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VIEWPOINT
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IQOS "flagship store": a case study of public health advocacy against tobacco industry marketing in Switzerland

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Summary

Tobacco consumption remains a leading avoidable cause of death. This viewpoint reviews how Swiss public health organisations mobilised against the IQOS heated tobacco product developed by Philip Morris International. The mobilisation focused on a proposed 2016 "flagship store" in Lausanne (Switzerland), which catalysed coordinated action. Switzerland's comparatively weak tobacco control regulations made it an early test market for IQOS from 2015. The Swiss market also offered favourable conditions for IQOS testing and promotion due to the product's development in Switzerland, high purchasing power, and the valorisation of Swiss innovation. It also enabled the industry to exploit regulatory loopholes, such as weaker warnings, lower taxation, and an unclear second-hand smoke exposure ban.

This exemplifies how industries exploit scientific uncertainty, definitional gaps, and political influence to circumvent, weaken, and delay regulation, allowing new products time to establish a market presence and shape public perceptions before effective controls are implemented.

When Philip Morris International proposed a large experiential store combining retail, exhibition space, and a restaurant, advocates perceived it as an attempt to renormalise tobacco. A multisectoral response combined political monitoring, engagement with authorities, independent aerosol testing, and collective legal opposition. This response led to parliamentary scrutiny and a construction permit that forbade indoor use of heated tobacco, except in enclosed smoking rooms. Philip Morris eventually abandoned the flagship project in 2018. In 2019, it adapted by opening a smaller outlet.

This experience highlights several key lessons: industry innovation exploits regulatory loopholes; robust, anticipatory laws and enforcement are essential; independent research is critical for countering industry influence and narratives; and large coalitions strengthen public health influence. Since 2024, the Swiss Tobacco Products Act has expanded regulations to all nicotine products and restricted advertising. Sustained, evidence-based advocacy is needed to combat the commercial determinants of health and prevent the industry from promoting harmful products.

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Context

Switzerland provided a favourable environment for the development and marketing of heated tobacco products. The global operational headquarters of Philip Morris International (hereafter referred to as Philip Morris) are located in Lausanne, while its research and development centre is based in Neuchâtel [1]. Japan Tobacco International's international headquarters are located in Geneva. Philip Morris' long-standing presence in Switzerland has enabled it to play a significant role in political and economic debates on tobacco regulation [1]. Compared with many European countries, Switzerland has historically maintained less restrictive tobacco regulations, particularly regarding advertising, promotion, and sponsorship. The country has also long been criticised for the influence of the tobacco industry on political decision-making [1]. Although Switzerland signed the World Health Organization Framework Convention on Tobacco Control (FCTC) in 2004, it has still not ratified it, thereby limiting the implementation of stronger tobacco control policies [2].

This favourable political and regulatory context provides opportunities for tobacco companies. Switzerland consequently became a test market for IQOS because of its relatively permissive regulatory environment, high purchasing power, relatively high smoking prevalence, and the

product's development in Switzerland and initial marketing with an emphasis on "Swissness" [2]. After its initial launch in Japan in 2014, IQOS was introduced in Switzerland in 2015, making the country one of the earliest markets for the product [2-4].

Public health concerns

Public health concerns about IQOS emerged rapidly after its introduction [3, 4]. Philip Morris promoted it as an innovative "alternative" using "reduced harm" narratives, claiming that the product did not produce "smoke". This distinction enabled the company to take advantage of several regulatory loopholes. Heated tobacco products were subject to weaker health warnings and lower taxes than conventional cigarettes, despite similar retail prices [3]. There was also uncertainty about whether smoke-free laws applied to heated tobacco products [3, 5, 6].

Public health researchers and organisations quickly challenged these claims. They argued that the aerosol from heated tobacco products could contain harmful substances and pose health risks [5, 6]. Health advocates also feared that the company's marketing strategies would renormalise tobacco consumption by associating product use with modernity, technology, and lifestyle culture. Monitoring activities revealed intense promotional campaigns that included festivals, sponsorships, pop-up stores, and highly visible advertising [3, 7]. Early monitoring conducted while Switzerland served as a test market represented a missed opportunity, as its findings were not widely disseminated.

Mobilisation about the "flagship store"

The controversy intensified in 2016 when Philip Morris announced plans to open a large IQOS "flagship store" in Lausanne. Far from being a simple retail outlet, the project represented an ambitious experiential marketing strategy [3, 7]. Located in a trendy district of Lausanne, the 700-square-meter venue would include a retail store, an exhibition area, a café-restaurant, and an event space [3]. The store proposal embodied technological innovation and aimed to develop a template for the global roll-out of IQOS, drawing on its "harm reduction" narrative [6].

Public health actors immediately recognised the symbolic significance of the project. The "flagship store" blurred the boundaries between tobacco promotion, lifestyle branding, and public space. Advocates feared that the store would normalise tobacco consumption, particularly among young people, while also serving as a promotional platform in a strategic city-centre location. Furthermore, advocates were concerned that the project lacked a smoking room, suggesting that indoor product use would occur.

In response, Swiss public health organisations launched a coordinated campaign against the project. Their mobilisation comprised four approaches: political monitoring, engagement with authorities, the production and dissemination of independent evidence, and legal opposition. Public health actors informed policymakers about the implications of the "flagship store" and raised questions in local and cantonal parliaments [3]. These interventions helped to place the issue on the political agenda and prompted authorities to clarify the legal status of heated tobacco products.

Legal opposition to the project was also organised collectively. The Vaud Lung Association coordinated objections to the construction permit and emphasised both the likely appeal of the store to young people and the absence of a smoking room. At the same time, researchers analysing IQOS aerosol shared preliminary results with the authorities, showing that it contained toxic substances similar to those found in cigarette smoke. These findings raised sufficient concern to support the inclusion of heated tobacco products in smoking bans. This collaboration among researchers, advocacy organisations, medical associations, and institutional actors strengthened the credibility and visibility of the public health response.

In 2017, authorities granted the construction permit but prohibited use of heated tobacco products inside, except in enclosed smoking rooms. The decision reflected both the precautionary principle and the growing scientific evidence on emissions from heated tobacco products [4]. The requirement for a smoking room probably conflicted with Philip Morris' marketing strategy, which promoted IQOS as cleaner and less harmful, leading the company to appeal the decision in court.

Ahead of the court review, the research results, formally published in 2017, showed that IQOS aerosol contained toxic substances characteristic of cigarette smoke [4]. Philip Morris strongly criticised the study, as evidence that IQOS emits smoke contradicted its strategic reposi-

tioning and undermined its “smoke-free world” slogan. Philip Morris unsuccessfully pressured the researchers to retract their publication [8], highlighting the tobacco industry’s long-standing strategy of intimidating researchers [9, 10].

In 2018, before a court ruling was issued, Philip Morris announced that it had abandoned the project for “purely commercial” reasons. Public health actors viewed this decision as a positive outcome [3]. The outcome demonstrated that coordinated advocacy could successfully challenge sophisticated tobacco marketing strategies, even in a political environment strongly influenced by the tobacco industry.

Industry adaptation and legal evolution

In 2019, in response to opposition, Philip Morris adjusted its strategy and opened a smaller 124-square-metre store in another district of Lausanne. The new outlet complied with the smoking ban. Although legally compliant, the store continued to function as visible advertising, albeit with a more limited symbolic impact due to its less prominent location. Public health actors did not formally oppose the opening of the store, as it complied with existing regulations; they could only observe how permissive the legal framework remained, particularly regarding in-store display and point-of-sale advertising.

At that time, novel nicotine products (e-cigarettes and nicotine pouches) and point-of-sale marketing practices were also attracting attention in Switzerland. As these products did not contain tobacco or produce smoke, existing tobacco legislation did not apply to them (age-of-sale restrictions, advertising rules, smoking bans, etc.). While efforts to regulate these products were underway at the federal level, public health actors used this opportunity to raise concerns with cantonal policymakers. They emphasised how a new law could address these concerns. In 2024, cantonal and federal laws were revised to encompass all tobacco and nicotine products (except pharmaceutical products) [2]. From 2025, advertising in retail stores accessible to minors has been prohibited in the Canton of Vaud, representing a pioneering position. Together, these measures mark a significant turning point towards a proactive regulatory framework designed to close loopholes previously exploited by the tobacco industry.

Key lessons

This case highlights several broader lessons for public health policy:

1. The tobacco industry continuously adapts its products and marketing strategies to exploit regulatory loopholes and regain social acceptability [2, 3, 6]. Public health actors must continuously monitor and critically review industry innovations.
2. Strong and comprehensive legislation is essential for effectively protecting public health. It requires broad definitions that encompass emerging products [2].
3. Historically, the tobacco industry has leveraged scientific uncertainty to delay regulation [9, 10]. Independent scientific research plays a decisive role in countering industry narratives and informing evidence-based policy decisions that protect the public interest.
4. Finally, cross-sector coalitions combining scientific expertise, evidence-based advocacy, and political action are crucial for countering industry strategies.

Overall, this case illustrates the ongoing conflict between public health objectives and tobacco industry interests. Even in a challenging political environment, public health organisations can curb commercial strategies and contribute to improving regulations. The case demonstrates that sustained advocacy, credible scientific evidence, and coordinated collective action can influence public policy and resist the normalisation of harmful products, especially when concrete cases prompt authorities to anticipate and improve regulations.

Notes

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Potential competing interests

All authors have completed and submitted the International Committee of Medical Journal Editors form for disclosure of potential conflicts of interest. The authors stated that their organisation took part in the public health advocacy process described in this article. No potential conflict of interest related to the content of this manuscript was disclosed.

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