigarettes, especially in markets with minimal regulation. Public health critics seized on this contradiction: even as PMI spoke about creating a smoke-free generation in its advertising, it was intensively promoting Marlboro in parts of Africa or South Asia with growing youth populations and lax rules. This schism did not go entirely unnoticed. Media outlets and NGOs often pointed out that PMI's harm reduction push was focused on wealthy countries (where it faced pressure), while it kept promoting harmful traditional products in other parts of the world without slowing down. This raised ethical concerns: Is PMI genuinely working toward a smoke-free future, or is it just playing it safe and using polished messaging to win over specific audiences?

Scholars of corporate social responsibility (CSR) warn that PMI's narrative could be a form of "health-washing" (analogous to greenwashing in environmental terms). In other words, by loudly promoting its reduced-harm products and funding select scientific studies, PMI might be trying to cleanse its image without fundamentally changing the core driver of its business (nicotine addiction for profit). The Unsmoke campaign itself drew mixed reactions: while some in the public health community cautiously welcomed any message that encouraged quitting, others saw it as a Trojan horse that still funneled consumers into using PMI's products (be it IQOS or Marlboro). Notably, the campaign conveniently framed the debate as "smokers vs. non-smokers" and "choose to smoke, quit, or switch" – implicitly normalizing the idea that switching (to IQOS) is an acceptable third way, rather than emphasizing quitting outright.

Despite the skepticism, PMI's public messaging around IQOS has had some success in resetting discussions. It prompted other tobacco companies to make similar pledges (e.g., BAT also started talking about a "smoke-free world" and pushed its Glo device). It has also left some regulators grappling with how to handle a tobacco company that says it wants to eliminate its flagship product.

In summary, PMI's communications strategy for IQOS walks a fine line: portraying compassion and innovation to the public and policymakers, while assuring investors that the company will maintain profitability by pivoting to new nicotine products. The true measure of this reinvention's sincerity is a matter that continues to unfold, as Chapter 5 will explore in terms of ethical implications and public health impact.

3.8 Conclusion

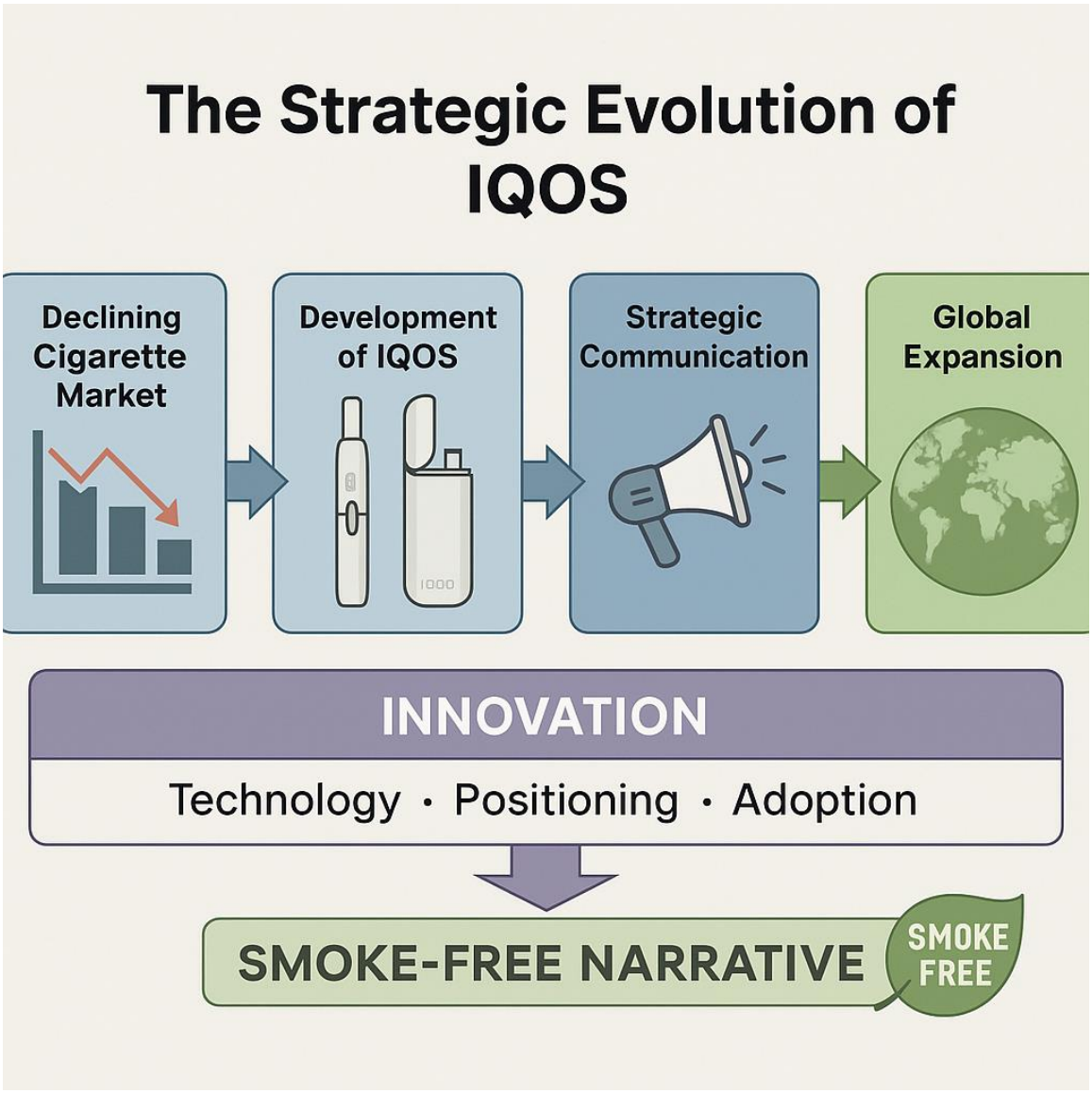

Figure 19 The Strategic Evolution of IQOS

IQOS is more than just a new tobacco gadget; it represents a cultural and strategic symbol of PMI's attempt to reinvent itself. Built on the literal and symbolic remnants of the cigarette era, IQOS has become the centerpiece of a new narrative – one that leverages technology, sleek design, and regulatory gray areas to push nicotine consumption into the future. While PMI has largely succeeded in reshaping its public image around a "smoke-free" narrative, it has not abandoned its core business model: selling nicotine. The rollout and growth of IQOS show how PMI has managed to evolve and endure – when cigarettes

fell out of favor, the company responded by creating what is essentially a cigarette in disguise.

Understanding IQOS requires analyzing not just the device's mechanics, but the system of messaging, market positioning, and policy engagement that surround it. As we have seen, many of the persuasive tools perfected during the cigarette era – appeals to lifestyle, use of aspirational imagery, strategic lobbying to shape regulation – have found new life in IQOS marketing. The surface trappings have changed (glossy devices instead of cowboy hats; Instagram influencers instead of TV jingles), but the underlying logic remains remarkably consistent: hook consumers on nicotine, alleviate their concerns with carefully crafted narratives, and thereby protect market share.

In the next chapter, we delve deeper into this comparison. Through a content analysis of advertising themes, we will see how IQOS promotion echoes historical cigarette marketing in subtle and not-so-subtle ways. By placing IQOS in the context of Big Tobacco's long history of selling smoke, we can better discern whether heat-not-burn products truly represent a break from the past or rather a continuation of tobacco's marketing DNA beneath a shiny new skin.

Chapter 4: The Resurgence of Tobacco Marketing Tactics Through IQOS

4.1 Introduction

The marketing of IQOS is often presented by Philip Morris International (PMI) as a departure from traditional tobacco advertising – a bold, health-conscious reimagining of nicotine consumption for a new age. However, beneath the surface of glossy devices and "smoke-free" slogans lies a carefully repackaged continuation of legacy tactics. This chapter acts as the analytical core of the thesis, conducting a comparative and thematic content analysis to uncover how visual motifs, rhetorical devices, and strategic targeting historically used in cigarette promotion are being subtly (and sometimes explicitly) repurposed for IQOS. Far from representing a rupture with the past, IQOS marketing reflects a deep continuity with Big Tobacco's established playbook – one rooted not in public health, but in corporate survival and market resurgence.

I employed a qualitative content analysis approach. The primary sources include archival cigarette advertisements (from brands like Marlboro, Camel, Lucky Strike, and Virginia Slims) contrasted with PMI's official IQOS campaigns across digital, retail, and print platforms from 2015–2023. The analysis is framed by semiotic theory (Barthes, 1972) to decode imagery and symbols, and brand marketing theory (Aaker, 1996) to understand how brand identity is constructed and transferred. Key themes identified include: aesthetic sophistication, health reassurance, freedom and control narratives, gender segmentation, and product design symbolism. Particular attention is given to how these themes operate in different media (static images, video, social media) and how they target specific demographics (by age, gender, or lifestyle). The aim is to illustrate that IQOS's promotional strategies, while superficially novel, are fundamentally a resurgence of tobacco marketing tactics adapted for contemporary sensibilities and regulations.

4.2 Methodology of Analysis

A qualitative, comparative content analysis was employed. For historical context, I analyzed iconic cigarette advertisements from roughly the 1920s through 1990s, spanning multiple campaigns and brands. These were analyzed for their imagery, language, and implicit appeals. For IQOS, I analyzed marketing materials from PMI's websites, social media campaigns, retail store visuals, and print/digital ads used in various countries from the mid-2010s to 2020s. I also included observational data from the design and atmosphere of IQOS stores and promotional events. Semiotic analysis (following Barthes' approach of denotation and connotation) was used to interpret the symbolism in both sets of ads. Additionally, I applied concepts from brand strategy, such as brand extension and "trust

transfer," to see how PMI might leverage its older Marlboro branding into IQOS (and whether consumers pick up on that).

I structured the analysis around specific questions: (1) How do the visuals of IQOS ads compare to cigarette ads in evoking lifestyle and identity? (2) What language is used in IQOS marketing and does it echo historical tobacco rhetoric (e.g., notions of "light" cigarettes vs "clean" heat-not-burn)? (3) Who appears to be the target audience in each case, and what strategies are used to appeal to them (celebrity figures, gender cues, youth-oriented platforms)? (4) How does the medium (traditional vs digital) change the strategy, and what remains consistent?

Themes that emerged include aesthetic continuity (IQOS ads often mirror the polished aspirational look of high-end cigarette ads), health reframing (just as "light" cigarettes were marketed as healthier, IQOS is marketed as a clean alternative), gendered marketing (certain IQOS colorways and styles subtly echo the gender-targeted marketing of the past), and experiential marketing (IQOS's boutique stores create an experience akin to the social aura once created by cigarette lounges and smoking culture). Each theme is explored in the sections that follow, with illustrative examples and, where applicable, direct comparisons.

4.3 Visual Continuities and Aesthetic Strategies

Cigarette advertisements of the 20th century often relied on carefully crafted visual themes - whether the rugged expanse of the Marlboro cowboy's ranch, the glamorous sparkle of a Hollywood starlet's cocktail party, or the carefree leisure of a couple on a beach with Salem menthols. These settings were designed to evoke emotional resonance and aspirational lifestyles. The smoker in the ad was never merely consuming nicotine; they were living their best life, be it the life of an adventurer, a socialite, or a romantic.

IQOS campaigns, strikingly, are also visually refined, though updated for modern tastes. They typically feature minimalist, upscale backdrops, with desaturated color palettes and an almost clinical cleanliness. An IQOS ad might show a sleek device artfully placed next to a latte on a designer table, or a group of fashionable young adults chatting in a stylish loft, the IQOS device visible in someone's hand like a high-end accessory. The emphasis is on an image of technology and sophistication. Notably, IQOS ads often resemble luxury tech or lifestyle campaigns more than anything overtly "tobacco" – a deliberate strategy to obscure the product's tobacco content behind imagery of innovation and elegance.

Figure 20 IQOS Modern Minimalistic Way of Advertising

This aesthetic continuation is a repurposing of tobacco marketing's greatest visual hits. Marlboro's campaign, for instance, eventually evolved from rough cowboy imagery to more abstract, clean-lined graphics by the 1990s as marketing restrictions grew tighter. IQOS takes that trajectory further: it presents nicotine consumption as an element of contemporary design. But the underlying emotional appeal remains comparable: IQOS is not merely a nicotine device; it is an symbol of aspirational identity. Owning and using one signals that you are modern, mindful, and stylish. In the past, lighting a cigarette could signal one's sophistication or toughness; today, activating an IQOS is intended to signal one's savvy and health-consciousness (even if arguably illusory).

Some direct visual motifs link IQOS to cigarette heritage. For example, the color schemes of some IQOS HeatStick packs include classic elements like a gold band or a familiar font that subtly remind one of Marlboro or Parliament packages – a nod to brand continuity. The form factor of IQOS (a stick that you draw on) itself provides a visual cue of smoking, which may comfort users transitioning from cigarettes. Thus, even in visuals there is a balance between new and familiar. These strategies align with marketing findings that brand aesthetics significantly influence youth perceptions of smoking. A study by MacFadyen (2001) noted that teenagers associated certain package designs and styles with being "cool" or not. IQOS's sleek design can be seen as the culmination of tobacco

companies learning that lesson – making the device look cool is half the battle to attracting the next generation of users.

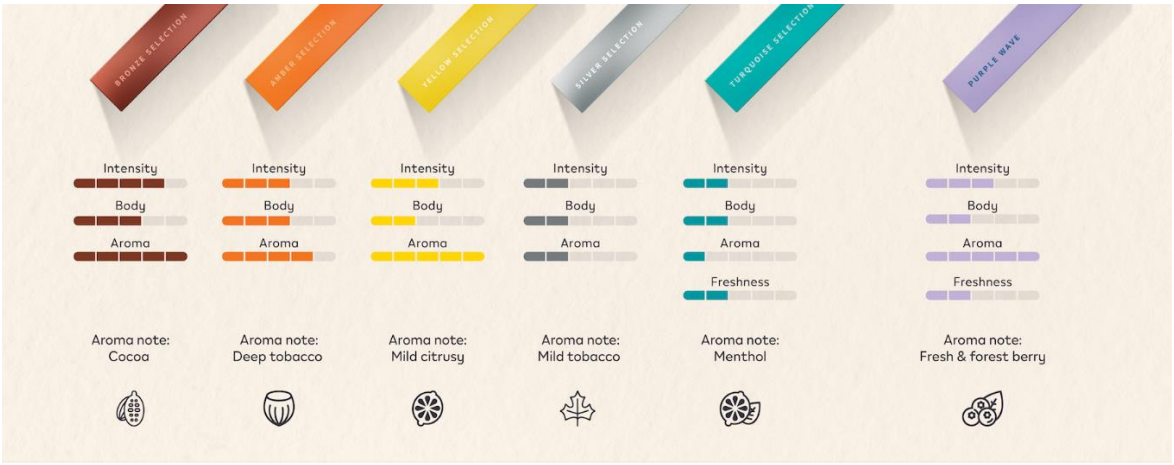

Figure 21 Color Scheme of Some IQOS Heat Stick

In summary, the visual language of IQOS marketing – clean, modern, sophisticated – serves the same function as the evocative imagery of cigarette ads did: to link the product with a meaning far beyond nicotine. The context has shifted from smoky lounges and vintage cocktail bars to Instagrammable cafés or co-working spaces, but the tactic is age-old: sell a lifestyle, not just a cigarette (or in this case, a HeatStick).

4.4 Language, Messaging, and Rebranding Harm

The rhetorical shift from combustible cigarettes to IQOS is a masterclass in rebranding harm as innovation. Historically, as evidence of smoking's dangers mounted, cigarette companies introduced terms like "Light," "Mild," and "Lowtar" in the 1970s and 1980s to suggest health improvements without truly reducing harm. These words were essentially a marketing strategy to retain health-concerned smokers by offering reassurance, even though light cigarettes delivered comparable toxins (smokers adjusted their inhalation to compensate, a phenomenon known as compensation). The parallel in IQOS marketing is unmistakable: explicit health claims are avoided (to comply with law), but subtle language cues are used to imply a safer, smarter choice.

IQOS messaging frequently deploys phrases such as "science-based alternative," "clean tobacco experience," and "no smoke, no ash, less smell." The very absence of the word "smoke" is leveraged as a virtue. On PMI's websites and brochures, one finds almost pharmaceutical phrasing: "substantiated reduction in harmful chemicals," "innovative heat-control technology," etc. The effect is to make the harm appear managed and minimized – an echo of past softening language that downplayed risk while maintaining

consumer appeal. In the 1950s and 60s, for example, some cigarette ads featured endorsements by supposed medical professionals or used pseudo-scientific language (e.g., "proved less irritating" by some undefined test). Today, IQOS uses actual science in its messaging (like citing percentages of reduced emissions), but this serves a similar marketing purpose: to alleviate guilt and concern so that the user feels comfortable continuing their addiction, now under the impression of "being responsible."

A striking rhetorical device in IQOS marketing is the framing of choice and control. PMI often says, "For those adults who would otherwise continue to smoke, we offer a better choice." The emphasis on choice and personal control mirrors the broader market oriented tone of modern wellness industries, where consumers are told it's in their power to make healthy decisions. This language allows PMI to shift responsibility subtly onto consumers ("we gave you the better option; it's up to you to switch"), even as it keeps them within the company's product line.

Comparatively, old tobacco ads had their own rhetorical tricks: "To a smoker, brand satisfaction is never a luxury – it's a necessity" was a Benson & Hedges line linking smoking to personal need. IQOS flips necessity into virtue: "You don't have to quit nicotine, just quit the smoke." The tagline of the Unsmoke campaign – "If you don't smoke, don't start. If you smoke, quit. If you won't quit, change." – is a marvel of messaging. It positions PMI as an almost public health voice (telling people not to start or to quit smoking), but then provides the catch-all solution of "change" (i.e., use our product IQOS) for those who can't do the first two. This is reminiscent of the "having it both ways" tone that the industry mastered in the past: acknowledging health concerns enough to build credibility, but then directing consumers to a proprietary answer that still profits the company.

In essence, by controlling the language – framing IQOS as clean, intelligent, etc. – PMI makes the idea of continued tobacco use acceptable. The harm is verbally negotiated down to something acceptable, even responsible. This careful articulation ensures that IQOS can be marketed as progress rather than just another tobacco product. The comparison with "light" cigarettes is apt: both were sold with a wink and a nod about being better for you, without ever using the word "healthy," yet leading many consumers to that very conclusion.

4.5 Target Demographics and Market Segmentation

Just as cigarette marketers of former times had a keen understanding of demographic segmentation, IQOS marketing is finely tuned to appeal to specific groups: primarily adult men and women smokers, and secondarily young adults who might be new to nicotine. Historically, each cigarette brand honed in on a persona – Marlboro for the rugged male,

Virginia Slims for the liberated female, Camel (Joe Camel in the late 80s) with an edgy, youthful vibe that controversially attracted teenagers. The principles of segmentation remain central in IQOS strategy, though executed more subtlety due to regulations.

For men, IQOS messaging often emphasizes control, performance, and technology – appealing to those who might pride themselves on being early adopters or tech-savvy. Phrases like "intelligent consumption" or "high-precision device" appear, casting IQOS as a gadget for those who value engineering and control over their experience. The idea of upgrading from a dirty cigarette to a cutting-edge device might resonate with male consumers who see themselves as pragmatic or forwardthinking. In some markets, IQOS devices are even marketed alongside traditionally masculine arenas like car racing sponsorships (e.g., PMI's partnership in Formula 1, under the Mission Winnow initiative, indirectly promoted IQOS values without branding). The color range of devices (including dark blues, bronzes, etc.) and accessories can also be seen as skewing to traditionally male tastes, although PMI avoids explicit gender labeling.

For women, IQOS is styled to be elegant, discreet, and fashion-friendly. The device's form (resembling a sleek mascara case or tech accessory) and the availability of colors like white, gold, or pastel editions are clearly aimed at style-conscious female users. Marketing imagery for IQOS often includes women in social settings, dressed stylishly, using the device in a relaxed, confident manner. One of IQOS's selling points that particularly appeals across genders, but especially to women, is the absence of lingering smoke odor – "No more smell on your hair or clothes" is a message that PMI repeatedly used during product demos. This directly addresses a deterrent that many smoking women (and men) grew to dislike. In effect, IQOS pitches itself as compatible with professional and social life in ways cigarettes are not – a value proposition likely to resonate with women who juggle work, social engagements, and image considerations. We might liken this to the Virginia Slims approach of aligning smoking with a modern feminine lifestyle, except now it's aligning switching with modern femininity.

For younger adult consumers, including those who might not have been devoted smokers, IQOS uses the language of trendiness and modern living. The marketing in venues like Instagram or via influencer partnerships (discussed more in Section 4.7) creates an impression that IQOS is "the next big thing". By using young influencers (carefully over age 25 to avoid rules, though as noted, PMI was caught using a 21year-old influencer and had to suspend that campaign) and placing the device in contexts like music festivals or hip cafes, IQOS builds curiosity among young adults.

It's a delicate dance: PMI publicly says it does not want non-smokers to start using IQOS, but the marketing often lands exactly in spaces where non-smokers, especially young

adults, will see it and potentially be intrigued. The product's very appeal to "the modern generation" can unintentionally (or intentionally) draw in people who never smoked cigarettes but perceive IQOS as a tech gadget or lifestyle

item rather than a tobacco product. Indeed, studies have shown significant proportions of youth and young adults hold misperceptions that IQOS is not a tobacco product or is harmless – a testament to the effectiveness of its repositioning.

Another demographic consideration is class and status. IQOS is not cheap – the devices retail at a substantial upfront cost, and the HeatSticks, while cheaper per pack than some cigarettes in certain markets, are still a continuous expense. By design, the brand targeted middle to upper-income smokers, the kind who might also invest in smartphones, nice watches, or wellness products. The positioning of IQOS stores in high-end shopping areas and the premium feel of the product reinforce this class targeting. It is reminiscent of the early days of cigarettes as a luxury good (Chapter 1) – except now it's a luxury good marketed under a health-progress narrative.

Lifestyle branding plays on class aspirations: using IQOS is subtly depicted as part of a successful, urbane lifestyle. For instance, IQOS ads might feature professionals in a chic office terrace taking a moment to recharge with the device, implying that even if you're a go-getter, you can use IQOS without the stigma of "smoke breaks."

The identity-based marketing methods that formerly defined classic cigarette ads have not vanished; rather, they have been refashioned to reflect the aesthetics, values, and platforms of a new era. IQOS, in example, echoes historical advertising's appeal to aspirational identity — from masculinity and female empowerment to teenage revolt — but does so in the language of modernity, health consciousness, and individual autonomy. The table below examines how content themes and identity messages have been tailored to key demographics, demonstrating the continuity of psychological appeal under a new corporate image:

Demographic	Product	Content Themes Used	Aspirations/ Identity Messaging
Men	Traditional Cigarettes	- Rugged imagery - Patriotism - Adventure & danger - Stoicism	- Be a "real man" - Strong, independent, protector - National pride, and masculinity tied to self-worth
	IQOS	- Clean design, minimalism - Control & technology - Professional lifestyle - Status symbolism	- Be sophisticated, modern, in control - A "man of the future" - Discreet, health-conscious but still masculine
Women	Traditional Cigarettes	- Beauty, elegance - Thinness/ dieting - Feminists co-opt	- Empowered, independent - Attractive and socially respected - Breaking gender norms through defiance
	IQOS	- Sleek and chic branding - "Smart choice" language - Stylish colors and accessories	- Empowerment through control and choice - Health-conscious sophistication - Feminine, modern and assertive
Youth/ Young Adults	Traditional Cigarettes	- Rebellion, coolness and edginess - Association with celebrities, music and cartoons - Peer acceptance	- Belonging to the "cool crowd" - Transition to adulthood through risk-taking
	IQOS	- Tech gadget appeal - Instagram- friendly visuals - Influencer lifestyle mimicry	- Trendiness - Innovation = Identity - Non-smoking but still part of a nicotine- savvy subculture

Figure 22 Identity-Based Marketing Strategies by Demographic

In conclusion, in certain ways, IQOS marketing replicates the tobacco industry's long-standing practice of segmentation: different messages for different markets. It tailors its appeal to men (tech and control), women (elegance and no odor), and young adults (trendiness and modernity), all under an umbrella of a premium, aspirational brand image. This mirrors how cigarettes were sold – not one monolithic approach, but a mosaic of strategies for different segments of the population.

The major difference is that explicit imagery (like rugged cowboys or sexily dressed women) is toned down due to regulations; the appeals now are conveyed through sleeker, more abstract imagery and coded language. Yet, the essence remains: identify the wants and worries of each demographic, and position the nicotine product as the answer.

4.6 Retail Environment as a Marketing Tool

One of the most innovative aspects of IQOS's strategy – and a stark throwback to the days when cigarette companies could brandish their logos on storefronts and dealerships – is the creation of IQOS stores and lounges. Since direct advertising channels have been constrained, PMI turned the retail space itself into a powerful marketing medium. Unlike the plain and practical setup of cigarette sales behind a convenience store counter, IQOS stores look more like high-end shops – similar to an Apple Store or luxury boutique, with open spaces, soft lighting, modern furniture, interactive displays, and well-dressed staff who guide customers through the experience.

PMI purposely patterned IQOS' retail strategy after Apple Stores in order to gain trust, modernism, and design language. A comparison table is provided below, breaking this down into aesthetics, experience, messaging, and psychological strategy:

Category	IQOS Stores	Apple Stores	Strategic Purpose
Store Design	Sleek, minimalist interiors with neutral tones (white, silver, wood).	Iconic minimalist design, glass facades, open layouts.	To reinforce premium, tech-forward image – dissociates from tobacco stigma.
Product Display	IQOS devices displayed like gadgets, not like cigarettes.	Devices are touch-accessible and front-facing	Mimics consumer tech presentation to shift perception from health hazard to lifestyle accessory.

Staff Role	"IQOS Coaches" who educate, not "sell" (consultative approach).	"Specialists" who advise rather than push sales.	Suggests guidance and empowerment; shifts from sales to self-optimization.
Language and messaging	Terms like "switching," "better choice," "cleaner alternative."	Focus on innovation, creativity, simplicity: "Think Different," "Designed by Apple in California."	Framing nicotine consumption as self-care or modern progress — not addiction.
Customer journey	1-on-1 consultations, product trials, personalization (e.g., accessories, cases).	Try before you buy culture, with hands-on product demos.	Creates emotional and sensory investment; normalizes the trial of a tobacco product in a tech space.
Target Audience	Urban professionals, image-conscious users, tech-savvy smokers.	Creative class, urban youth, early adopters of technology.	IQOS borrows Apple's cool factor to reduce social stigma and boost aspirational appeal.
Brand Values	"Innovation," "sustainability," "reduced harm."	"Design," "empowerment," "simplicity."	IQOS wraps nicotine in Apple-style values to blur lines between harmful products and health-forward tech.
Social Function of the Store	A place to hang out, not just buy; it often hosts private events or lounges.	Stores double as brand spaces and workshops (Today at Apple).	IQOS aims to be a lifestyle hub, not a tobacco vendor — redefining how nicotine is experienced and consumed.
Emotional Appeal	Personal transformation: "Join the smoke-free future."	Creative empowerment: "Make something wonderful."	Both promise self-betterment through product adoption — IQOS borrows this motif to rewrite nicotine's narrative.

Figure 23 Comparative Analysis of IQOS and Apple Retail Environments

The retail environment serves multiple functions. First, it provides an immersive brand experience that normalizes and even encourages tobacco use (in its IQOS form) in a socially acceptable setting. Walking into an IQOS brick and mortar, say, Tokyo or Milan, a customer encounters something closer to a cafe or tech showroom than a smoke shop. They can try flavors, see how the device works, and even socialize. This experiential marketing blurs the line between promotion and service. It also allows for events – IQOS

stores have hosted product launch parties, art showings, or DJ nights, essentially acting as lifestyle hubs that draw in the target demographic under the guise of exclusive experiences.

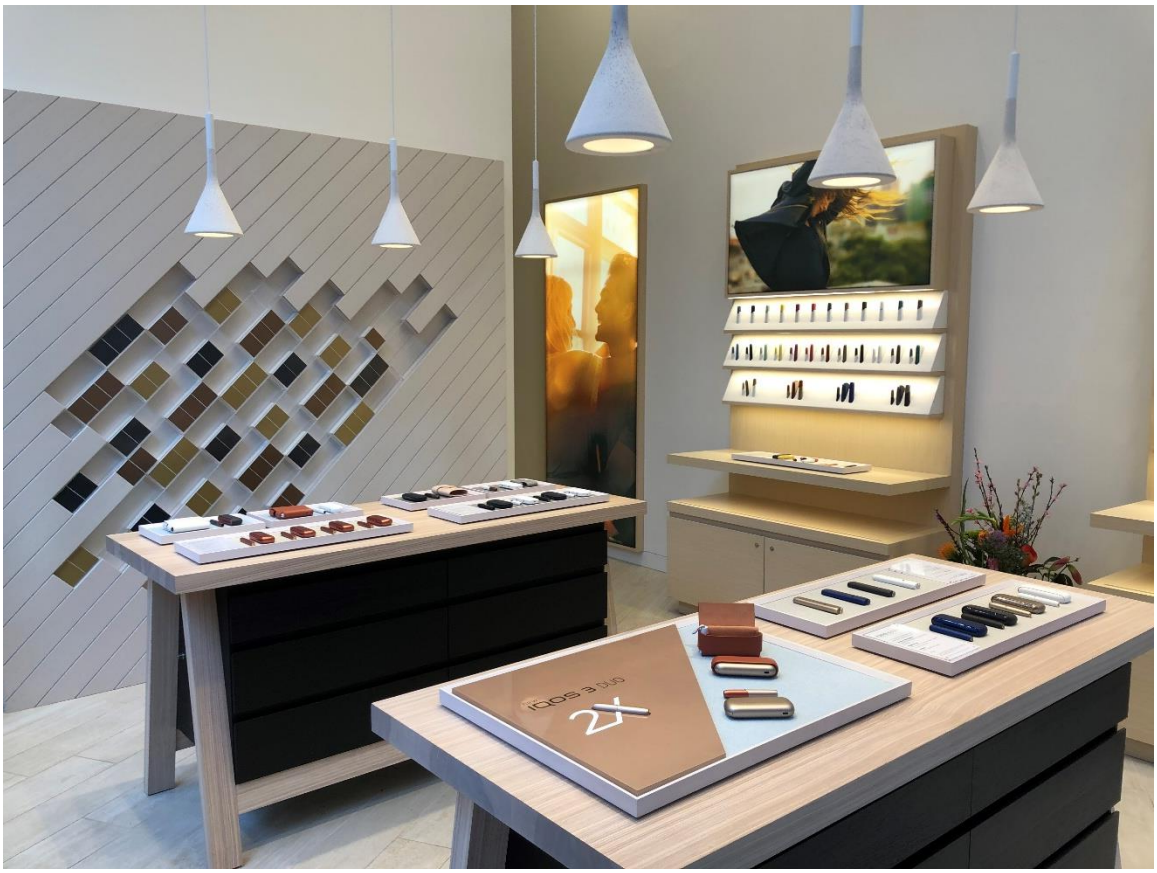

Figure 24 IQOS Brick and Mortar Store

Secondly, IQOS retail spaces enable direct engagement with smokers, which is invaluable when mass media ads are off-limits. Staff can give one-on-one "coaching" on how to use the device, answer health-related questions (with PMI's spin, of course), and crucially, obtain consumer data (for follow-up marketing via email or apps). This replicates the old strategy of cigarette companies employing "cigarette girls" or reps at clubs and venues – putting a friendly face to the product – updated for the modern age and sustained interaction. The stores often offer loyalty programs or registered memberships, fostering a community of users akin to a club, which encourages brand loyalty and word-of-mouth marketing.

Figure 25 IQOS Immersive Customer Experience

The design of IQOS shops often includes hints of futurism and cleanliness: touchscreens that compare cigarette smoke vs. IQOS aerosol, diagrams of the technology, and sometimes even small museum-like exhibits about PMI's vision of a smoke-free future. All of this is subtle marketing to instill confidence in the product's scientific qualifications. Meanwhile, the ability to physically try IQOS in a comfortable environment is a huge advantage; one barrier for smokers switching is the unfamiliarity of a device, so a guided trial can significantly increase conversion rates.

Comparatively, in the golden age of cigarettes, companies sponsored smoking lounges and smoker-friendly zones (from airline lounges to Grand Prix hospitality suites) to keep smoking socially embedded. With smoking largely banished from public indoor spaces now, IQOS lounges fill that void for heated tobacco users. In Japan, some cafes and airport lounges now allow IQOS use while still banning cigarettes – a coup for PMI, as it makes IQOS the only way to get a nicotine fix in those social spaces, effectively marketing it as the "privileged" choice.

Finally, these retail experiences are themselves a statement to regulators and the public: they visually differentiate IQOS from cigarettes. The bright, open IQOS stores are very different from the cigarette packs covered in warnings and kept out of sight behind store counters by law. This physical differentiation reinforces the narrative that IQOS is a

different category and deserves different treatment. It's a calculated part of PMI's strategy to re-normalize tobacco use in society by shifting it into a new, more palatable form.

In essence, IQOS stores and related retail tactics have revived the presence of the tobacco industry in public commercial space, sidestepping advertising bans by creating multi-purpose venues that are simultaneously shops, ads, and social clubs for the brand.

4.7 Digital and Social Media Strategies

Traditional tobacco advertising has been banned or severely restricted in many countries (TV, radio, billboards, etc.), but digital and social media emerged in the 2010s as relatively unregulated frontiers. IQOS marketing has eagerly occupied this space, leveraging the nuances of social networks to spread its message often below the radar of regulators. The approach is subtler than a billboard: it involves influencer partnerships, branded content, and user-generated promotion that together create an online buzz.

One key tactic has been employing social media influencers – individuals on Instagram, YouTube, TikTok and the like, who have sizable followings in lifestyle, fashion, or tech circles – to feature IQOS in their posts. Instead of a formal advertisement, you might see an Instagram post of a trendy blogger at a rooftop party, an IQOS device casually in hand, captioned with something positive about "smoke-free evenings" or the cool design. These placements often do not overtly scream "ad" – though regulations now push for hashtags like #ad or #sponsored in some jurisdictions, PMI got called out for not always ensuring this). The influencer approach allows IQOS to bypass traditional ad channels and embed itself organically in content that target consumers. It's essentially the virtual form of word-of mouth. As Bandura's Social Learning Theory would predict, seeing admired figures using a product can lead consumers to emulate the behavior.

There was, as noted earlier, a notable scandal: in 2019, a Reuters investigation found that a 21-year-old Instagram influencer (Alina Tapilina) had been paid to promote IQOS, in apparent violation of PMI's stated policy of only using influencers 25 or older. PMI responded by suspending its global influencer campaign temporarily. However, even without formal influencers, IQOS benefits from a lot of user-generated content. Satisfied users (or those trying to gain favor with the brand) often post photos with hashtags like #IQOSlife, #SmokeFreeFuture, #IQOS. PMI has cleverly cultivated these communities by organizing contests or reposting stylish user photos on official channels, making users feel part of a movement. This not only spreads awareness but adds a layer of authenticity; people might think, "If people like me are endorsing it, it must be fine."

Sponsored content on online publications is another branch: articles that read like lifestyle pieces about quitting smoking or tech innovations that are quietly underwritten by PMI to mention IQOS favorably can reach audiences who skip obvious ads. There have been instances of PMI funding editorial content or collaborating with magazines to include IQOS in “gift guides” or “innovations to watch” lists.

Moreover, PMI uses data-driven targeting on social media platforms. Through Facebook or Google ad tools (in countries where allowed), they can micro-target smokers of certain ages with tailored messages – for example, an adult smoker who has expressed interest in quitting might see an IQOS banner saying “Looking for an alternative to smoking?” This kind of precision was unimaginable in the old massmedia days. It’s advertising delivered one-to-one, quietly and effectively.

What makes digital marketing especially potent (and concerning to public health experts) is the difficulty of monitoring and enforcing regulations in these channels. It’s not as straightforward as spotting a billboard. Tobacco control researchers have noted significant IQOS promotional activity on platforms like Instagram and Twitter in countries where direct advertising is allegedly banned. The content often skirts the line of what is “advertising” by using lifestyle imagery and avoiding explicit product pitches, making it harder for regulators to crack down.

IQOS has basically brought tobacco promotion back to life by meeting people where their attention is today – on social media. It exemplifies how the industry finds gray zones – social media wasn’t explicitly in the old tobacco ad bans – and exploits them. While some countries are now updating laws to address this (e.g., banning all forms of online promotion or influencer marketing for tobacco), enforcement is sometimes inconsistent. At the same time, IQOS hashtags and influencers have already planted the product in the minds of millions. This mix of online strategy and physical presence forms a clever marketing play that sidesteps the true purpose of tobacco ad restrictions.

The following represents a comparative overview of how advertising platforms have evolved from the cigarette-era to modern IQOS strategies, including what’s banned, what’s adapted, and what’s still effective:

Advertising Medium	**Traditional Cigarettes (Use & Status)**	**IQOS (Current Use)** 2014 – 2024	**Effectiveness in today's world**
Television	✅ Used heavily in the 20th century (e.g., Torches of Freedom, Marlboro Ads, Movies, etc.). 🚫 Banned in most countries – by 1971 (US), 1965 (UK), 1991 (EU).	❌ Not used directly. ⚠️ Uses influencer partnerships on online platforms like Instagram, and in formats that resemble TV ad formats.	◆Cigarettes: obsolete. ✅ IQOS: indirect use through influencers is working, and shop screens in the center of busy cities
Print (Magazines/ Newspapers)	✅ Very dominant in the mid-20th century. 🚫 Phased out in most countries post-FCTC (2003).	◆ Rare. ⚠️ Used occasionally in lifestyle and luxury niche magazines.	🚫 Mostly ineffective now due to low reach.
Billboards	✅ Use of icons and slick messaging 🚫 Banned in most countries post-1990s.	⚠️ Still used in some markets like Japan & Eastern Europe ❌ Prohibited in FCTC-compliant nations	◆Limited use where it's legal
Point of Sale	✅ Still used but with restrictions 🚫 Branding is now hidden in many countries (due to packaging laws)	✅ Aggressively used in branded IQOS stores, kiosks, airport duty-free and premium retail displays	✅ Very effective for IQOS brand image and customer trials
Sponsorships	✅ Heavily used until banned (e.g., Formula 1, concerts). 🚫 Banned under the FCTC.	⚠️ Avoid direct sponsorship. ✅ Creates "IQOS lounges" at fashion/ art events.	✅ Still effective through experiential branding.

Social media / Influencers	⃠ Cigarette ads are banned by platforms and laws.	✅ Use of IG, YT, TikTok influencers partnerships (especially lifestyle and tech creators).	✅ Highly effective in reaching young audience.
Email/ Direct Marketing	⃠ Largely banned due to age targeting and consent laws (GDPR, CAN-SPAM).	✅ Used for registered users via IQOS' website. ⚠ Gray area depends on the jurisdiction.	◆Niche, but useful for client retention.
Experiential marketing	⃠ Rare due to health risks and regulations	✅ IQOS lounges, pop-up stores, in-store demos in high-end malls and events.	✅ Strong impact on brand perception.
SEO/ Search ads	⃠ Blocked on Google, Facebook, etc. for tobacco.	⚠ Some IQOS landing pages evade bans by avoiding "tobacco" terms.	◆Effectiveness depends on regulations.

Figure 26 ***Advertising Channels Then vs. Now — From Traditional Cigarettes to IQOS***

4.8 Brand Loyalty, Nostalgia, and Trust Transfer

IQOS did not emerge out of no where; it carries with it the brand legacy of PMI's other products, particularly Marlboro. PMI has subtly leveraged this legacy to ensure IQOS is not seen as a completely foreign new gadget but as part of a progression of tobacco experience. One way this is done is through stylistic nods to cigarette branding. For instance, the HeatSticks are sold in packages that in some markets echo Marlboro's iconic design elements (without using the Marlboro name): a pointed rooftop shape, similar color schemes (like a red line for the regular variant, turquoise for menthol). Such visual cues can trigger a sense of familiarity in consumers – a form of brand nostalgia – even though the packaging is legally barred from using overt branding. This is a crafty way to make Marlboro smokers comfortable transitioning to Marlboro HeatSticks for IQOS without explicitly saying "Marlboro."

In some countries, PMI has gone further by cross-promoting IQOS with its cigarette brands. For example, they may have informational inserts in Marlboro cigarette packs suggesting "Try IQOS for a smoke-free experience" or offer discounts to Marlboro smokers who buy an IQOS. Sales representatives (where allowed) who used to push cigarettes now might pitch IQOS to known loyal customers. This strategy of shifting

existing customers is critical: PMI doesn't want to lose its Marlboro loyalists, it wants to convert them. The concept of "trust transfer" comes into play here. Smokers who have trusted a brand like Marlboro for years might be skeptical of some new device – but if they see it as Marlboro's device, their existing trust can carry over.

We also see this in the way PMI sometimes positions IQOS as part of the Marlboro family. In Japan, for example, the HeatSticks are branded as Marlboro HeatSticks. In Europe, some countries originally used Marlboro branding before switching to separate names (often due to regulatory pushes to decouple them). Even where the name Marlboro isn't used, the corporate authorship is clear enough to smokers who pay attention. It's no accident that IQOS's early adopters were often people in PMI's database of known customers.

This harnessing of nostalgia is similar to how cigarette brands themselves relied on their long histories to retain customers. IQOS is too new to have its own heritage, so it borrows from Marlboro's. There's a psychological comfort in sticking with what you know. PMI's bet was that a Marlboro smoker would rather switch to a PMI product than to an unrelated e-cig like JUUL. So far, many switchers indeed choose IQOS over independent vaping products, especially in countries where PMI launched IQOS early and established it as the "legit" alternative.

At the same time, PMI has to balance this with creating a distinct identity for IQOS that can also attract people who might not have positive feelings about Marlboro (e.g., health-conscious folks who avoided smoking). Thus, the IQOS brand stands on its own in most advertising – you won't see Marlboro mentioned in an IQOS ad – but in subtle channels and packaging, the connection is made for those who benefit from it. It's a form of silent brand synergy.

An interesting example of nostalgia and brand continuity is in menthol offerings. Marlboro Menthol cigarettes have a big following in some regions; IQOS offers menthol HeatSticks to cater to that taste. When some countries banned menthol cigarettes (e.g., the EU in 2020), PMI quickly highlighted IQOS menthol as still legal, potentially pulling menthol lovers into the IQOS' side to get their preferred flavor (since the ban didn't initially cover heated tobacco in some jurisdictions). This is another way of keeping former customers in the fold – using flavor.

In conclusion, PMI's brand strategy with IQOS is twofold: create a new brand that appears fresh and innovative to new audiences, while leveraging the old brand equity to bring along its massive existing customer base. This has the added benefit of making IQOS's rise less threatening to PMI's overall business: if smokers are switching from Marlboro to IQOS, PMI doesn't lose; it may even gain, since IQOS could have higher margins and certainly

has a more positive PR angle. By transferring trust and loyalty from cigarettes to devices, PMI is attempting to secure its dominance across whatever form nicotine delivery takes.

4.9 Regulatory Evasion and Gray Zones

A recurrent theme in this analysis is how IQOS marketing thrives in regulatory gray zones. The introduction of heated tobacco products exposed critical gaps in existing tobacco control frameworks worldwide. Many laws were written with cigarettes (combustible tobacco) or, more recently, e-cigarettes in mind – but IQOS, being a novel category, often slipped through gray zones; at least initially. PMI has skillfully exploited these gaps to give IQOS a marketing advantage.

For example, in many jurisdictions around 2015, advertising bans explicitly covered cigarettes and sometimes e-cigarettes, but not heated tobacco. PMI took advantage of this gap. In places like Russia or Ukraine, early IQOS ads were on TV and billboards because the law hadn't caught up to include "devices that heat tobacco." By the time lawmakers amended their definitions, IQOS had already gained publicity. Even in the European Union, where advertising any tobacco product is generally prohibited, IQOS managed to have a heavy retail presence and online marketing for a while, because regulators were unsure how to classify it. The packs did not initially have the graphic warnings cigarettes did, since technically they weren't "cigarette packs" – a loophole PMI benefited from until the EU clarified that heated tobacco falls under the same packaging rules. In some countries, IQOS HeatSticks have been sold without the large warning labels or plain packaging that cigarettes must use. This makes them far more attractive on shelves. PMI often argued that because the HeatSticks were an "internal component" for the device, not conventional cigarettes, they shouldn't need the same warnings. Where regulators complied, it essentially allowed PMI to maintain branded, eye-catching packs in an era when cigarette packs were stripped of branding (like in Australia or Canada).

Point-of-sale advertising is another gray zone exploited. Even in places where mass advertising is banned, you might find IQOS displays in shops, special kiosks in malls, or promotions at events – because the interpretation might be that these are not "ads" but informational displays or retail materials. Until explicitly regulated, such displays gave IQOS visibility that cigarette brands could only dream of after their bans.

One particularly consequential bit of regulatory arbitrage was in taxation. Many governments tax cigarettes at high rates for public health; when IQOS came, some classified HeatSticks differently (often at a lower tax bracket than cigarettes, to encourage switching). PMI naturally lobbied for favorable tax treatment, citing reduced harm. In markets where this succeeded, the lower price of using IQOS (compared to cigarettes)

became a selling point. However, this is more an economic strategy than marketing, but it influences consumer adoption which in turn is marketed ("save money by switching," though PMI itself doesn't always advertise that directly).

It's also worth noting PMI's rhetorical positioning in the regulatory world: they often publicly ask for regulation of IQOS, but in practice they want tailored regulation that benefits them (like allowing IQOS ads where cigarette ads aren't allowed, under the rationale of informing smokers about a better choice). This approach sometimes put regulators on the back foot – PMI's calls for personalized regulation can delay the inclusion of IQOS under existing strict laws, because lawmakers then think, "maybe we need to create a new category for these products," which takes time.

All these maneuvers mirror Big Tobacco's long history of finding loopholes. During the era of cigarettes, when direct ads were banned, they moved to sponsorships; when sponsorships were banned, they moved to corporate social responsibility promotions; when one country banned something, they shifted budgets elsewhere. With IQOS, PMI had a head start because it was something genuinely new to regulators. It can be said that the greatest innovation of IQOS is perhaps not the product itself, but the regulatory gap it initially slipped through – allowing a rebirth of tobacco promotion in forms that had been dormant.

From a public health perspective, this exploitation of regulatory blind spots is deeply concerning because it undermines the spirit of comprehensive tobacco control. As noted, IQOS advertising and presence has in some cases re-normalized public visibility of tobacco, which decades of effort had reduced. Policymakers in many countries are now racing to update laws (e.g., explicitly banning IQOS ads and applying the same restrictions as for cigarettes), but PMI's early mover advantage let it operate for several years relatively unrestricted in many markets. This cat-and-mouse game is likely to continue with each new product version, unless regulations move towards generic rules covering all nicotine/tobacco products.

4.10 Conclusion

Looking closely at how IQOS is marketed, it's clear that this isn't a bold break from Big Tobacco's old strategies – it's a carefully updated version of the same playbook. Through visual minimalism, reframed language, segmented targeting, and immersive retail experiences, PMI has revived the core principles of tobacco promotion in a polished, modern form. The company managed to repurpose the themes of freedom, sophistication, and health reassurance that once sold cigarettes; to now sell a device. The same psychological levers – aspiration, social inclusion, stress relief, habit convenience are

pulled, though the hand doing so is hidden behind the curtain of tech and "harm reduction." We see clearly that what's being sold is not just a tobacco stick, but an entire lifestyle and identity, just as it was with Marlboro Country.

Furthermore, the strategic use of regulatory loopholes and digital platforms has allowed the industry to reclaim visibility and influence in spaces that were largely closed off to cigarettes. IQOS ads slipped onto billboards and social feeds where cigarette ads could never appear. IQOS boutiques brought tobacco-brand spaces back to Main Street after tobacco displays had been banished. PMI found a way to make tobacco cool (or at least acceptable) again among demographics who had largely turned away from smoking.

This analysis underscores a crucial point: the medium and messages have evolved, but the underlying motive remains the same – protect market share, recruit and retain nicotine users, and normalize the product's use by embedding it in culture. The narrative of innovation serves as a shield and sword: a shield against regulators ("we're helping solve the problem") and a sword in marketing ("choose the innovative IQOS").

For public health stakeholders, the implication is that vigilance must extend beyond cigarettes to any new nicotine product, because the tobacco industry will deploy its considerable marketing expertise to ensure those products succeed, even at the expense of public health goals. As the next chapter will elaborate, this resurgence of sophisticated tobacco marketing via IQOS raises ethical and health concerns that mirror classic tobacco dilemmas. If one lesson stands out, it is that technological transformation (a heated device vs. a cigarette) must not be confused with genuine change in industry behavior or intent. The continuity we've documented serves as a warning: new product, same old tactics.

So, in summary, the marketing of IQOS demonstrates the tobacco industry's remarkable adaptability. It shows that when one pathway to the consumer is closed (like TV ads), another is opened (like Instagram influencers or flagship stores). The DNA of tobacco marketing – appealing to desires, manipulating perceptions of risk, leveraging social symbols – remains intact and potent. Any future regulatory and health efforts will need to account for this continuity if they are to be effective in an era of "smoke-free" tobacco products.

Chapter 5: Ethical and Public Health Implications

5.1 Introduction

The rebranding of tobacco products under the guise and image of harm reduction, exemplified by IQOS, presents profound ethical and public health challenges. While PMI and other tobacco companies frame devices like IQOS as tools for reducing the toll of smoking, many public health experts question the sincerity, efficacy, and broader consequences of this strategy. This chapter examines the ethical tensions embedded in IQOS's rise and the implications for population health, regulation, and corporate accountability. I delve into issues such as whether "harm reduction" in the hands of Big Tobacco is truly about public health or about market diversification, the risk of a new generation being enticed and hooked into nicotine use, global inequality in how these products are promoted, secondhand exposure concerns, and how society should respond.

As we have seen, PMI's IQOS narrative walks a fine line: it admits the harms of its traditional products (cigarettes) while promoting a new product (IQOS) that keeps the core addiction intact. This duality raises questions about corporate intent: can a company profitably selling harmful products genuinely pivot to a health-oriented mission, or is this a strategic expansion to ensure business as usual under a different banner? Additionally, even if IQOS does reduce individual risk for smokers who switch completely, what are the tradeoffs in terms of youth uptake and renormalization of tobacco in public life? We will explore evidence on youth perceptions and usage of IQOS, the different strategies employed in wealthy versus low-income countries, and whether introducing heated tobacco products could undermine decades of tobacco control progress.

The goal is to present a balanced yet critical assessment: IQOS may well help certain smokers, but at what cost and under whose terms?

By the chapter's end, the hope is to clarify whether products like IQOS are part of the solution to the smoking epidemic or a repackaged continuation of the problem.

5.2 Harm Reduction or Market Diversification?

PMI frequently claims that IQOS is part of its commitment to reducing the global burden of smoking-related disease – a centerpiece of its "smoke-free future" rhetoric. On the surface, the concept of tobacco harm reduction – providing nicotine in ways that are less dangerous than smoking – is a legitimate public health strategy supported by some experts. If every smoker unable to quit decided to switch to a lower-risk product, millions of lives could eventually be saved. But an ethical paradox arises when the company promoting

harm reduction is also responsible for the harm itself. PMI's continued investment in – and profit from – combustible cigarettes, particularly in developing markets, calls into question the sincerity and altruism behind its harm-reduction efforts.

This dual-product strategy (selling both "reduced-risk" products like IQOS and conventional cigarettes) suggests that harm reduction might be a smokescreen for market diversification. In other words, PMI is ensuring it has products to sell whether people stick with smoking or switch to alternatives. From a business perspective, it's very clever; from a health perspective, it's conflicted. In the 1980s and 90s, when facing advertising restrictions on cigarettes, tobacco companies didn't just surrender – they shifted their marketing spend to "below-the-line" channels like product placement, sponsorships, and later the internet. Harm reduction devices can be viewed as a product-level adaptation: when your core product loses social acceptance and demand, you introduce a new one that sidesteps the backlash.

The ethical issue here revolves around intent and endgame. If PMI were truly dedicated to a smoke-free future, one might expect to see it setting sunset timelines for phasing out cigarettes, or pricing cigarettes less competitively to drive switching, or lobbying for stricter smoking regulations to accelerate consumer transition. Instead, we observe PMI defending cigarette sales in many markets and lobbying against strict measures (like plain packaging) that could decrease cigarette use. This undercuts the "we're solving the problem" narrative. As the saying in tobacco control circles goes, the fox cannot guard the henhouse. There is an inherent conflict of interest in a profit-driven company being a primary actor in harm reduction, because its fiduciary responsibility is to shareholders, not public health. True harm reduction would mean fewer nicotine users overall in the long run, but a tobacco company benefits from maintaining and expanding its user base, whether on cigarettes or IQOS.

Moreover, IQOS marketing – as detailed in Chapter 4 – often appears to sidestep regulations by framing itself as tech. Ethically, if the goal was purely to get smokers off cigarettes, IQOS would be marketed in a very constrained way (perhaps medically) and only to confirmed smokers. Instead, PMI's IQOS marketing is flashy and broad, suggesting an aim to attract as many consumers as possible. This undermines the claim of a purely harm reduction motive. In fact, PMI has been criticized for promoting IQOS in places where smoking prevalence was low (e.g., Armenia and Ukraine), effectively expanding nicotine use where there was little to "harm-reduce".

From a practical, big-picture perspective, one could argue: if IQOS is safer than cigarettes, then getting even a portion of smokers to make the switch could mean fewer people getting sick or dying – which would be a win overall. In that sense, it doesn't really matter what Philip Morris's motives are, as long as the outcome is better health – it's a key point many

harm reduction advocates make. However, the magnitude of risk reduction is still under scientific review, and the potential harms (like new uptake) could offset the gains.

Ethically, there's also the issue of deception – if IQOS isn't as reduced risk as marketed, smokers might give up quitting because they think they've done enough by switching, potentially causing harm if their risk remains high or unknown. Transparency is a cornerstone of ethics here, and the tobacco industry's historical behavior (suppressing adverse findings, cherry-picking data) does not foster confidence.

In summary, while IQOS could be a component of harm reduction if used in ideal ways (adult smokers switching completely), the way PMI has implemented and marketed it leans more towards a strategy of market perpetuation. Ethically, this corporate-led version of harm reduction is filled with contradictions: it's like an arsonist selling fire extinguishers – sure, an extinguisher is better than a growing fire, but ideally, you'd want the arsonist to stop setting fires in the first place.

The next sections examine some of the consequences of IQOS's introduction – whether unintended or strategic – that raise deeper ethical concerns around youth and equity.

5.3 Youth Appeal and the Risk of Re-Normalization

One of the most urgent public health concerns with any new tobacco or nicotine product is its appeal to youth and non-smokers. Decades of anti-smoking progress hinged on denormalizing smoking and sharply reducing youth initiation. With IQOS and similar products, there is a risk of reversing some of that progress by re-normalizing nicotine use in the eyes of young people.

IQOS has been criticized for its slick, tech-inspired design which resembles popular consumer electronics. As mentioned, it looks more akin to a fancy gadget than a cigarette. From a youth perspective, this can make it appear less dangerous or more acceptable. A study by the Truth Initiative in 2021 found that over 70% of surveyed youth and young adults (ages 15-24) incorrectly believed IQOS was "not a tobacco product". Such misperceptions are alarming: they indicate that young people do not equate using IQOS with the well understood dangers of "smoking." Instead, some may see it as a cool device or even confuse it with therapeutic devices (especially with the white, clean aesthetic and scientific language, it might be mistaken for something akin to a nicotine inhaler for quitting).

The marketing strategies surrounding IQOS – despite being officially targeted at adult smokers – have inevitably reached younger audiences. Influencer marketing on social media can easily reach youth followers. The use of nightlife and lifestyle events, the presence in trendy locales, and hashtags that anyone can stumble upon all create exposure.

Unlike cigarettes, which carry a strong social stigma among today's youth in many places (smoking is often seen as an old or dirty habit), IQOS doesn't yet have that negative image. There's a danger that for a generation that largely rejects smoking, IQOS presents a tempting alternative entry into nicotine addiction under a facade of modernity and reduced harm.

From an ethical point of view, the potential of hooking a new generation on nicotine (even if via a somewhat safer product) is troubling. Nicotine itself is not benign: it can affect brain development in adolescents, and it creates addiction which might lead users to other tobacco products. If IQOS truly is a gateway that re-normalizes the idea of smoking (or "smoke-free smoking"), then society could see an increase in nicotine initiation after years of decline. Already, the rise of e-cigarettes (like JUUL) in the late 2010s gave a cautionary example: in the US, youth vaping skyrocketed, reaching epidemic levels and prompting FDA interventions. IQOS, because of its closer link to tobacco, hasn't been as youth-popular as fruity e-cigs, but it could become fashionable especially in locales where vaping is less common or accessible.

A related concern is the dual-use and stepping stone effect. A young person who tries IQOS might later experiment with cigarettes, thinking "well, I already use tobacco occasionally." Or conversely, some smokers might become dual users (using IQOS where they can't smoke, but still smoking otherwise), which could actually prolong their smoking habit rather than helping them quit – thus reducing the supposed health benefit of switching.

Ethically, companies like PMI assert they do not want youth using their product. However, incidents like the influencer controversy and marketing in a way that broadly appeals across age groups suggest that preventive measures weren't stringent until public scrutiny forced their hand. Genuine efforts to prevent youth uptake would require marketing IQOS in a very controlled fashion (for instance, only via direct communication to known adult smokers, no social media presence at all). Instead, IQOS has been marketed in a relatively glitzy way. This opens PMI to accusations of bad faith: saying one thing (no youth) but doing another (creating an image that inevitably attracts some youth). There's also the concept of re-normalization: even for youth who don't use IQOS, seeing devices that mimic smoking could normalize the visual of "smoking" again. In places where cigarettes had largely disappeared from media and public view, now sleek e-cigs and IQOS devices are visible. Social scientists worry this can shift perceptions among young people to see nicotine use as common or acceptable, weakening the resolve to stay away from it.

In the balance of harms, the prospect of significant youth uptake or re-normalization might outweigh some of the benefits gained by current smokers switching. Most public health authorities (like WHO, CDC) thus urge extreme caution: they often support the idea of adult smokers switching to less harmful products, but only if it can be done without

introducing new users. So far, evidence on IQOS youth usage is limited (the product is still relatively expensive and less available than e-cigs), but the risk is clearly present. It places an ethical imperative on regulators to act swiftly – for instance, imposing age-verification, advertising bans, and maybe even flavor bans – to ensure IQOS doesn't become the "JUUL 2.0" in terms of youth craze.

In conclusion, while IQOS might present an opportunity to reduce harm for individual smokers, it simultaneously presents a societal risk by making tobacco fashionable again to a generation that was moving beyond it. The ethical question "Can a product be marketed as safer without inviting a new generation to start?" remains unresolved. The precautionary principle means it's better to be safe and protect young people, at least until there's clear evidence it's not harmful.

5.4 Ethical Concerns in Global Health Disparities

Another dimension of the IQOS is how it plays out differently across the globe, raising issues of fairness and equity. While PMI showcases IQOS in wealthy cities and talks up its harm reduction efforts in high-income countries, it simultaneously continues aggressive marketing and sales of cigarettes in low- and middle-income countries (LMICs). This duality creates a glaring ethical concern: a kind of tobacco harm reduction for the rich, and business-as-usual for the poor.

Statistics illustrate the disparity: according to the WHO, 80% of the world's 1.3 billion tobacco users live in low- and middle-income countries, and these countries bear a disproportionate share of tobacco related disease and death. They often have less stringent tobacco control regulations, and their populations have less access to cessation support or alternatives. PMI's roll-out of IQOS has been focused on markets that are lucrative and have some smoking decline to stem (Japan, EU, Gulf states, etc.). Meanwhile, in places like much of Africa or parts of Asia, PMI's efforts seem more directed at expanding cigarette sales (sometimes even increasing advertising there as it decreases in the West).

This raises questions of ethical consistency. If PMI truly believes in a smoke-free future as a matter of principle, why isn't it introducing IQOS or similar alternatives in, say, Indonesia or Nigeria or Pakistan – countries with huge smoking populations and rising health burdens? Why push a "safer" product primarily in markets where cigarettes were already on the decline due to public health progress? The skeptical interpretation is that PMI is focusing IQOS where it needs to maintain customers, not where the health need is greatest. In markets where cigarettes still sell well and face little opposition, there's little incentive for PMI to replace its own sales with IQOS.

This leads to a form of ethical relativism: the value of a smoker's life seems to be weighted differently based on geography and economic context. It is uncomfortable to consider that

smokers in London or Tokyo get options to reduce their risk, while smokers in Jakarta or Lagos are still bombarded with glossy cigarette ads and have no heat-not burn options at all. Such a disparity could widen the already stark gap in disease outcomes: smoking-related diseases are projected to cause a major health and economic burden in LMICs in coming decades. If reduced-harm products actually reduce disease, then limiting their promotion to wealthy countries effectively denies potential health benefits to poorer countries. Conversely, if one believes these products are a net negative, then PMI is "sparing" developing countries from them while giving them the full brunt of cigarettes – hardly comforting.

WHO and other global bodies often highlight how tobacco companies use lower-income countries as dumping grounds for tactics no longer acceptable elsewhere. The IQOS situation is a twist on that: PMI's lack of a harm reduction push in those countries indicates perhaps it doesn't see them as priority for risk reduction. Ethically, this is reminiscent of double standards – it's like a company selling safety-augmented cars in Europe while selling the old, less safe models in Africa without upgrades. Usually, we would call that unethical if it involved, say, withholding safety tech.

There is also a future concern: while high-income countries tighten their anti-smoking measures (others considering prohibition of selling cigarettes), the business can react to this by doubling down on LMIC markets to maintain cigarette sales, even while highlighting their harm reduction in richer communities. That is a dynamic that could pull global health inequalities in the wrong direction – with smoking rates rising further in the poorest countries that have the fewest resources to manage the burden of healthcare, declining in richer countries.

In response, some public health advocates argue that if heat-not-burn products are indeed less harmful, companies should be obligated (or regulated) to ensure they are available and properly regulated in LMICs, not just high-income markets. However, introducing them without robust regulation could add to problems (youth uptake, etc.) in those countries which often have weaker regulatory capacity. It's a confusing and difficult question: do LMICs want IQOS? Some might say they'd rather implement proven measures like taxation and plain packaging to reduce tobacco use, instead of introducing a new product that keeps people addicted.

In any case, the current scenario suggests a form of ethical incoherence in PMI's global strategy. It appears to treat harm reduction as a selective narrative. An ethically sound approach, if one were genuine, would require PMI to apply consistent harm reduction efforts across all markets and actively work to reduce cigarette prevalence everywhere, not just shift the problem geographically. The fact that this isn't observed fuels skepticism about the company's intent and highlights the need for global governance (via WHO's

Framework Convention on Tobacco Control, for example) to address novel products in a way that doesn't leave any region behind.

5.5 Regulatory Blind Spots and Loopholes

The advent of IQOS has exposed critical shortcomings in national and international tobacco control frameworks. Many of these frameworks were developed with cigarettes (and sometimes e-cigarettes) in mind, and thus heated tobacco products (HTPs) like IQOS often fell into a regulatory gray area initially. Ethically, regulators have a duty to protect public health, and the presence of loopholes challenges their ability to do so effectively.

For example, as discussed, in several jurisdictions IQOS initially wasn't categorized as a cigarette or as an e-cigarette. This allowed PMI to market IQOS in ways that would have been forbidden for cigarettes. In some countries, packaging regulations did not yet apply to HTPs, meaning IQOS HeatSticks could be sold without graphic health warnings or with colorful branding where cigarettes required plain packages. Similarly, advertising bans might not have mentioned heated tobacco, so PMI advertised on television or sponsored events until laws caught up. Even public smoking laws sometimes didn't list heated tobacco, creating confusion: could one use IQOS in a restaurant where smoking is banned? Some places said yes until they amended laws to include HTP aerosol as "smoke." Such gaps essentially gave IQOS a head start on normalization.

From a public health ethics perspective, these loopholes undermine the intent of existing tobacco control measures. PMI's move in this space, while legally shrewd, raises ethical concerns about respect for the spirit of regulation. If seriously believed that tobacco marketing and advertising is harmful & misleading to public health, to then go on and aggressively promote a tobacco product simply because it's not explicitly banned yet is arguably irresponsible. Advocates argue that PMI and others should have exercised self-restraint – for instance, not advertising IQOS on youth-frequented platforms even if it wasn't illegal – but expecting voluntary constraint goes against the grain of profit motive and past behavior.

These regulatory blind spots also pose policy challenges: regulators are often reactive (they need evidence of harm or political will to update laws), and industry can move faster than bureaucracy. By the time a country closes a loophole, the product may have gained a foothold. We saw that with how flavored e-cigs hooked teens before flavor bans came. IQOS hasn't had as dramatic a regulatory backlash yet (except in a few places like Thailand which banned it outright, or Australia treating it like a cigarette). But in the EU and many countries, only around 2018-2020 did laws start explicitly incorporating HTPs, applying taxes, banning ads, requiring warnings, etc.

Ethically, one might ask: does PMI have a responsibility to abide not just by the law but by higher standards of public health concern? Historically, tobacco companies often answered no; they pushed until stopped by force of law or lawsuit. IQOS's rollout fits that pattern – maximize advantage until the loopholes are shut.

For regulators, the lesson is that comprehensive policies are needed. The WHO recommends that HTPs be regulated like cigarettes (same marketing restrictions, indoor use bans, taxes, etc.). Ethically, this makes sense – a harmful product should not evade rules just due to technical novelty. Also, a precautionary approach is warranted: treat IQOS strictly until it's proven to significantly reduce population harm and not attract new users. Some governments have indeed done this. Others, under industry lobbying, have left lighter rules, which is ethically questionable as it privileges corporate narrative over independent evidence.

Another aspect is the interplay with scientific claims regulation: PMI can legally say some things (like "reduced exposure") but not others ("safer"). Policing how these are communicated is tricky. The FDA's MRTP order tries to control it, but outside the US, PMI's marketing of IQOS's benefits might be less scrutinized. Misleading or cherrypicked claims exploit regulatory uncertainty and can misinform consumers – an ethical issue of truth-telling and transparency.

In sum, regulatory loopholes have allowed PMI to engage in practices that undermine the spirit of tobacco control, raising ethical flags. It underscores a broader principle: public health regulations must be proactive and encompassing, otherwise industries will find gaps (as any industry would). The exploitation of these gaps by PMI for IQOS highlights a misalignment between corporate actions and public health ethics, reinforcing why trust in the tobacco industry remains low among health experts. It falls on governments and international bodies to quickly adapt – as many are now doing – to ensure that "new" does not mean "unregulated." An ethical corporate actor would arguably support such regulation for the greater good; PMI's more lukewarm stance (supporting some measures, resisting others) indicates that self-interest still guides their approach.

5.6 Misinformation, Trust, and Corporate Responsibility

The legacy of tobacco industry misinformation casts a long shadow over the IQOS era. For decades, companies like PMI publicly denied or downplayed the harms of smoking, even as their internal research confirmed those harms. They engaged in tactics including the suppression of unfavorable science, funding of front groups, and aggressive PR campaigns to maintain doubt about health risks. This history creates a foundational problem of trust when PMI now presents itself as a purveyor of science-based harm reduction.

While PMI has indeed invested heavily in researching IQOS and publishes many findings, independent verification is crucial. Critics point out that most of the initial studies on IQOS's safety and toxicology came from PMI itself or its affiliates.

Independent studies, some of which we discussed, have at times disagreed or highlighted other concerns (like possible lung cell damage or cardiovascular effects that PMI didn't emphasize). Given tobacco companies' track record, there is a responsibility on regulators and the scientific community to scrutinize PMI's claims carefully. The precautionary principle in public health says that in the face of uncertainty, one should act with caution. Applying that here would mean being cautious about widespread endorsement of IQOS until long-term effects are clearer and data from unbiased sources confirm PMI's assertions.

Corporate social responsibility (CSR) would demand that PMI operate with high transparency and cooperate with independent assessments. To some extent, PMI has made data available and subjected IQOS to FDA review, which is positive. However, skeptics note that PMI also tends to highlight only the favorable angles in its marketing. For instance, PMI will advertise that IQOS reduces certain carcinogens by X%, but it won't emphasize that IQOS still delivers nicotine (which can sustain addiction) or that some toxins remain present. This selective communication can be seen as a form of soft misinformation – not outright lies, but an imbalanced portrayal of the truth. Ethically, providing full information to consumers is imperative, especially when health is at stake. If smokers misunderstand IQOS as nearly harmless, they might use it in situations (like around kids or people with asthma) thinking it's safe, which could be problematic if secondhand emissions still pose risks.

Another trust issue is whether PMI will truly commit to reducing net harm. As mentioned, an ethically responsible approach might include PMI setting targets for how many smokers it will convert, or how it will avoid recruiting non-smokers. It might also involve supporting cessation more broadly. However, any moves that actively shrink the nicotine user base conflict with profit motives. For example, if PMI found that a lot of non-smokers were picking up IQOS, would they pull back marketing? Or would they see new customers as acceptable collateral? Given the industry's past, public health advocates don't trust the industry to self-regulate in the public's interest.

This trust deficit has practical consequences: many health organizations refuse to partner with or even engage with PMI on these issues (citing Article 5.3 of the WHO tobacco treaty, which advises against partnerships with industry due to conflicts of interest). PMI's response has been to try to demonstrate it's changed – pointing to the reduced risk product focus as evidence. But one could recall the 1950s, when filtered cigarettes were introduced and marketed as "safer" – the industry then also claimed it was responding to health

concerns (all while filters did little to actually reduce harm in real world use). That pseudo-harm-reduction strategy delayed real action and kept people smoking. The fear is IQOS and similar products could play a similar role: diverting smokers from quitting by offering a perceived halfway healthy solution, thus ultimately benefiting the company while public health gains might be muted.

So, corporate responsibility in this context would mean PMI genuinely prioritizes health outcomes over profit – a tall order for any corporation. That would entail measures like not selling cigarettes at all in a country once IQOS is established (which PMI has not done anywhere), or ensuring its pricing and marketing on cigarettes don't undercut IQOS's appeal. Instead, PMI often fights tobacco control policies (like tax increases or pack warnings) in court or via lobbying, even recently. This dual behavior (promoting IQOS but opposing proven measures like plain packaging on cigarettes) reveals a gap between rhetoric and action that fuels distrust.

In conclusion, the burden of proof is on PMI to show that "this time is different." Until then, regulators and the public health community will (and arguably should) remain wary, scrutinizing data and pushing for independent research. PMI's long-term credibility will depend on how it handles the inevitable trade-offs between profit and health as the nicotine market evolves. So far, while IQOS is presented as a bold step, many see it as one foot stepping forward while the other remains firmly planted in old habits. Only by truly reducing the number of people addicted to its products – even if that means losing customers – could PMI possibly earn trust as a public-health-oriented entity, and that is a paradox it has yet to reconcile.

5.7 Conclusion

The ethical and public health implications of IQOS and similar "reduced-risk" tobacco products extend far beyond questions of individual consumer choice or the toxicology of the devices. They touch on foundational issues: corporate intent, public trust, social equity, regulatory integrity, and intergenerational harm.

On one hand, heated tobacco products like IQOS potentially offer an avenue to reduce the harm for smokers who cannot or will not quit nicotine – an opportunity that should not be dismissed in a world where millions die from smoking each year. Indeed, some smokers have successfully switched to IQOS and report health improvements (like less cough, better breath, etc.), and if those translate into meaningful reductions in disease, that is significant. Public health, after all, is about reducing disease and death. However, these products are not harmless – they still expose users to nicotine and some toxins, and their long-term effects are not fully known.

A key insight from our discussion is that technology alone doesn't automatically equate to public health benefit – it matters how it's used and regulated. IQOS's introduction has shown that in absence of strict oversight, the tobacco industry will market aggressively and perhaps beyond the narrow target of existing smokers, which could undermine public health gains. The notion of a "smoke-free future" touted by PMI, when juxtaposed with its actions, reveals contradictions: selling both the poison and the purported antidote, improving public image but continuing harmful practices where it can.

Going forward, public health policy must take a comprehensive view. It should incorporate the science behind new nicotine technologies and scrutinize the strategic frameworks in which they're deployed. Governments and agencies need to adapt regulatory systems swiftly to prevent a new wave of nicotine addiction marketed under the guise of innovation. This could include: extending tobacco advertising bans to all nicotine products, taxing HTPs sufficiently to deter youth uptake while still incentivizing current smokers to switch, banning flavors that appeal to youth, mandating strong health warnings on devices and heatsticks, monitoring marketing channels like social media closely, and funding independent research on health outcomes.

There's also a need for education: smokers and the public must be given accurate, balanced information. For instance, a current smoker should hear that IQOS may be less risky than continuing to smoke (thus maybe worth switching), but a non-smoker or teen should hear that using IQOS can lead to nicotine addiction and is unsafe. Framing the narrative correctly is crucial to avoid misunderstanding that could either lead smokers to dismiss switching or lead non-smokers to start.

Another ethical dimension is accountability: if PMI and others truly want a place at the table as "part of the solution," they should be held to measurable commitments. These might include transparently reporting how many smokers switch versus how many new users start, committing to no marketing that reaches non-smokers, and supporting (not opposing) strong regulation of their own novel products – even if it means curtailing some marketing freedom.

In sum, the IQOS case is a representation of a larger challenge in tobacco control: dealing with an industry that is presenting new products as a solution to a problem it created. The global health community remains (understandably) skeptical. The ethical stance tends to be: prove that you will reduce net harm and not create new problems, then we'll cautiously embrace your product. Until then, regulators are right to be cautious and even adversarial to ensure public health interests are safeguarded.

Ultimately, the emergence of IQOS and similar products could either be a turning point towards a tobacco harm reduction paradigm that saves lives, or it could be a Trojan horse that forestalls the end of the tobacco epidemic by keeping people hooked in a new way. It is likely to be something in between – reducing some harms, while introducing others. The

task for public health is to maximize the harm reduction potential while minimizing the risks, holding industry accountable every step of the way. The story of IQOS is still being written, and its true impact will only be known with time and careful scrutiny.

Chapter 6: Conclusion

6.1 Summary of Key Findings

This thesis set out to investigate the extent to which traditional cigarette advertising strategies have influenced the promotion of Philip Morris International's IQOS device, and to assess the broader implications of this new chapter in tobacco marketing. Through an interdisciplinary exploration of historical marketing practices, corporate adaptation, regulatory responses, and content analysis, it becomes evident that IQOS represents not a clean rupture with the past but a sophisticated reconfiguration of legacy tobacco marketing applied in modern days. The research demonstrates that many of the same visual motifs, rhetorical framings, and demographic targeting techniques used to sell cigarettes in the 20th century have been subtly recycled, refined and repurposed to fit the aesthetic, futuristic and regulatory expectations of the 21st century.

Chapter 1 described how cigarettes rose from luxury items to mass-market staples through technological innovation (like the Bonsack machine), bold marketing (from Bernays' "Torches of Freedom" to the Marlboro Man), and sociocultural integration (via war and Hollywood). These historical insights showed how deeply smoking became embedded in identity and culture.

Chapter 2 examined the regulatory and societal backlash that dismantled traditional cigarette marketing from the 1950s onward. Fueled by mounting scientific evidence and public health advocacy, governments introduced warning labels, ad bans, taxes, smoke-free laws, and aggressive media campaigns. Groundbreaking actions like the 1998 Master Settlement Agreement and the WHO Framework Convention on Tobacco Control marked turning points in limiting tobacco promotion. This shifting landscape created the constraints within which PMI developed and marketed IQOS, revealing that the device is a strategic adaptation to a world where traditional cigarette advertising has been largely discredited and curtailed.

Chapter 3 then illustrated PMI's recent pivot: facing declining smoking rates and public vilification, the company launched IQOS as a linchpin of its "smoke-free future" strategy, investing heavily in R&D and leveraging reduced-harm claims to reposition itself. The product's global rollout targeted receptive markets and employed a high-tech, premium image to reframe tobacco use as something modern and acceptable.

Chapter 4 provided a comparative content analysis, revealing that IQOS marketing, despite its futuristic sheen, echoes Big Tobacco's old playbook in numerous and different ways. The device is advertised with aspirational imagery (albeit of sleek city life instead of rugged cowboys), it uses language that downplays harm ("cleaner", "smoke-free" akin

to “light” and “mild” cigarettes of the past), and it segments its audience (touting tech and control to men, elegance and absence of odor to women, and trendy lifestyle appeal to young adults). Moreover, PMI has exploited digital media and retail spaces (IQOS boutiques) to circumvent advertising restrictions, much as it once used doctors or cultural icons to circumvent health fears. In essence, IQOS marketing borrows heavily from the vocabulary of technology and wellness but remains structurally faithful to earlier models of emotional manipulation and brand-based identity construction.

Chapter 5 discussed the ethical and public health ramifications of these findings. While IQOS might reduce exposure to harmful chemicals for individual smokers who switch completely, its introduction has come with aggressive marketing and corporate behavior that risk undermining public health goals. The device’s appeal and availability could inadvertently entice new users (especially youth) and re-normalize nicotine use. There is also a stark disparity in how PMI applies its “harm reduction” narrative – emphasizing IQOS in wealthy markets while continuing to push cigarettes in low-income ones – raising questions of equity and sincerity. Ultimately, this thesis finds that the tobacco industry’s core aim remains market survival and growth, and it has proven adept at rebranding its tactics under the auspices of innovation.

6.2 Implications for Public Health and Policy

The rebranding of nicotine products as cleaner, smarter, and safer alternatives carries significant consequences for public health. On one hand, products like IQOS might deliver on a portion of their promise: scientific evidence (largely from industry sources) suggests IQOS aerosol contains lower levels of certain toxins than cigarette smoke, and some smokers who switch have seen improvements in their biomarkers. If those translate into reduced disease incidence, IQOS could contribute to lowering the toll of smoking-related illness.

However, this advantage is undermined by the potential for new user uptake and dual use, especially among youth and non-smokers. As documented, a majority of young people do not even recognize IQOS as a tobacco product, and the device’s marketing – via social media and influencers – risks making nicotine use socially palatable again. There is a blurred line between harm reduction and harm continuation: while one hand offers smokers a way to reduce harm, the other may be introducing nicotine to those who would never have smoked a cigarette. If IQOS and similar products lead to more total nicotine users than before (even if each individual has somewhat less risk than a smoker), the net public health outcome could be negative or at least far more complex than PMI’s narrative admits.

For policymakers, this presents an urgent call to reassess and amend tobacco control legislation. Traditional frameworks, which largely targeted combustible products, are ill-equipped to regulate devices that occupy a hybrid space between tobacco, medicine, and consumer tech. Key policy considerations include:

Advertising and Promotion: laws must encompass new platforms (social media, point-of-sale displays in exclusive stores) and explicitly include novel products like HTPs. As seen, IQOS slipped through gaps; those need closing to prevent another cycle of youth-targeted marketing.

Packaging and Health Warnings: Uniform requirements (graphic warnings, plain packaging) should apply to HeatSticks as to cigarettes, to avoid any branding advantages that could entice consumers.

Public Use and Secondhand Exposure: Clean air laws should be updated to include aerosol from HTPs, given evidence of secondhand emissions carrying nicotine and particulates (albeit less than cigarettes). Protecting bystanders, especially children, is paramount until independent studies confirm negligible risk.

Taxation: To prevent HTPs from becoming a cheap initiation product, but still encourage smokers to switch, tax strategies might need calibration – for instance, taxing HeatSticks sufficiently high to deter non-smokers but still lower per unit of nicotine than cigarettes to reward switching.

Surveillance and Education: Governments should monitor usage patterns (how many users are ex-smokers vs never-smokers) and educate the public on what is known and unknown about HTPs. Misperceptions are rife; correcting them is crucial (e.g., making clear that “smoke-free” doesn’t mean “risk-free”).

In essence, regulatory innovation is required to address the digital marketing loopholes, ambiguous health claims, and aesthetic rebranding of addictive products. Policymakers might even consider forward-looking measures such as “sunset” provisions that mandate the phase-out of combustibles if HTPs truly substitute, or conversely, strict limits on HTP availability if evidence shows net harm.

6.3 Ethical Reflections

The ethical implications of PMI's transformation narrative are multifaceted and somewhat paradoxical. On one hand, investing in harm reduction technology like IQOS can be seen as a positive step – a recognition of the damage caused by cigarettes and a move to mitigate it. If one takes PMI's statements at face value, the company is aligning itself with public health goals (reducing smoking) albeit via a product they sell. Some ethicists might argue that incentivizing a profit-driven entity to reduce harm (because it can make money doing so) is not inherently bad, if the outcome is fewer deaths.

On the other hand, PMI's continued sale of cigarettes, especially in regions with weaker regulations, combined with selective messaging and heavy lobbying to protect its interests, raises serious concerns about corporate sincerity and responsibility. This dualism – championing harm reduction in some contexts while promoting harm in others – mirrors the industry's historical strategy of managing public perception without fundamentally sacrificing its core business. Ethically, it suggests that PMI's priority is still profit over people; the rhetoric of a "smoke-free future" might be more about brand rehabilitation and accessing new markets than about genuinely ending smoking.

From a justice standpoint, allowing PMI to wield the narrative of harm reduction could divert attention from more effective measures or fracture the public health consensus (we see debates even among experts: some endorse e-cigarettes/HTPs for harm reduction; others fear the long-term consequences). The tension between individual harm reduction and population-level harm becomes an ethical puzzle: is it right to promote a device that might help one smoker if it risks hooking another teenager? Public health ethics usually prioritize the population benefit, which is why many countries have approached IQOS with caution or even prohibition until more is known.

Accountability is another ethical cornerstone. It is not enough for PMI to tout reduced exposure; to act ethically, the company must be accountable for actual health outcomes. This could mean supporting independent longitudinal studies, being transparent with data (including negative findings), and not opposing policies that might shrink its customer base if those policies save lives (for example, a true commitment to a smoke-free generation might mean supporting a phase-out of cigarette sales to kids who are now 10 years old once they reach adulthood – an initiative some countries are considering). Until PMI and peers commit to measurable, time-bound plans to phase out combustibles and fully decouple profit from continued nicotine dependence, their transformation rhetoric should be met with skepticism. Ethically, one cannot ignore the conflict of interest: a safer product is still a product that relies on addiction to make money.

In summary, the emergence of IQOS forces a re-examination of what it means for a tobacco company to be socially responsible. Is it enough to make a less harmful product available? Or must the company actively seek to reduce total nicotine use?

Most in public health would argue the latter: real ethical progress would be these companies transforming in a way similar to how some alcohol companies diversify into low/no-alcohol beverages – but even more so, to eventually leave behind the deadly business entirely. Anything short of that invites wariness that "harm reduction" could be co-opted as a fig leaf that allows the industry to persist in another form.

6.4 Limitations of This Study

This study is not without limitations. First, much of the analysis of marketing content and corporate strategy is qualitative and interpretive. While every effort was made to ground observations in documented facts (advertisements, documents, statistics), there is an inherent subjectivity in interpreting imagery and corporate intentions. The content analysis in Chapter 4, for example, was based on selected examples of ads and may not capture the full variability of IQOS marketing across all countries. A more quantified content analysis (coding a larger sample of ads for specific features) could complement this work in the future.

Second, the data on health implications of IQOS are still emerging. The thesis relied on available studies up to 2024, including PMI's submissions and independent reviews. The landscape of evidence may change as more independent long-term studies are completed. If future evidence shows dramatically lower (or higher) risk from IQOS, that would influence the weighting of its public health value versus risk.

Third, the global rollout of IQOS suggests potential regional differences in marketing and uptake that this thesis could not fully explore. For instance, cultural nuances in advertising (what works in Japan vs. Switzerland), or different regulatory responses (some countries embraced IQOS, others banned it outright) deserve deeper exploration. The analysis tended to generalize PMI's strategy, but local executions have varied.

Another limitation is that the study did not include primary data from consumers (e.g., interviews or surveys of IQOS users and non-users about their perceptions). Such data could validate or challenge the assumptions made about why people use IQOS and how they interpret its marketing. The reliance was on secondary data (surveys by others, market research reports, etc.). Incorporating consumer insights would strengthen understanding of the real-world impact of IQOS promotion.

Finally, the thesis did not deeply dive into other competitors or products (like other heat-not-burn brands or e-cigarettes like JUUL) except in passing. The presence of these alternatives could also shape PMI's strategies (for example, how IQOS is positioned against vaping). A multi-competitor analysis was outside scope but would add context and value.

Despite these limitations, the findings provide a substantial basis for understanding the continuity and change in tobacco marketing with the advent of IQOS. Future research can build on these insights with more data and refined methods.

6.5 Recommendations for Future Research

Several avenues for further inquiry emerge from this work:

Digital Marketing Surveillance: As social media evolves, there is a need to continuously monitor how products like IQOS are promoted online. Research could systematically track IQOS-related content on platforms (Instagram, TikTok, YouTube) to see how and where the line between user-generated promotion and stealth marketing blurs. Understanding algorithmic targeting of tobacco content (if any) would also be valuable.

Comparative product analysis: Future studies should examine how IQOS differs from or aligns with other reduced-risk nicotine products such as e-cigarettes (vapes), nicotine pouches, or snus. Do similar marketing patterns hold? For example, compare content analyses of IQOS ads with those of JUUL. Also, research on cross-usage – are people switching among these products or using multiple?

Global policy evaluation: As more jurisdictions adopt regulations for HTPs, research should document and evaluate these natural experiments. For instance, compare outcomes in a country that embraced IQOS (like Japan) versus one that banned it (like Australia). Measures could include changes in smoking rates, youth uptake of nicotine products, etc. This would inform best regulatory practices.

Design and perception studies: The role of product design (color, shape, user interface) in risk perception is fertile ground. Experiments could present different device designs to people (without brand names) to see which are perceived as more or less harmful or more appealing. This can guide regulation of device appearance if needed (e.g., should white devices implying cleanliness be allowed, or is that inherently misleading?).

Youth and risk communication: Research in communication science can explore how to effectively convey the nuanced message about products like IQOS to the public. What messages deter youth but encourage inveterate smokers to switch? Are current health education efforts keeping up with the changing landscape of nicotine products? Surveying youth on knowledge and attitudes can pinpoint gaps to address (as was done by Truth Initiative, but such surveys should repeat regularly).

In summary, multidisciplinary research – spanning public health, marketing, psychology, and policy – is needed to keep pace with the rapidly evolving nicotine product environment. Such research will be critical for evidence-based policymaking and for crafting interventions that minimize risks while maximizing any potential benefits of tobacco harm reduction.

6.6 Final Thoughts

IQOS and other heat-not-burn technologies mark a new chapter in the tobacco industry's long history – but it is not a chapter of simple cessation or industry regret; it is largely a chapter of rebranding and adaptation. The imagery is sleeker and the messaging tailored with scientific terms, yet the underlying business model remains focused on nicotine addiction, consumer retention, and market growth.

The findings of this thesis underscore that technological transformation must not be confused with ethical evolution. The legacy of Big Tobacco – decades of misleadingness, aggressive marketing, and prioritization of profit over health – has not disappeared; it has simply adapted to the times, cloaked in a new aesthetic and armed with familiar tactics. Recognizing this continuity is essential for protecting public health in an era of sophisticated nicotine marketing.

Personally, my greatest concern is youth uptake. While IQOS may offer a harm-reduction pathway for existing smokers, its sleek design, digital marketing strategies, and ambiguous health messaging risk making nicotine attractive and acceptable to a new generation. If young people begin using IQOS without ever having smoked cigarettes, then we are not reducing harm – we are reshaping it. Preventing youth initiation must be a priority in any public health response.

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