

PUBLIC HEALTH ALERTS | IN PARTNERSHIP WITH CIDRAP

Tobacco Product Use among U.S. Adults, 2023–2024

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Abstract

Analysis of 2023–2024 National Health Interview Survey data suggest that prevalence of cigarette smoking among U.S. adults declined from 10.8% of the population in 2023 to 9.9% in 2024. Use of other tobacco products, including cigars and e-cigarettes, remained unchanged, and 18.8% of adults (47.7 million) used at least one tobacco product.

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Introduction

Tobacco use remains a major public health concern and a leading cause of preventable morbidity and mortality in the United States.¹ For more than a decade, prevalence of cigarette smoking has been tracked continuously to monitor progress toward national objectives, with reporting historically coordinated through the Centers for Disease Control and Prevention (CDC) Office on Smoking and Health.^{2,3} Recently, however, routine public reporting of adult smoking prevalence has been interrupted, creating gaps in the continuity of federal tobacco surveillance. To support ongoing monitoring of Healthy People 2030 objectives, including the goal of reducing cigarette smoking prevalence among adults to 6.1%,⁴ this report presents updated estimates of tobacco product use among U.S. adults using data from the 2023 and 2024 National Health Interview Survey (NHIS) cycles and assesses recent changes in prevalence.



Investigation and Findings

The NHIS is a nationally representative, in-person, household survey of the noninstitutionalized civilian U.S. population, conducted in the 50 states and Washington, DC. In 2023, 29,522 adults 18 years of age or older participated (response rate=47.0%); in 2024, 32,629 participated (response rate=47.9%).⁵

Current cigarette smokers were defined as adults who had smoked 100 or more cigarettes in their lifetime and currently smoked every day or some days, whereas current users of cigars, smokeless tobacco, or e-cigarettes were those with any lifetime use who reported every-day or some-day use at the time of the survey.

Prevalence estimates for 2024 were calculated overall and by sex, age group, race and ethnicity, U.S. Census Bureau region, rural/urban designation, educational attainment, marital status, family income-to-poverty ratio, sexual orientation, body mass index, disability status, and occupation. Estimates with relative standard errors of 30% or greater were deemed

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Table 1. Percentage of Adults 18 Years of Age or Older Who Reported Tobacco Product Use “Every Day” or “Some Days,” in the 2024 U.S. National Health Interview Survey, by Tobacco Product and Selected Characteristics.*

Characteristic	Any Tobacco Product, % (95% CI)	Any Combustible Tobacco, % (95% CI)	Smokeless Tobacco, % (95% CI)	Cigars, % (95% CI)	E-Cigarettes, % (95% CI)	Cigarettes, % (95% CI)
Overall						
Total	18.8 (18.2–19.5)	12.6 (12–13.1)	2.6 (2.3–2.8)	3.7 (3.4–3.9)	7.0 (6.6–7.4)	9.9 (9.5–10.4)
Sex						
Female	13.9 (13.2–14.7)	9.1 (8.5–9.6)	0.4 (0.2–0.5)	1.0 (0.8–1.2)	6.4 (5.8–6.9)	8.4 (7.9–9.0)
Male	24.1 (23.1–25.0)	16.2 (15.4–17)	4.9 (4.5–5.4)	6.5 (6.0–7.0)	7.7 (7.1–8.3)	11.5 (10.8–12.2)
Age group (yr)						
18–24	18.6 (16.7–20.6)	5.3 (4.1–6.5)	2.9 (2.1–3.7)	2.6 (1.7–3.4)	14.8 (13.0–16.6)	3.4 (2.5–4.4)
25–44	22.9 (21.7–24.0)	14.1 (13.2–15.0)	3.2 (2.8–3.7)	4.9 (4.4–5.5)	11.1 (10.3–11.9)	10.5 (9.7–11.3)
45–64	20.4 (19.3–21.4)	16 (15.0–16.9)	2.8 (2.4–3.3)	3.9 (3.4–4.4)	4.1 (3.6–4.6)	13.3 (12.4–14.2)
≥65	10.8 (10.1–11.6)	9.3 (8.6–10.0)	1.1 (0.9–1.3)	2.0 (1.7–2.3)	1.0 (0.7–1.2)	7.8 (7.2–8.4)
Race/ethnicity†						
White, non-Hispanic	21.6 (20.8–22.4)	13.9 (13.2–14.5)	3.7 (3.3–4)	3.9 (3.6–4.2)	8.0 (7.5–8.6)	11.1 (10.5–11.7)
Black, non-Hispanic	18.7 (16.9–20.5)	15.1 (13.4–16.7)	1.1 (0.7–1.6)	5.8 (4.8–6.9)	4.9 (3.9–5.9)	10.8 (9.4–12.2)
Asian, non-Hispanic	7.3 (5.7–8.8)	4.8 (3.6–6.0)	—‡	1.2 (0.7–1.7)	3.3 (2.2–4.3)	3.8 (2.7–4.9)
Other, non-Hispanic	26.1 (22.3–30.0)	15.2 (12.2–18.2)	2.6 (1.3–3.9)	4.0 (2.2–5.7)	13.8 (10.7–16.9)	12.7 (10.0–15.4)
Hispanic	12.2 (11.1–13.4)	8.7 (7.7–9.6)	0.6 (0.4–0.8)	2.3 (1.8–2.8)	5.1 (4.3–6.0)	7.1 (6.3–8.0)
U.S. Census region						
Midwest	22.1 (20.6–23.7)	14.6 (13.4–15.9)	3.4 (2.8–4.0)	4.0 (3.4–4.6)	8.3 (7.2–9.4)	11.8 (10.7–12.9)
Northeast	15.9 (14.3–17.5)	10.9 (9.6–12.2)	2.3 (1.7–3.0)	3.3 (2.7–3.9)	5.1 (4.2–6.0)	8.4 (7.3–9.6)
South	20.8 (19.7–21.9)	14.1 (13.3–15.0)	2.8 (2.4–3.2)	4.2 (3.7–4.7)	7.5 (6.9–8.2)	11.2 (10.4–11.9)
West	14.8 (13.4–16.2)	9.4 (8.5–10.3)	1.7 (1.3–2.1)	2.7 (2.2–3.2)	6.4 (5.5–7.3)	7.4 (6.6–8.2)
Urbanization level§						
Rural	27.0 (25.3–28.7)	17.7 (16.2–19.1)	5.4 (4.6–6.3)	3.5 (2.9–4.1)	9.1 (8.0–10.3)	15.4 (14.0–16.7)
Urban	17.5 (16.8–18.2)	11.7 (11.2–12.3)	2.1 (1.9–2.4)	3.7 (3.4–4.0)	6.7 (6.2–7.1)	9.0 (8.5–9.5)
Education						
0–12 yr	22.6 (20.5–24.7)	16.7 (14.8–18.5)	1.9 (1.3–2.5)	3.2 (2.3–4.0)	7.2 (5.8–8.6)	15.5 (13.8–17.3)
GED	42.8 (38.7–47.0)	32.3 (28.3–36.3)	3.6 (2.1–5.2)	7.0 (4.6–9.4)	16.6 (13.1–20.1)	28.7 (24.8–32.7)
High school certificate	24.9 (23.5–26.2)	16.6 (15.5–17.6)	3.6 (3.1–4.1)	4.2 (3.6–4.7)	9.0 (8.1–9.9)	13.8 (12.9–14.8)
Some college, no diploma	20.2 (18.8–21.7)	12.2 (11.0–13.4)	3.4 (2.7–4.1)	3.3 (2.7–4.0)	8.6 (7.5–9.7)	9.9 (8.9–10.9)
Associate degree	20.3 (18.8–21.9)	13.5 (12.2–14.8)	2.9 (2.3–3.5)	3.7 (3.0–4.5)	7.9 (6.8–9.0)	10.9 (9.7–12.1)
Bachelor’s degree	11.9 (11.0–12.8)	7.5 (6.8–8.3)	1.8 (1.4–2.2)	3.8 (3.3–4.3)	4.4 (3.9–5.0)	4.2 (3.6–4.7)
Graduate school	7.7 (6.8–8.6)	5.4 (4.6–6.1)	1.0 (0.7–1.4)	2.8 (2.2–3.3)	2.4 (1.9–2.9)	2.9 (2.3–3.4)
Marital status						
Married/living with partner	17.8 (17.0–18.6)	12.0 (11.3–12.6)	2.8 (2.5–3.1)	3.7 (3.4–4.0)	6.0 (5.6–6.5)	9.1 (8.5–9.7)
Single, never married	20.2 (18.9–21.5)	11.3 (10.3–12.2)	2.1 (1.7–2.6)	3.9 (3.3–4.6)	10.9 (9.9–11.9)	8.6 (7.8–9.4)
Unknown marital status	18.5 (14.3–22.7)	13.7 (10.2–17.3)	—‡	3.3 (1.5–5.1)	7.7 (4.6–10.7)	12.0 (8.8–15.2)
Widowed/divorced/separated	20.8 (19.6–22.1)	16.8 (15.7–18.0)	2.4 (1.9–2.8)	3.1 (2.6–3.6)	4.8 (4.1–5.4)	15.1 (14.1–16.2)
Poverty index ratio¶						
≥400% (high)	14.4 (13.6–15.2)	9.1 (8.5–9.8)	2.7 (2.3–3.0)	4.1 (3.7–4.5)	5.0 (4.5–5.5)	5.6 (5.1–6.1)
200% to <400% (middle)	20.1 (19.0–21.2)	13.0 (12.1–13.9)	2.7 (2.3–3.2)	3.2 (2.7–3.6)	8.2 (7.4–8.9)	10.8 (9.9–11.6)
<200% (low)	24.4 (23.1–25.7)	17.5 (16.4–18.6)	2.3 (1.9–2.7)	3.6 (3.1–4.2)	8.9 (8.0–9.7)	15.8 (14.8–16.8)
Sexual orientation						
Heterosexual	18.4 (17.7–19.1)	12.5 (12.0–13.1)	2.7 (2.4–2.9)	3.7 (3.4–4.0)	6.3 (5.9–6.7)	9.9 (9.4–10.4)
Lesbian/gay	28.0 (24.8–31.1)	13.3 (11.2–15.4)	1.1 (0.5–1.7)	3.7 (2.5–4.8)	19.3 (16.4–22.2)	10.6 (8.7–12.5)
Unknown sexual orientation	17.4 (14.5–20.3)	11.8 (9.4–14.2)	2.2 (1.0–3.5)	3.2 (1.9–4.6)	8.5 (6.1–10.9)	9.5 (7.5–11.6)

(Continued)

Table 1. (Continued)						
Characteristic	Any Tobacco Product, % (95% CI)	Any Combustible Tobacco, % (95% CI)	Smokeless Tobacco, % (95% CI)	Cigars, % (95% CI)	E-Cigarettes, % (95% CI)	Cigarettes, % (95% CI)
Body-mass index ^{ll}						
Healthy weight	18.0 (16.9–19.1)	11.7 (10.9–12.6)	1.8 (1.5–2.2)	2.8 (2.4–3.2)	8.0 (7.2–8.8)	10.0 (9.2–10.8)
Obese	19.6 (18.6–20.6)	13.1 (12.3–13.9)	3.2 (2.7–3.6)	4.3 (3.8–4.8)	6.8 (6.2–7.5)	9.9 (9.2–10.7)
Overweight	19.0 (17.9–20.0)	13.0 (12.1–13.8)	2.8 (2.4–3.1)	4.0 (3.6–4.5)	6.3 (5.6–6.9)	9.9 (9.2–10.6)
Underweight	23.7 (19.1–28.3)	14.5 (10.8–18.1)	—‡	—‡	10.5 (7.0–14)	12.7 (9.5–15.9)
Disability/limitations ^{**}						
None reported	16.5 (15.7–17.3)	10.8 (10.2–11.4)	2.3 (2.0–2.6)	3.4 (3.1–3.8)	6.0 (5.5–6.6)	8.1 (7.5–8.6)
Any reported	21.5 (20.6–22.5)	14.6 (13.8–15.4)	2.9 (2.6–3.3)	3.9 (3.5–4.4)	8.2 (7.5–8.8)	12.1 (11.4–12.8)
Occupational sector ^{††}						
Arts, Entertainment & Recreation	17.9 (13.3–22.6)	12.2 (8.2–16.2)	—‡	3.9 (1.6–6.2)	6.1 (3.2–9.1)	9.0 (5.4–12.6)
Construction & Manufacturing	28.6 (26.5–30.7)	18.1 (16.3–19.9)	6.0 (5.0–7.1)	5.9 (4.9–6.9)	11.0 (9.6–12.5)	14.2 (12.6–15.8)
Education	9.5 (7.8–11.1)	5.1 (3.9–6.4)	1.4 (0.7–2.0)	1.9 (1.1–2.7)	4.1 (3.0–5.3)	3.7 (2.6–4.8)
Financial & Professional Services	16.8 (15.4–18.3)	11.1 (9.9–12.2)	2.2 (1.7–2.8)	5.0 (4.1–5.8)	6.0 (5.1–6.9)	6.9 (5.9–7.8)
Government & Public Administration	16.7 (13.8–19.5)	10.7 (8.5–13.0)	4.1 (2.6–5.6)	5.5 (3.7–7.3)	5.9 (4.1–7.7)	6.3 (4.6–8.0)
Health Care & Social Assistance	14.4 (12.8–16.0)	8.3 (7.0–9.5)	0.9 (0.5–1.2)	1.3 (0.9–1.7)	7.0 (5.9–8.2)	7.2 (6.0–8.4)
Other Services	19.8 (16.7–22.8)	12.8 (10.2–15.3)	—‡	3.0 (1.6–4.4)	9.6 (7.2–12.0)	11.4 (9.0–13.8)
Primary & Extractive Industries	29.4 (24.6–34.1)	16.5 (12.5–20.5)	11.5 (8.2–14.7)	5.9 (3.5–8.4)	8.4 (5.2–11.6)	11.7 (8.1–15.3)
Trade, Transportation & Hospitality	25.2 (23.6–26.8)	15.5 (14.1–16.8)	2.8 (2.2–3.4)	4.9 (4.0–5.7)	12.0 (10.8–13.2)	11.7 (10.6–12.9)

* Data are based on findings from the 2024 U.S. National Health Interview Survey. Tobacco use definitions: Current cigarette smoking was defined as having smoked 100 or more cigarettes during one's lifetime and smoking every day or some days at the time of survey. Current use of cigars (regular cigars, cigarillos, or little filtered cigars), smokeless tobacco (chewing tobacco, snuff, dip, snus, nicotine pouches, or dissolvables), and electronic cigarettes (e-cigarettes or other vaping devices) was defined as having ever used the product one time or more and using it every day or some days at the time of survey. "Any combustible tobacco use" comprised cigarettes and/or cigars; other combustibles (e.g., pipes, hookahs) were not assessed in the 2024 National Health Interview Survey and were excluded. Any tobacco use comprised current use of one or more of the products above (cigarettes, cigars, smokeless tobacco, or e-cigarettes). Confidence intervals have not been adjusted for multiple comparisons. GED denotes General Educational Development certificate.

† Race and ethnicity were categorized as Hispanic (any race), non-Hispanic white, non-Hispanic Black, non-Hispanic Asian, or non-Hispanic other. The "other, non-Hispanic" category includes those adults who were categorized as "non-Hispanic American Indian or Alaska Native and any other group" or "other single and multiple races." Race and ethnicity were self-reported.

‡ Unreliable estimates were suppressed because of relative standard errors of 30% or greater.

§ Rural/urban designation was based on the 2023 National Center for Health Statistics (NCHS) Urban-Rural Classification Scheme for Counties, with large central metro, large fringe metro, and medium and small metro counties classified as urban and nonmetropolitan counties as rural.

¶ Ratio of family income to poverty threshold for family size based on the imputed family income to poverty threshold variable.

|| The body-mass index is the weight in kilograms divided by the square of the height in meters and rounded to two decimal places. Adults were classified as underweight (<18.5), healthy weight (18.5–24.9), overweight (25.0–29.9), or obese (≥30).

** Disability status was defined as yes if respondents reported any difficulty or inability (any response of "Some difficulty," "A lot of difficulty," or "Cannot do at all" vs. "No difficulty") to do at least one of the following: seeing (even with glasses), hearing (even with a hearing aid), walking or climbing steps, communicating, remembering or concentrating, or self-care (e.g., washing or dressing); otherwise, no disability.

†† Occupational category was grouped into nine categories by production type, work setting, and typical risks, keeping especially large or distinctive sectors separate. [1] Primary & Extractive Industries: agriculture, forestry, fishing, hunting, mining, and utilities — resource extraction/primary production with outdoor and environmental exposures; [2] Construction & Manufacturing: goods-producing sectors with high physical demands and hazards; [3] Trade, Transportation & Hospitality: wholesale/retail trade, transportation/warehousing, real estate/leasing, and accommodation/food services — commerce and consumer-facing work with variable hours and public interaction; [4] Financial & Professional Services: information, finance/insurance, professional/scientific/technical services, company management, and administrative/support/waste management — primarily office-based, knowledge or clerical roles; [5] Education Services: teachers, academics, and related staff, listed separately due to size and distinct risks; [6] Health care & Social Assistance: clinical/caregiving settings; [7] Arts, Entertainment & Recreation: creative, public-facing roles (e.g., performers, recreation workers) with unique occupational profiles; [8] Government & Public Administration: civil service and armed forces — public-service roles within structured hierarchies; [9] Other Services: miscellaneous private services not elsewhere classified (e.g., repair, personal care, religious organizations).

unreliable and were suppressed. All analyses were weighted to account for the complex survey design and conducted using the Chisquares research platform.⁶ Weighted population counts were rounded to the nearest 10,000 persons. Confidence intervals have not been adjusted for multiple comparisons.

In 2024, 18.8% (47.67 million) of U.S. adults reported using any tobacco product, including 12.6% (31.79 million) who reported using any combustible tobacco (i.e., cigarettes and/or cigars), 9.9% (25.19 million) who reported smoking cigarettes, 7.0% (17.79 million) who reported using e-cigarettes, 3.7% (9.3 million) who reported smoking cigars, and 2.6% (6.56 million) who reported using smokeless tobacco (Table 1). Prevalence of any tobacco use was highest among individuals in primary extractive (29.4%) and construction/manufacturing (28.6%) occupations, those with a General Educational Development certificate (42.8%), individuals with disabilities (21.5%), low-income groups (24.4%), and rural residents (27.0%). Men (24.1%) reported higher use than women (13.9%).

Cigarettes were the most commonly used tobacco product overall, but certain groups reported higher e-cigarette use than cigarettes, including those 18–24 years of age (14.8% vs. 3.4%), single/never married individuals (10.9% vs. 8.6%), lesbian/gay individuals (19.3% vs. 10.6%), and those working in the education sector (4.1% vs. 3.7%). In 2024, among adults reporting any tobacco use, 80.0% used a single product, 17.4% used two products, 2.3% used three products, and 0.3% used all four products assessed.

Among cigarette smokers, 74.1% smoked daily, averaging 21.0 packs in the past 30 days, whereas some-day smokers averaged 3.2 packs.

From 2023 to 2024, prevalence of cigarette smoking declined from 10.8% to 9.9% (Table 1 and Fig. 1), driving a decrease in combustible tobacco use (13.5% to 12.6%). No apparent changes were observed for cigars or e-cigarettes. Prevalence of smokeless tobacco use could not be compared because of definitional changes.

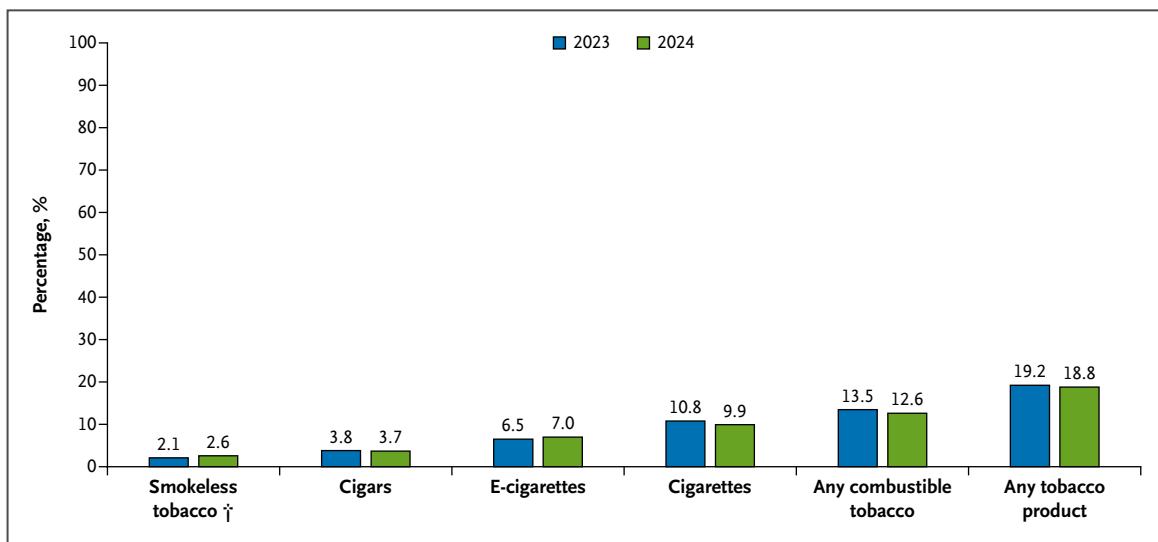


Figure 1. Tobacco Use Prevalence in 2023 and 2024 among U.S. Adults.

Tobacco use definitions: Current cigarette smoking was defined as having smoked 100 or more cigarettes during one’s lifetime and smoking every day or some days at the time of survey. Current use of cigars (regular cigars, cigarillos, or little filtered cigars), smokeless tobacco (chewing tobacco, snuff, dip, snus, nicotine pouches, or dissolvables), and electronic cigarettes (e-cigarettes or other vaping devices) was defined as having ever used the product one time or more and using it every day or some days at the time of survey. “Any combustible tobacco use” comprised cigarettes and/or cigars; other combustibles (e.g., pipes, hookahs) were not assessed in the 2024 National Health Interview Survey and were excluded. Any tobacco use comprised current use of one or more of the products above (cigarettes, cigars, smokeless tobacco, or e-cigarettes). †Estimates for 2023 and 2024 are not directly comparable because the smokeless tobacco definition changed. National Health Interview Survey 2024 assessed six product types — chewing tobacco, snuff, dip, snus, dissolvable tobacco, and nicotine pouches — whereas 2023 excluded nicotine pouches. Thus, the apparent rise from 2.1% (2023) to 2.6% (2024) may reflect measurement differences rather than true changes in use.

Summary and Public Health Implications

The decline in cigarette smoking from 10.8% in 2023 to 9.9% in 2024 marked the first time that prevalence of cigarette smoking among U.S. adults reached single digits, aligning with progress toward the Healthy People 2030 goal of 6.1%.⁴ If this decline continues, the target might be met or exceeded by 2030. However, the lack of change in cigar and e-cigarette use calls for intensified implementation of comprehensive tobacco control policies addressing all products.^{7,8}

Maintaining a centralized federal capacity for tobacco prevention and control is essential to sustaining progress in reducing smoking prevalence. Past gains resulted from coordinated implementation of evidence-based strategies led by the CDC Office on Smoking and Health, in collaboration with federal, state, and local partners; maintaining this coordination is critical to prevent reversal of those gains.^{1,9,10}

This study had limitations. First, changes in product definitions (e.g., inclusion of nicotine pouches in 2024 smokeless tobacco measures) prevented direct comparisons for prevalence of smokeless tobacco use.⁵ Second, self-reported data might introduce misclassification bias. Finally, estimates for some subgroups were suppressed due to imprecision.

Sustained implementation of evidence-based tobacco control strategies — comprehensive smoke-free laws, increased tobacco taxes, and barrier-free cessation support — is critical to further reduce tobacco use.¹ Targeted interventions for high-prevalence groups can help address disparities and ensure equitable progress.^{9,10}

Disclosures

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