CANADIAN PUBLIC HEALTH ASSOCIATION
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HEALTH EQUITY IMPACT ASSESSMENT

Draft Position Statement

Tobacco and Vaping Use in Canada: Moving Forward

Submitted 21 January 2021

SCOPING *Does the initiative acknowledge that different individuals or groups are affected?*		
Population	**Effect**	**Response**
Sex and gender	**Tobacco Control/Tobacco Consumption:** Yes, addressed in the overview as well as a section dedicated to this topic. One of the key interventions related to plain packaging looks at sex and gender. However, there is no distinction made about gender in the other key interventions related to taxation. Gender disparities are vaguely addressed in the recommendations (e.g., lines 43-44 regarding economic analyses concerning effectiveness as a tool for tobacco consumption cessation and its equity implications) and could be further articulated. **Vaping/vaping products:** briefly touched on (e.g., line 464, "In general, more men vape than women")	The available data at the national level identifies the sex of the respondent, but does not consider gender identity. In certain instances, smaller studies address gender but these results are often not scalable to the national level.
Youth	**Tobacco Control/Tobacco Consumption:** Yes, addressed throughout the position statement including key interventions and some discussion about the potential contribution of increased taxation on youth smoking rates. However, given the focus on youth smoking prevalence (and the number of interventions that exist), the position statement may want to include a specific recommendation related to evaluating the impact of youth policies and programming interventions (e.g., quitlines). **Vaping/vaping products:** Yes, addressed in the position statement. Included in the recommendations (lines 55 and 60), and throughout the document (lines 462, 468-471, 472-476, 517-518, 546-548).	The position statement includes a recommendation concerning the need to evaluate existing and planned health promotion and smoking cessation programs. This recommendation includes programming directed to youth.
Pregnant women and postpartum period	**Tobacco Control/Tobacco Consumption:** Yes, it is acknowledged from a data perspective about smoking rates among pregnant women (e.g., lines 217-225, 315). However, there is no information about smoking cessation for this particular population nor the effectiveness of interventions. There is also no recommendation on how smoke-free policies more broadly could support this population apart from maintaining existing laws concerning tobacco consumption.	There is a limited current surveillance information concerning smoking in this population, or evaluation of smoking cessation programs directed to them. Similarly, there is a paucity of information concerning the efficacy of smoke-free policies due to the aggregated nature of existing data, and the lack of program evaluation.

	Vaping/vaping products: appendix 3 notes that there is no evidence on whether or not e-cigarettes affect pregnancy outcomes.	
Indigenous peoples	**Tobacco Control/Tobacco Consumption:** Yes, the document acknowledges First Nations culture including clarification re: traditional tobacco and its sacred uses in contrast with the commercial use of tobacco. There are also references and data sources (or citations regarding lack thereof) to First Nations Peoples. However, there is no specific recommendation that addresses this group from a policy or programming perspective despite Line 114 mentioning that we should support indigenous groups to develop specific plans for Indigenous Peoples as part of Canada's Tobacco Strategy. It might be worthwhile reinforcing or further supporting this goal through one of the recommendations if this is a suitable path forward. **Vaping/vaping products:** vaping trends in indigenous communities not explored. It would be worthwhile to search for trends, or if sources not available, advocating for more research on this topic in the position statement.	The recommendations presented in the paper are generic in nature and are applicable to the policy and program activities for Indigenous and other Peoples. With respect to vaping in Indigenous communities, there is limited information available, which limits the ability to make evidence informed recommendations, although the generic surveillance and program evaluation recommendations are applicable.
Older adults and/or seniors	**Tobacco Control/Tobacco Consumption:** Position statement makes some comparison between age groups in its data analyses (e.g., lines 199-203) but there is no references to older adults other than the smoking prevalence rate of the 45-54 years old age group. Seniors are absent from this position statement. **Vaping/vaping products:** adults over 25 briefly mentioned in line 463-464. Older adults/seniors in regard to vaping absent from this statement. The latest national case profile of VALI incidences shows that 10/20 cases occurred in adults aged 35+. (https://www.canada.ca/en/public-health/services/diseases/vaping-pulmonary-illness.html)	Additional information has been added concerning smoking rates in older adults for 2018 and 2019 where 18.4% of those in the 50 to 64 year old age group smoked, while only 9.7% of the 65 and older age group smoked in 2018 and 9.1% smoked in 2019. WRT vaping, there is limited information concerning the vaping rates in seniors. Similarly, as of August 20, 2020 there were 20 self-reported cases of VALI in Canada of which 11 reported using a nicotine-containing product, 8 reported using a THC-containing product and 1 a flavoured product. They are still under investigation. This is in contrast to the CDC report, which identified the use of vitamin E acetate with THC containing products as the cause of VALI. Due to these considerations, discussion of VALI was limited in the statement.
Perinatal, Infant, and/or Children	**Tobacco Control/Tobacco Consumption:** The position statement discusses children as part of the group impacted if pregnant women were to smoke (line 219). However, there is no information presented about the impact on children as a result of not implementing secondhand smoke policies nor is there a recommendation that this should be a policy or programming priority that must	Our literature searches did not turn up any recent information concerning this subject. Also, the available national evaluations for the two previous tobacco control strategies did not address policies to reduce the influence of second hand smoke. However, the topic would be covered under the general recommendation that the existing policies, legislation, regulations and rules

	continue (other than a universal reference to maintaining existing laws). **Vaping/Vaping Products:** Yes, children briefly mentioned in lines 521-524: child resistant packaging and accidental/intentional ingestion of vaping liquid by children; and lines 532-534: US regulations to enforce unauthorized flavours that appeal to children.	should be maintained pending an evaluation of existing programs.
People with chronic health conditions/mental illness/substance abuse	**Tobacco Control/Tobacco Consumption:** The position statement makes a few references here, including those living with lung cancer specifically, but there is no recommendation related to multi-use and/or people living with other chronic health conditions. Mental illness is given its own section (lines 265-269), other substance use (271-273). **Vaping/vaping products:** more information should be added regarding vaping trends and co-use habits with other substances (e.g., cannabis, etc).	The existing national data provides limited insight into smoking and co-use of other substances, although focused, smaller scale studies provide some information and were cited when available. Similarly, there is limited information available concerning vaping and co-use of substances.
People with disabilities and/or functional limitations	**Tobacco Control/Tobacco Consumption:** There is an acknowledgement of the impact and cost of tobacco use resulting in death and disability in Canada (Line 185-186). It might be worthwhile expanding how people living with functional limitations who smoke compare to the general population either with Canadian or international data.	The literature searches conducted for this paper did not turn up any current references concerning smoking by people with disabilities.
Ethno-cultural differences	**Tobacco Control/Tobacco Consumption/Vaping:** There are no references/evidence or data sources in the position statement to support the recommendation (lines 45-46) that culturally sensitive health promotion and smoking cessation approaches are required. It may be that further evaluations are required which could be part of the existing recommendation regarding evaluation (lines 36-37).	The available national surveillance data is not disaggregated according to ethnicity or race, the limits of which became apparent during the COVID-19 pandemic. CIHI has proposed standards that would permit culturally sensitive disaggregation of data by ethnicity and race. This limitation is noted in the position statement.
Newcomers/refugees	**Tobacco Control/Tobacco Consumption/Vaping:** There is an acknowledgement that there is limited information among immigrant populations and no data according to ethnicity among immigrant groups (lines 321-323). While some of the recommendations may seem applicable to them, a universal approach may exclude this group and further information would be required to support this. There is no mention of refugee groups in the position statement	A statement has been added concerning the limited information available concerning smoking/vaping among refugee groups.
Racialized individuals/communities	**Tobacco Control/Tobacco Consumption/Vaping:** Not in recommendations. There is no mention of racialized communities or individuals nor	See previous note regarding ethno-cultural differences.

	any data presented either from Canada or internationally. While some of the recommendations may seem applicable to them, a universal approach may exclude this group and the position paper notes that tailored interventions may work better.	
Homeless, marginally housed, and under-housed individuals	**Tobacco Control/Tobacco Consumption/Vaping**: Lines 325-326: data from Canada limited; data from US shared.	
Linguistic considerations	**Tobacco Control/Tobacco Consumption/Vaping:** No information presented (e.g., Francophone groups) nor is there a recommendation. While some of the recommendations may seem applicable to them, a universal approach may exclude this group and further information and/or evaluation would be required to determine if a tailored intervention would be suitable.	National data in Canada is not disaggregated according to language. Inference, however, can be drawn from the provincial data as Quebec is the only officially francophone province, and New Brunswick has a significant francophone population. In both cases, it is the PT responsibility to establish programs to meet the needs of their populations.
Workforce including low-income, under-employed, and unemployed	**Tobacco Control/Tobacco Consumption:** There is some information presented (lines 132, 286-292, 300-303, 376-379, 401, 423-425), including impacts, and a broad recommendation to increase research funding about social, economic, and demographic influences that result in increased prevalence of tobacco use (lines 47-48). Further evidence about the potential contribution of interventions in this area would be helpful as well as incorporating a recommendation specific to SES, specific workforce groups or sector, or employment status.	See previous discussion concerning the available data and the need for program evaluation.
Rural, remote and inner-urban communities	**Tobacco Control/Tobacco Consumption:** There is analysis based on regional variation across the country despite the position statement mentioning that it will only focus on the federal perspective (line 68). There is no evidence presented about how smoking cessation interventions (e.g., mass media campaigns) could impact rural or remote communities differently (e.g., how the lack of access to cigarettes might impact smoking prevalence rates, whether residents of rural communities with low education might respond differently to a smoking cessation intervention). One of the recommendations (lines 47-48) may be applicable as it speaks to increased research funding, but it may be worth including more evidence as well as whether to include the evaluation of rural health promotion or smoking cessation programs as part of one of the recommendations (lines 36-41).	The available data does not provide for a targeted assessment of the difference in smoking rates in those locations. Thus, development of more substantive recommendations is limited.
Sexual orientation (LGBTQS+)	**Tobacco Control/Tobacco Consumption:** Yes, some evidence is presented as part of the section on other effects and specific	Pending the availability of current information to substantiate choosing

	sub-populations (see lines 275-284). While some of the recommendations may seem applicable to this sub-population (see lines 45-46), a universal approach may exclude this group and the position paper notes to develop targeted approaches for those most likely to consume tobacco, which assumes would include members of the LGBTQ2S+ community. It might be worth prioritizing or noting specific subpopulations and the potential contribution to reduce smoking prevalence. **Vaping/vaping products:** no data or discussion of vaping in this population group.	specific populations for targeting, any discussion would be speculative at best.
Intersectionality of any of the above populations	**Tobacco Control/Tobacco Consumption:** There is recognition that the current federal tobacco strategy may not be applied equally across the population and that it may cause health and social inequities, but it does not articulate what those inequities might be nor is there a recommendation that speaks to addressing which sub-populations may benefit more from a potential contribution such as smoking cessation or health promotion programming. There is some intersectionality in some of the above populations but not all.	Discussion of possible intersection would be speculative as there is limited information available at a national or international level to permit substantive discussion.
Incarcerated individuals	**Tobacco Control/Tobacco Consumption:** Lines 294-298: provides estimates and some reasons.	
Heavy/long-term smokers	**Tobacco Control/Tobacco Consumption:** Line 401: Insufficient evidence to demonstrate effectiveness of taxation for heavy/long-term smokers	

POTENTIAL IMPACT
Does the initiative acknowledge that inequities exist in the opportunities or outcomes that are presented to different individuals or groups?

Unintended Positive Effect	Unintended Negative Effect	More information needed
By specifying specific sub-populations, there will be increased awareness among other organizations such as government, agencies or NGOs who have not commonly thought of the tobacco control movement to realize that their communities are affected and impacted by smoking	If a comprehensive tobacco control approach is not promoted, then it could diminish health equity and increase tobacco-related health disparities among specific sub-populations.	More information or research is needed on nearly of all the sub-populations identified and that are excluded, especially those that are not even referenced e.g., racialized groups, if there is to be any recognition or impact of the importance of policy or programming for these sub-populations.
The recommendations call for further evaluations and/or greater research funding for health promotion and smoking cessation programming, which could result in better efforts in	Without specifying which groups or interventions are shown to be effective, then it could be possible that more research and evaluations are done in areas that do not require greater evidence or less research and	

program design, understanding impact, and achieving outputs and outcomes.	evaluations are done in areas that require more evidence.	
In the *Evidence Guide to Action Report* (2016), "Positive equity impact means that an appropriately implemented intervention demonstrates reduction of, or the potential to reduce, differences in burden associated with tobacco use among specific populations." It may be worthwhile to frame the recommendations as to the potential that some specific interventions could reduce tobacco use rather than identifying or calling for greater research or evaluation.	Without reframing some of these recommendations to include sub-populations and where more work might be needed (rather than a universal approach), it could have the potential to not impact tobacco use among specific populations	
	Some of the tobacco control recommendations are not mirrored in the vaping control recommendations, which could lead to gaps in catering research/policies/programs/services to the specific groups who either use tobacco or vape.	More information could be added to the vaping section regarding the industry strategies/tactics used for specific populations in comparison to strategies/tactics used for tobacco.
	Lots of vague mentions of "inequities'' in the position statement but lack specifics. This blanket statement could overlook specific groups, causing further exclusion from policies/programs.	After lines 117-119, more information should be added on where is the health and social inequity, and who are the specific groups which have higher rates? Consider a note here on specific groups - whether related to stress, SES etc. E.g., about 30-40% of transgender people smoke in Canada, for example. This kind of wild discrepancy from the rest of the population is worth delving more into.
		In the Other Effects section (lines 261), consider the addition of people experiencing housing issues (which is different from those of low SES). This is a significant sized group and has very high rates of smoking.
		In lines 328-335, consider the addition of a "Social Conditions as Fundamental Causes of Disease" application in this section. In short - the reason people in these groups smoke, in part, is that it is a response to significant difficulty in life - whether that is marginalization, poverty, or something else. The psycho-social motive is a very limited perspective that's really missing a sociological lens.
		In lines 410-425, consider taxation also has differences in efficacy among SES groups (i.e. there is a counter-argument - low SES groups are often more responsive to taxes because they impact them more). https://www.thelancet.com/journals/l

		anpub/article/PIIS2468-2667(19)30223-3/fulltext For lines 423-425, there is evidence to the contrary (see Prabbat Jha etc.) and there is information about how the additional revenue from taxation could be reallocated to smoking cessation and/or health promotion programs that could reduce tobacco consumption among those who are most affected – this section should be re-examined or expanded on.
	Lack of disaggregated data on groups facing inequity, especially in the vaping section is potentially harmful as these groups may be excluded from policy/program considerations.	A few things with vaping that could be highlighted, taken directly from global tobacco control report: Given the evidence available, results of studies focused on use showed that overall, forever use and current use of e-cigarettes were higher among older adolescents, younger adults, urban residents, LGB individuals, Whites, and males. Much of the evidence on SES, education, and race was mixed. The odds of using fruit-flavored e-cigarettes was higher among adolescents and females while the odds of using tobacco or other flavored e-cigarettes was higher among older adults and males. The odds of using menthol/mint e-cigarettes were found to be higher among Blacks and Hispanics in the US https://globaltobaccocontrol.org/sites/default/files/advancinghealthequity_final_dec2020.pdf
		Some further recommendations to be considered for inclusion in the position statement to address health and social inequities. (taken from recent report, these need to be paraphrased): – Assess e-cigarettes' effectiveness for smoking cessation among different populations – -Contextualize findings within broader social determinants – -Assess structural and social factors as drivers of tobacco-related inequalities – -Include and assess indicators of equity in surveillance and studies – -Assess generational differences among immigrant populations – -Conduct more studies among the LGBTQ population, including sub-groups – -Communities that are the focus of or would otherwise be impacted by research should be meaningfully engaged – -The tobacco industry has a long history of targeting groups who have

		been excluded or marginalized to support its own interests. To prevent the industry from further increasing disparities, research, decision-making, and interventions should not be influenced by or otherwise involve any contribution from the tobacco industry.

MITIGATION *Are the cause(s) of the inequities recognized and are attempts made to address them?*	
Factor Considered	**Proposed steps to reduce or eliminate barriers**
Leadership, including partnership and coalition building	One of the recommendations (lines 34-35) speaks to developing "integrated evidence-informed federal, provincial and territorial approaches and whole-of-government considerations to reducing tobacco consumption in Canada". This recommendation is useful as an effective comprehensive tobacco control strategy involves strong leadership to broker cooperation among various groups.
Policy development	The position statement outlines a timeline of select tobacco control initiatives in Canada (line 88), which speaks to major policy development milestones. However, this speaks mostly to the impact on youth and the key measures of taxation and labelling and packaging and assumes that it may have positively impacted the identified sub-populations. The recommendations also speak to maintaining existing laws, regulations, etc. (lines 30-33) but does go farther by asking to use available data to make informed decisions and/or how the previous recommendations have been addressed through new policies to positively impact the needs of specific sub-populations.
Program development and evaluation	The position statement looks to the future and lines 555-558 speak to a "packet of programs has succeeded; however, it is difficult to separate out the effectiveness of each component. As such, consideration must be given to evaluating the effectiveness of the component parts of this effort, supporting those components that work or show signs of working, while eliminating those that do not work." The recommendation that captures this works well as it is asking to use "…surveillance and evaluation to identify gaps in existing programs and to review existing evidence to determine potential programs to fill those gaps." (Evidence Guide to Action 2010).
Mass media and social marketing	The position statement could recommend consistent funding (perhaps as part of the Canadian federal government's tobacco control strategy), which is an important key system enabler to fund mass media and social marketing. Although the position statement recommends evaluation of regulatory approaches and health promotion and smoking cessation programming, it could go farther by recommending evaluation of social marketing activities to determine how effective they are. A similar recommendation could be made of mass media and social marketing campaigns to reduce vaping activities (beyond just existing programs).
Funding	One of the recommendations related to tobacco consumption speaks to increased research funding, which is a critical enabler for comprehensive tobacco control. This recommendation could also be applied to vaping products as well. The position statement could go further to state that increased funding is

	required either at the federal or provincial level to support program and policy development at community and provincial levels. There are real-world examples to support that cuts to funding for comprehensive tobacco control have resulted in reduced effectiveness. Note: There have been a number of funding cuts/diversions to public health programs run by municipalities, public health units, and non-profits due to the refocusing of efforts on COVID-19. Efforts should be made to continue supporting these smoking cessation and prevention programs, especially for the sub-populations who need them the most.
Surveillance	Yes, the recommendations include improving routine surveillance to better understand the prevalence of tobacco use and the extent of vaping in Canada. It could go farther by asking that the health information is communicated in a timely manner to all who need to know which health problems require action in their community such as those sub-populations identified for equity considerations.
Research	The recommendations sufficiently speak to increased research funding universally for a variety of influences that could result in the increased prevalence of tobacco use. This could be refined by specifying what groups could benefit from further research. Regarding vaping products, the recommendations sufficiently address supporting research concerning health effects and other factors as well as the potential for vaping products as a smoking cessation tool. The recommendations regarding research could make the connection as to what specific research could inform decision-making to address equity considerations.
Capacity-building activities	The position statement and/or recommendations could speak to the importance of capacity building activities such as training and the provision of technical assistance, which is required to plan, develop, and implement evidence informed interventions (e.g., further supporting training enhancement in smoking cessation, resource and information centers, etc.). These activities are beyond conventional training but ensure that data and information are shared at the individual, organizational, inter-organizational and system levels for chronic disease prevention but also for those sub-populations that are more likely to be impacted by tobacco/vaping use.
Data collection gaps	The position statement could include a recommendation to identify or determine regulatory or data gaps that could adversely affect the individuals and populations identified for equity consideration.

Useful Links:
https://globaltobaccocontrol.org/sites/default/files/advancinghealthequity_final_dec2020.pdf
https://www.publichealthontario.ca/en/health-topics/health-promotion/tobacco/smoke-free-ontario (please visit technical report and see Chapter 7 re: Potential Contributions of Interventions; Equity Considerations; and Key System Enablers and Implementation)