



## **Written Submission to the Consultation on the Second Legislative Review of the *Tobacco and Vaping Products Act***

**November 2023**

## Introduction

The Canadian Paediatric Society (CPS) is pleased to submit the following comments as part of the public consultation of the Second Legislative Review of the *Tobacco and Vaping Products Act* (TVPA). As Canada's national association of paediatricians, paediatric subspecialists and other child and youth health providers, the CPS applauds Health Canada's efforts to regulate the manufacture, sale, labelling and promotion of tobacco and vaping products. While significant progress has been made towards some of the core objectives of the TVPA, meaningful challenges still stand in the way of its full realization and impact. Given the scope of this consultation and the mandate and expertise of the CPS, this written submission will focus on the theme of restricting youth access to tobacco products.

## Reaching groups with disproportionately high smoking rates

The significant decrease in current smoking rates captured by the Canadian Community Health Survey (CCHS) between 2001 and 2021 is an important indicator of success at reducing Canadian smoking rates, particularly for those aged 15-19 (from 26% in 2001 to approximately 3% in 2021). However, this number must be qualified by the recognition that the CCHS does not capture rates for First Nations People living on reserve, full-time members of the Canadian Forces, individuals who are in institutions, and other sub-groups who historically have higher than average smoking rates.

While the national smoking rate has dropped significantly over the last 20 years, some youth and young adults continue to be more at risk of becoming regular smokers. Given the progress in reducing average smoking rates over the last few decades, groups with disproportionately higher smoking rates that are long-standing and well-documented must be prioritized. This includes dedicated resources and tailored supports by and for Indigenous Peoples, LGBTQ2IA+ individuals, low-income individuals, individuals with mental health disorders, and individuals with less than a secondary education. Ongoing and responsive review on the appropriateness and effectiveness of public health measures that uphold the principle of "nothing about us without us" should be supported to best ensure the promotion of health equity and increase the likelihood of achieving the *Canada's Tobacco Strategy* target of less than 5% tobacco use by 2035.

With a smoking rate of 58% in Nunavut and 26% in the Northwest Territories,<sup>1</sup> the gap between smoking rates for Indigenous and non-Indigenous people in particular remains far too high. Despite overall decreases in smoking prevalence and increases in quit attempts, Indigenous youth have still been shown to have more than 5 times higher odds of being smokers compared to non-Indigenous youth.<sup>2</sup> This health inequity and the social determinants that have fueled it for generations must be given the dedicated focus and attention needed to promote the health and well-being of Indigenous youth in a culturally appropriate manner while delivering on the objectives of the TVPA.

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<sup>1</sup> Health Canada. The Second Legislative Review of the *Tobacco and Vaping Products Act*. Discussion Paper, 2023: <https://www.canada.ca/en/health-canada/programs/consultation-second-legislative-review-tobacco-vaping-products-act/document.html> (Accessed October 24, 2023).

<sup>2</sup> Sikorski C, Leatherdale S, Cooke M. Tobacco, alcohol and marijuana use among Indigenous youth attending off-reserve schools in Canada: cross-section results from the Canadian Student Tobacco, Alcohol and Drugs Survey. *Health Promotion and Chronic Disease Prevention in Canada: Research, Policy and Practice* June/July 2019;39(6/7):207-215.

## Strengthening data

Greater age-disaggregation of data would strengthen our ability to best respond to tobacco use by children and youth in Canada. Many studies and surveys present data on those aged 15-19 as one group. This does not adequately capture the difference in tobacco use rates for those under the age of majority in comparison to older youth and young adults. The discrepancies in ease of access for older youth who can legally purchase tobacco products, in addition to the many differences in level of independence, lifestyle, stressors, peer influences, and rates of co-substance use for those aged 18-19, as compared to those aged 15-17 should be reflected in the available data whenever possible.

Similarly, many studies and reports focus on smoking rates for those 15 years of age and older. However, we know that the age of first use for many Canadians is prior to age 15, with 70% of current smokers reporting having smoked their first whole cigarette before the age of 18.<sup>3</sup> According to research from the University of Waterloo, 9.3% of students in grades 7-9 reported having tried smoking a cigarette, a rate only slightly less than the 10.5% of youth aged 15-19 who reported the same.<sup>4</sup>

Having parents, siblings or friends who smoke increases a child's access to tobacco products and normalizes smoking behaviours, both of which increases their likelihood of tobacco usage.<sup>5</sup> Additional data on smoking rates in those under the age of 15 could help to strengthen early intervention initiatives and public education campaigns to reach children and youth at greatest risk for early tobacco use and nicotine addiction.

## Monitoring the impact of new health warning labels

When it comes to innovative efforts to curb youth tobacco use, one significant change that will be important to closely monitor is the introduction of new regulations to require warning labels on individual cigarettes. As these regulations come into effect, it is our strong hope that they will have a positive impact on the number of teenagers who smoke, and their awareness of the health risks associated with tobacco usage.

Strong monitoring and evaluation measures will be needed to assess the impact of these new regulations, identify and respond to any loopholes, and implement complementary efforts that may be required. This is especially important given the fact that Canada is the first country in the world to adopt this regulatory approach. A strong evidence base through which to assess its impact will therefore be instrumental in informing international best practice and hopefully, improving the health and well-being of youth in other jurisdictions as well.

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<sup>3</sup> Statistics Canada. Canadian Community Health Survey, 2021: <https://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&Id=1314175> (Accessed October 24, 2023).

<sup>4</sup> Reid JL, Hammond D, Burkhalter R et al. Tobacco Use in Canada: Patterns and Trends. University of Waterloo, 2022: [https://uwaterloo.ca/tobacco-use-canada/sites/default/files/uploads/files/tobacco\\_use\\_in\\_canada\\_2022\\_4.pdf](https://uwaterloo.ca/tobacco-use-canada/sites/default/files/uploads/files/tobacco_use_in_canada_2022_4.pdf) (Accessed October 24, 2023).

<sup>5</sup> Jetty R. Tobacco use and misuse among Indigenous children and youth in Canada. *Paediatr Child Health* 2017;22(7):395-399.

## Supporting evidence-based smoking cessation for adolescents

Canada has witnessed a general decrease in smoking prevalence in recent years. However, despite large numbers of campaigns and interventions, thousands of young people in Canada continue to initiate cigarette smoking every year.<sup>6</sup> Studies have shown that most adolescent smokers would like to quit smoking,<sup>7</sup> and many try to quit on their own. However, most attempts are unsuccessful and relapse rates are high. According to a Cochrane review of smoking cessation in teenagers, the interventions with the strongest level of evidence to support them are group-based behavioural interventions, though there is a need for rigorous and well-powered randomized controlled trials to better understand the effectiveness of available interventions, alone or in combination, in this population.<sup>8</sup> Support from all levels of government to increase access and reduce barriers to such evidence-based interventions to assist young people who smoke in their quit attempts is strongly recommended. In addition, governments should fund and encourage additional research into evidence-based smoking prevention and cessation interventions for adolescents and young adults.

## Expanding efforts to reduce youth vaping

In contrast to the meaningful progress on reducing smoking rates amongst youth and young adults in Canada, the prevalence of tobacco product use more broadly remains a significant concern, particularly with regards to youth vaping. According to the 2022 Canadian Tobacco and Nicotine Survey (CTNS), 6.2% of youth aged 15-19 and 10.7% of young adults 20-24 had used at least one tobacco product in the past 30 days.<sup>9</sup> Looking solely at vaping, in the 2022 CTNS, 30% of youth aged 15-19 years reported having ever tried vaping, and 14% reported past-30-day vaping. For young adults aged 20-24, 48% reported having ever tried vaping and 17% reported past-30-day vaping.<sup>10</sup>

Among those who reported past-30-day vaping (excluding cannabis vaping), 11.6% of 15-19 year olds and 16.7% of 20-24 year olds reported vaping an e-liquid containing nicotine.<sup>11</sup> Of those who reported past-30-day vaping, 69% of those aged 15-19 and 62% of those aged 20-24 reported having never smoked.<sup>12</sup> This illustrates the dual problems of a new generation of young Canadians who are becoming addicted to nicotine through vape use, as well as the problem of co-usage. Even though vaping should not be used as a smoking cessation tool for youth, due to a lack of effectiveness and evidence of harm,<sup>13</sup>

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<sup>6</sup> Harvey J, Chadi N. Preventing smoking in children and adolescents: Recommendations for practice and policy. *Paediatr Child Health* 2016;21(4):209-14.

<sup>7</sup> Ibid.

<sup>8</sup> Fanshawe TR, Halliwell W, Lindson N et al. Tobacco cessation interventions for young people. *Cochrane Database of Systematic Reviews* 2017;11: DOI: 10.1002/14651858.CD003289.pub6 (Accessed November 1, 2023).

<sup>9</sup> Canadian Tobacco and Nicotine Survey (CTNS): summary of results for 2022. Health Canada, 2022: <https://www.canada.ca/en/health-canada/services/canadian-tobacco-nicotine-survey/2022-summary.html> (Accessed October 25, 2023).

<sup>10</sup> Ibid.

<sup>11</sup> Canadian Tobacco and Nicotine Survey (CTNS): 2022 detailed tables. Health Canada, 2022: <https://www.canada.ca/en/health-canada/services/canadian-tobacco-nicotine-survey/2022-summary/2022-detailed-tables.html#tbl8> (Accessed October 25, 2023).

<sup>12</sup> Canadian Tobacco and Nicotine Survey (CTNS): summary of results for 2022. Health Canada, 2022: <https://www.canada.ca/en/health-canada/services/canadian-tobacco-nicotine-survey/2022-summary.html> (Accessed October 25, 2023).

<sup>13</sup> Chadi N, Vyver E and Bélanger RE. Protecting children and adolescents against the risks of vaping. *Paediatr Child Health* 2021 (6): 358-365.

it also speaks to the fact that some youth may have started vaping with the intent of assisting with smoking cessation. Increased investments to raise awareness about the lack of evidence around vaping as a smoking cessation tool for youth is strongly recommended. It is also recommended that any messaging supporting the use of vaping as a smoking cessation tool for older adults should be delivered in a manner that would not lead adolescents to consider vaping as an effective cessation tool or promote its usage more broadly.

In the 2022 CTNS, 63% of youth aged 15-19 and 60% of young adults aged 20-24 who had vaped in the past 30 days reported using a fruit flavour most often.<sup>14</sup> A wide availability of youth-friendly flavours including fruit and mint has significantly contributed to the popularity of vaping in Canada, and has placed million of youth and non-smokers at risk of the many physical and mental health effects of vaping product use. Recognizing the appeal of flavoured vaping products to youth, we strongly reaffirm our support for banning all flavoured vaping products (with the exception of tobacco) and urge Health Canada not to abandon its proposed vaping products' flavour regulations. Several provinces and territories have taken the lead in adopting flavour bans, and we urge Health Canada to follow suit.

### **Adopting a proactive approach to synthetic nicotine**

Similarly, when looking at youth use of alternative tobacco products, it is important for Health Canada to be proactive in its approach to new and emerging products, including synthetic nicotine in vaping products, nicotine pouches, sprays, and candy. Synthetic nicotine is already prominent in the United States and will likely become an increasingly significant issue in Canada, especially given Health Canada's recent authorization of nicotine buccal pouches as a nicotine replacement therapy for adults 18 years of age and older. Considering recent trends in the U.S., Health Canada has the opportunity to act early and to restrict the appeal, marketing and sale of synthetic nicotine products for young people.

### **Learning from other jurisdictions**

To truly achieve the objectives of the TVPA, it is also imperative that we continue to both drive innovative approaches here in Canada and learn from measures being adopted in other jurisdictions. The successes and challenges of approaches being adopted and debated in other jurisdictions (such as New Zealand and the United Kingdom), including generational smoking bans, or the gradual phasing out of the ability to legally purchase tobacco products, should be closely monitored by Health Canada as we look for effective ways forward towards realizing the goal of a smoking rate of less than 5% by 2035.

### **Increasing enforcement mechanisms**

Finally, one of the biggest challenges when studying the effectiveness of the TVPA is the lack of meaningful enforcement mechanisms attributed to it. Given this, the risks to many of those operating in direct defiance of the TVPA are too low to compel change. Expanding enforcement mechanisms and compliance measures to allow for meaningful penalties for those who operate in open defiance of the TVPA is therefore strongly encouraged.

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<sup>14</sup> Canadian Tobacco and Nicotine Survey (CTNS): summary of results for 2022. Health Canada, 2022: <https://www.canada.ca/en/health-canada/services/canadian-tobacco-nicotine-survey/2022-summary.html> (Accessed October 25, 2023).

## About the CPS

The Canadian Paediatric Society is the national association of paediatricians, committed to working together to advance the health of children and youth by nurturing excellence in health care, advocacy, education, research and support of its membership. Founded in 1922, the CPS is a voluntary professional association that represents more than 3,600 paediatricians, paediatric subspecialists, paediatric residents, and others who work with and care for children and youth. The CPS is governed by an elected Board of Directors representing all provinces and territories.