

A SMOKE-FREE GENERATION IN BRITISH COLUMBIA

“The tobacco-free generation proposal is the most important public health initiative on the table across the globe right now. Its potential to alter the course of human history in preventing morbidity, mortality, and reducing healthcare and other social costs exceeds that of any other public policy reform.”

- Dr. Adrian Reynolds, President, Australasian Chapter of Addiction Medicine, Royal Australasian College of Physicians.

No amount of commercial tobacco use¹ is safe. Tobacco use harms every part of the body and causes a myriad of diseases ranging from cancer and heart disease to diabetes and infertility. Cigarettes are the only consumer product that kills half of its customers when used precisely as intended by the manufacturer.

Smoking continues to be the leading preventable cause of death in British Columbia (BC) and Canada. In 2019, 51,700 of Canada's 284,000 deaths were caused by smoking.¹ In BC, tobacco is responsible for approximately 6,000 deaths each year.² In 2019, smoking caused an estimated 6,270 deaths and 23,777 hospitalizations in the province.³ These figures include those who smoke or use other tobacco, and those exposed to secondhand smoke, of which children are most vulnerable. Moreover, 67,000 potential years of life are lost each year in British Columbia due to smoking – about 12 years per person who smokes.⁴ Smoking is also financially costly. Smoking costs the BC economy nearly \$2.2 billion⁵ each year in direct and indirect healthcare costs, including hospitalizations, prescription drug costs, and indirect costs borne through lost productivity from smoking-related illnesses and deaths.

In BC and Canada, we have made great strides to cut these costs, dramatically reduce tobacco-related deaths, help thousands of people quit smoking, and prevent millions of people from starting to smoke. Nearly half of Canadians smoked in 1965; now, this figure is

¹ In many First Nations in Canada, tobacco is considered a sacred medicine with immense healing and spiritual benefits and is used in ritual, ceremony, and prayer. In contrast, non-traditional or commercial tobacco has many additives and is linked to diseases, including lung cancer and heart disease. This paper, and the Smoke Free Generation initiative as a whole, refer only to commercial tobacco.

closer to one in 10. British Columbia has had the lowest smoking rate of any province in Canada for over two decades, which now hovers at around 10 percent.²

However, progress in reducing smoking rates has slowed over the past decade, with smoking rates hovering between 10 to 15 percent in the last few years. Compared to the enormous gains of previous times, this suggests that our traditional tobacco control measures are less effective than they once were. Three in 10 British Columbians who smoke started after 2000, after most of our landmark tobacco control policies had been put in place.⁵ Moreover, the skyrocketing popularity of vaping, especially among young Canadians, threatens to unravel the progress we have made in tobacco control.

Under our current “business as usual” approach to tobacco control, we will not meet the federal tobacco endgame goal of achieving less than 5% smoking prevalence by 2035.³ We need dramatic action if we are going to finish the tobacco epidemic. A Smoke-Free Generation offers a progressive way forward to achieve the tobacco endgame in British Columbia.

As stated by Professor Jon Berrick, in his groundbreaking paper introducing the Tobacco-Free Generation Proposal, eradicating smoking could be the most significant public health win of the 21st century.

BACKGROUND

TOBACCO CONTROL IN BC AND CANADA

Smoking rates have been declining worldwide since the publication of the [US Surgeon General's Advisory Committee on Smoking and Health's](#) first report in 1964, which for the first time, clearly stated that smoking causes lung cancer and numerous other diseases. In the subsequent decades, Tobacco Control (TC) efforts accelerated in Canada and globally, beginning in 1988 with the passage of the Non-Smokers' Health Act, which established smoke-free areas to protect the right to health for non-smokers, and the Tobacco Products Control Act.⁶ The Tobacco Sales to Young Persons Act (TSYPA) was passed in 1993 and established a legal minimum age of 18 for tobacco sales to protect the health of young people. Canada has also been a global leader in several TC measures, as the first country to implement pictorial warnings on cigarette packages, banning menthol cigarettes, which were

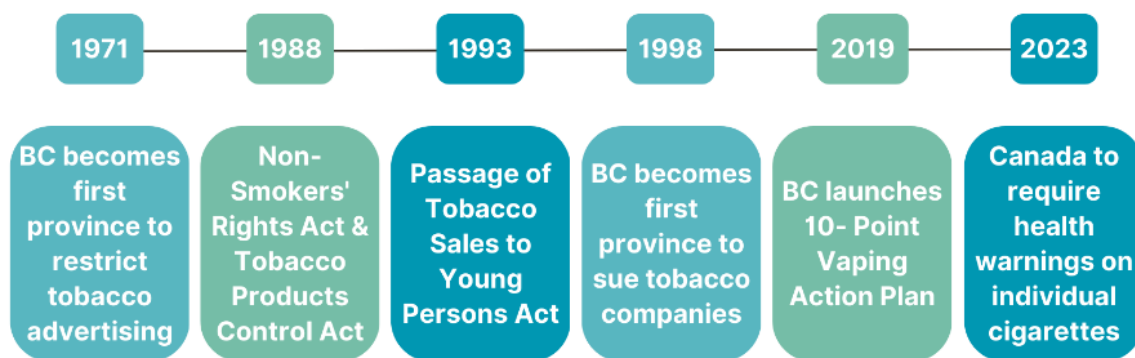
² The [2021 Canadian Community Health Survey](#) reported a smoking prevalence rate of 9.6% in BC.

³ As set out in [Canada's Tobacco Strategy \(2018\)](#)

popular among racialized communities and especially among youth, and with the recent announcement that Canada will be the first country to [require health warnings on individual cigarettes](#).

BC has also shown leadership in TC efforts among the Canadian provinces.⁷ In 1971, BC became the first province to restrict tobacco advertising. BC was also the first Canadian jurisdiction to pass legislation to require tobacco companies to pay for the costs of tobacco control (1998). More recently, BC was the first province to respond to the youth vaping crisis with the province's 10-point vaping action plan, which introduced some of the most robust anti-vaping legislation in the country to protect youth from nicotine addiction. BC was also the first province to introduce a tax specifically on e-cigarettes and the first to respond to the concerning increase in nicotine pouch use among youth.

Figure 1. Timeline of Key Tobacco Control Milestones



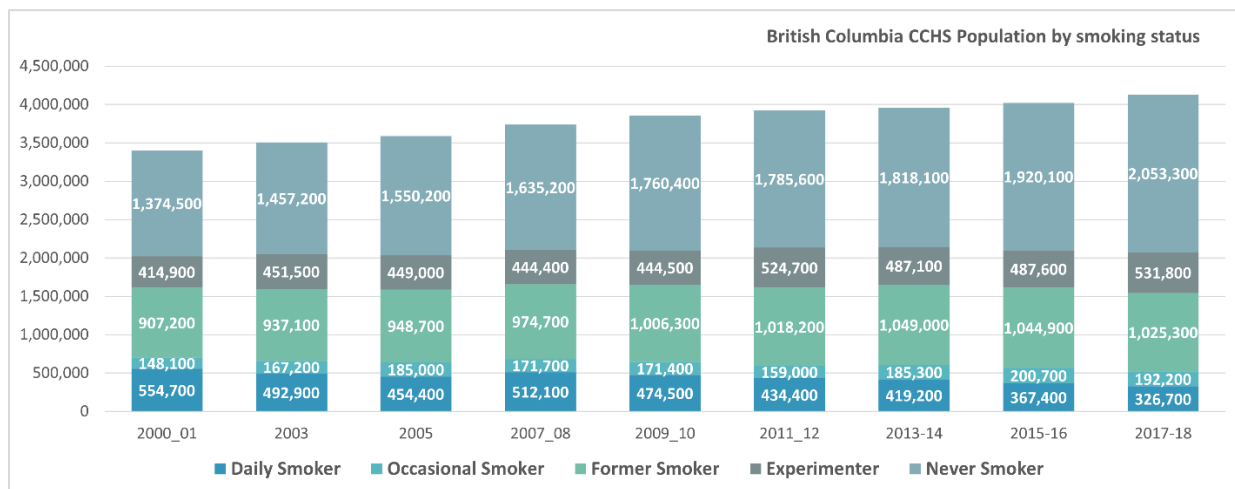
These measures have helped us dramatically reduce the prevalence of smoking in the province. BC has had the lowest smoking prevalence in all Canadian provinces for nearly 20 years.⁸ Unfortunately, this progress has slowed in recent years. While BC's smoking rate continues to decline, the rate of decline is slower than it once was. BC is also no better at preventing youth smoking initiation than any of the other provinces. Traditional tobacco control measures have helped us reach a less than 10% smoking prevalence, but this last 10% is the most challenging to reach. These remaining smokers are, on average, those most disproportionately affected by tobacco use and those most heavily addicted, for whom traditional cessation measures are insufficient. This suggests that more dramatic and forward-thinking measures are needed to meet the federal endgame target of 5% by 2035.

The emergence of vaping has, unfortunately, complicated the quest for a tobacco endgame. Many argue that the introduction of vaping, even as a smoking cessation tool, continues to prolong tobacco addiction rather than free people from addiction. Many who successfully use vaping to quit smoking continue to vape long after they have quit smoking, and others wind up engaging in dual use of both cigarettes and vapes long-term. Vaping is also bringing the tobacco industry new customers. Youth smoking rates were relatively low in the early 2000s, but rates of vaping, and now dual use of smoking and vaping, have skyrocketed among young Canadians. Recent data indicate that Canada has one of the highest youth vaping rates in the world, with 17 percent of students in grades 7-12 reporting using an e-cigarette in the past 30 days.

THE IN(EFFECTIVENESS) OF SMOKING CESSATION

Moreover, prevention is likely more efficacious than cessation in reducing smoking prevalence and achieving the tobacco endgame. In BC, the proportion of never-smokers has been growing over the past few years, but the ratio of former smokers remains unchanged, as seen in Figure 2. A similar phenomenon exists throughout the rest of Canada. Physicians for a Smoke-Free Canada analyzed data on smoking status from the past two decades, and concluded that it is the growth in never-smokers, not in former smokers, driving down smoking prevalence in the country.⁹ This trend suggests that the strategy to encourage cessation, while effective in the early 21st century, is no longer working. While continuing to support those currently smoking and vaping in efforts to quit is important, we must dedicate more of our efforts to preventing youth from initiating tobacco and nicotine use if we are ever to reach the tobacco endgame.

Figure 2. BC Population by Smoking Status, CCHS 2000-2018



Source: Canadian Community Health Survey via Physicians for a Smoke-Free Canada

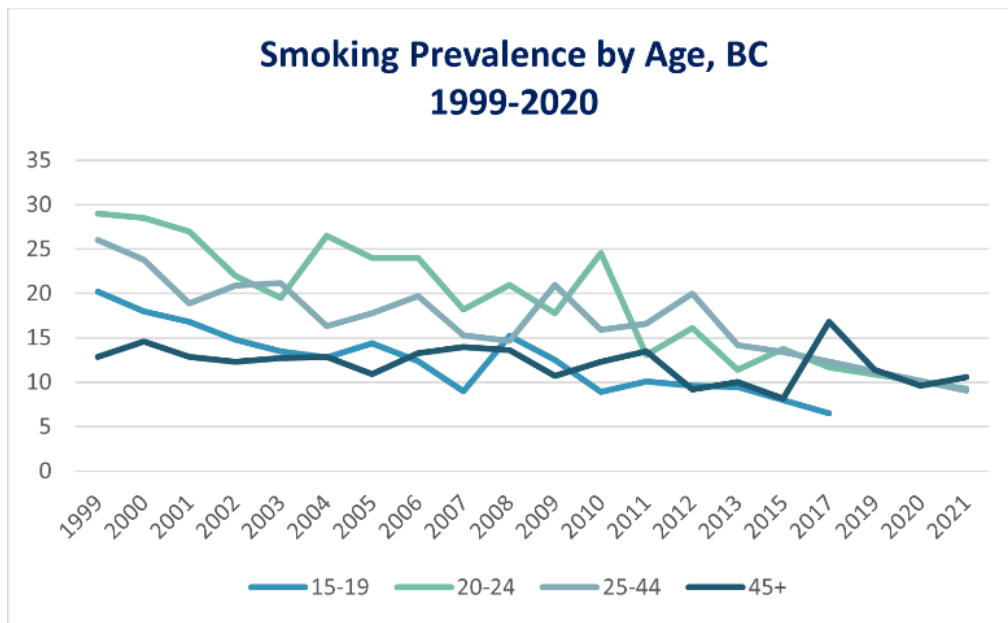
Ultimately, while the existing TC measures implemented in Canada and BC have made tremendous progress, they are no longer sufficient to address inequities in tobacco use, nor to keep up with emerging trends in nicotine consumption. The tobacco industry continues to innovate with new products to attract new customers. Yet, in the face of this innovation, TC has failed to do the same, offering the same menu of policy options to reduce smoking rates. TC needs innovation, if not a radical overhaul, to achieve a tobacco-free future.

CURRENT RATES OF TOBACCO USE

SMOKING RATES

As in the rest of Canada, the rate of smoking in BC has fallen dramatically in the past several decades (Figure 3). However, although tobacco and nicotine use among the general population is declining, rates of decline are slower among some population groups. Some demographic segments are experiencing increased nicotine use rates due to innovative products from the tobacco industry, such as e-cigarettes and heated tobacco products.

Figure 3. Current Smoking Among BC Youth and Adults, 1999-2021

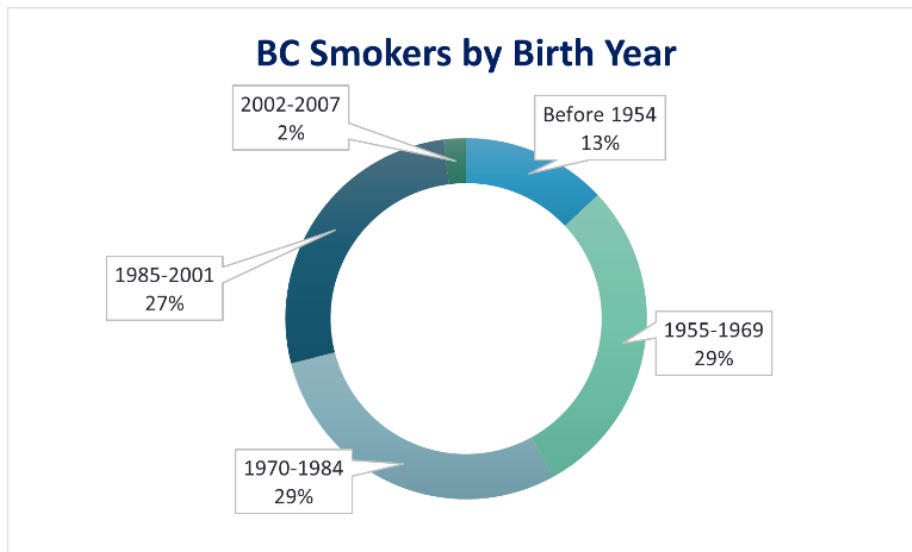


Sources: Canadian Community Health Survey, Canadian Tobacco and Nicotine Survey
 *Data was unreliable for those aged 15-19 from 2019 onwards

Almost 80% of BC youth have never tried a cigarette, and the smoking rate among youth remains low.¹⁰ However, the sharp increase in vaping among young people and the potential

of these products to act as an "on-ramp" for other tobacco use are a cause for concern. In addition, despite the declining smoking prevalence and low smoking rates among young Canadians, tobacco companies continue to recruit young Canadians as new customers or "replacement smokers." In data presented by Physicians for a Smoke-Free Canada, among the 469,000 estimated smokers in British Columbia in 2019, almost 3 in 10 (29%) started smoking after the year 2000⁴ when most major TC initiatives had already been implemented (Figure 4).

Figure 4. Proportion of Smokers in BC by Birth Year (2019)



It is important to note that population-level prevalence rates can mask the realities of the inequities in tobacco use. The burden of tobacco use disproportionately impacts specific sub-populations, and population-level statistics do not elucidate these inequities. These populations include Indigenous communities, racialized communities, those living with mental health and substance use disorders, and 2SLGBTQ+ communities, among others. As of 2018, over 26% of Indigenous people in BC reported smoking daily or occasionally, more than twice the rate of the general population.¹¹ This pattern has persisted among Indigenous youth; Indigenous youth reportedly have over five times the risk of smoking compared to non-Indigenous youth.¹² As of 2017, smoking rates were two to three times higher among Indigenous youth in BC compared to non-Indigenous youth. While prevalence rates have declined among Indigenous and non-Indigenous youth, the rate of decline has been much

⁴ Those born in or after 1985 would be 15-16 in the year 2000, which is the average age for smoking initiation in Canada.

more significant among non-Indigenous youth. Indigenous youth also vape at a higher rate than non-Indigenous youth.

Smoking rates are

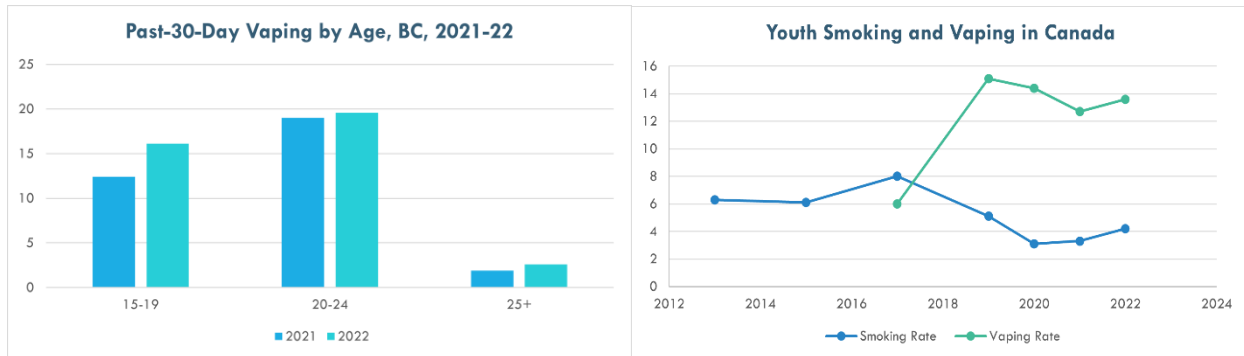


Nearly 85% of people seeking mental health or substance use disorder treatment use tobacco in Canada, compared with 15% of the general population.¹³ People with mental illness and substance use disorders are also 60% more likely to die from a tobacco-related illness. Similarly, it is well-known that smoking rates are much higher in the LGBTQIA+ population than in the general population, particularly among youth and young adults. 22% of high school students who identify as lesbian, gay, or bisexual reported daily cigarette use in 2014 compared to 11% of non-LGBTQ+ persons.¹⁴ Gender and sexual minority youth tend to increase their tobacco use more intensively, leading into adulthood and are much more likely to become lifelong smokers and experience adverse tobacco-related health outcomes compared to their heterosexual counterparts.

VAPING RATES

Canada has some of the highest youth vaping rates in the world. 17% of students in grades 7-12 report having vaped in the past month, according to the 2021-2022 Canadian Student Tobacco, Alcohol, and Drugs Survey (CSTADS). In BC, nearly 30% of youth have tried vaping, and 16% have vaped in the last 30 days. Rates are even higher for those in older grades compared to younger grades. Approximately 40% of the youth and young adults who vape do so daily or near daily.¹⁵ Data suggest that youth begin vaping at an average age of 15, similar to the age of smoking initiation.¹⁶ While smoking rates among Canadian youth continue to fall, youth vaping rates are climbing, trending toward an overall increase in youth nicotine use.

Figures 5&6. Vaping rates among BC youth and adults



Sources: *Canadian Tobacco and Nicotine Survey, 2019-2022*

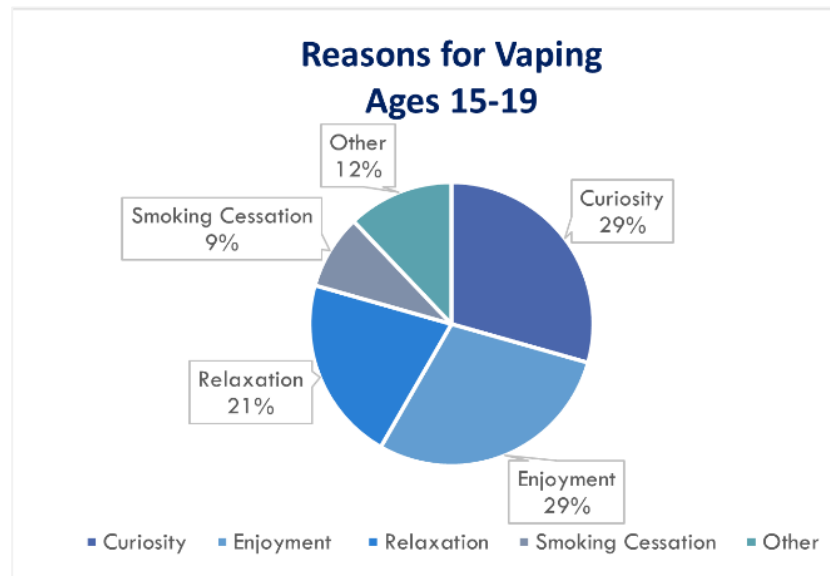
Canadian Tobacco, Alcohol, and Drugs Survey, 2013-2017

As with smoking, vaping rates are higher among certain disadvantaged populations, including Indigenous youth, youth with mood and anxiety disorders, and youth with poorer school performance. These inequities are likely to worsen as vaping continues to grow in popularity and as nicotine addiction continues across the lifespan.

In contrast to adults who primarily initiate vaping to quit smoking, youth and young adults mainly vape for fun, to experiment, and to fit in (Figure 7). Less than 10% of youth indicated they were vaping to quit smoking, compared to nearly half of adults. Recent global research suggests that rather than reducing smoking prevalence, vaping among youth may instead be an on-ramp for smoking. A review of the evidence on young people using e-cigarettes and subsequent tobacco initiation concluded that young vapers are 3-4 times more likely to become cigarette smokers than those who do not vape.¹⁷ In 2019, nearly 34% of Canadian youth engaged in dual use of cigarettes and vaping products.¹⁵

Given the high nicotine content and youth appeal of e-cigarettes, as well as their potential to act as an on-ramp for smoking, vaping products pose a serious threat to the achievement of the tobacco endgame. Supporting vaping cessation may therefore be an essential component of reducing the overall population prevalence of tobacco use.

Figure 7. Reasons for vaping among Canadian youth aged 15-19.



Source: Canadian Tobacco and Nicotine Survey, 2019

WHAT IS THE TOBACCO ENDGAME?

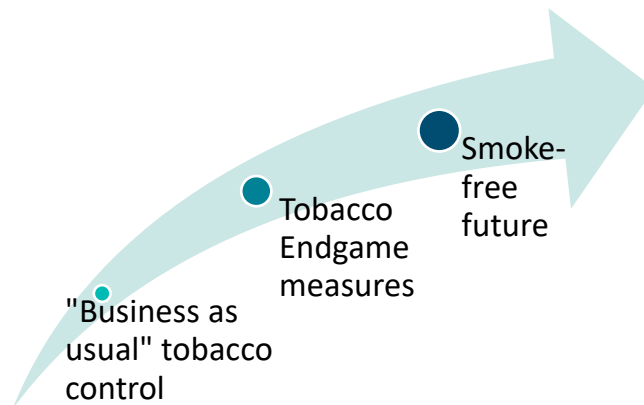
Most TC policies and legislation ratified under the World Health Organization’s [Framework Convention on Tobacco Control](#) aim to reduce smoking prevalence. As mentioned above, these measures were effective for decades following landmark reports directly linking smoking with lung cancer. However, progress on reducing smoking rates has slowed in Canada and worldwide, calling into question the continued efficacy of traditional tobacco control measures.

The [Tobacco endgame concept](#) proposes moving beyond traditional tobacco control (which assumes the continued existence of commercial tobacco products as widely-available to consumers) toward a tobacco-free future wherein commercial tobacco products are phased out of everyday consumption.^{18,19} endgame refers to initiatives *designed to change or permanently eliminate the structural, political, and social dynamics that sustain the tobacco epidemic*.¹⁸ The endgame goal is to end tobacco use within a specified time frame. Federally, Canada's Tobacco Strategy, developed in 2018, committed to an endgame goal of achieving less than 5% tobacco use prevalence by 2035. However, this strategy does not account for

vaping as an emerging threat. Moreover, critics argue that more needs to be done on a national or provincial level to get us closer to this goal.⁵

endgame measures include regulating the supply of tobacco products (e.g., where and to whom they can be sold) and regulating the products themselves (e.g., the contents

of cigarettes or vapes). One emerging and potentially groundbreaking endgame measure is the Smoke-Free Generation policy, which involves banning the sale of tobacco to any citizen born on or after a specific date (e.g., January 1st, 2010). Eventually, this would lead to a phasing out of tobacco altogether.



THE SMOKE-FREE GENERATION

WHAT IS THE SMOKE-FREE GENERATION?

A Smoke-Free Generation offers us the chance to begin to sunset tobacco use in BC. In its simplest terms, the Smoke-Free Generation (also known as Tobacco-Free Generation) initiative bans the legal sale of cigarettes and other tobacco products to people born after a designated year.²⁰ It increases the legal age at which people can purchase tobacco every year. Over time, it will create a generation of young people who have never been able to buy tobacco, effectively phasing out the sale and use of tobacco products.

WHAT IS THE RATIONALE?

The Smoke-Free Generation (SFG) concept recognizes that nearly all people who smoke or use tobacco start when they are young. Due to the addictive nature of nicotine, trying a tobacco product in adolescence, a time of experimentation and risk-taking, can lead to a lifelong addiction. SFG is an upstream, macro-level initiative that works on a population level to prevent people from ever starting to smoke, rather than waiting until people become

⁵The provinces have yet to endorse the endgame goal of less than 5% by 2035.

addicted and then trying to help them quit. SFG is also a structural rather than an individual intervention. It works to eliminate the availability of tobacco products to young people rather than simply encouraging them to say no to smoking. Doing so takes the burden off the individual and rightly places it on the system.

In an ideal world, tobacco sales would halt as soon as possible. However, a complete ban is not realistic at this stage. Tobacco is highly addictive and very challenging to quit, and a complete ban would cause harm to those addicted by forcing them to quit or obtain tobacco through unsafe means. SFG, on the other hand, will prevent a whole generation of people from ever having to go through the experience of tobacco addiction and cessation attempts. Those born before the implementation date would be unaffected by the policy, so adults who currently smoke or vape and are addicted would remain able to access those products and quit at their own pace.

WHY IS IT IMPORTANT TO TARGET YOUTH WITH SFG?

Most people who smoke start when they are young. Internationally, the percentage of smokers has been found to increase most rapidly between the ages of 12 and 18.²¹ **In BC and the rest of Canada, the average age of smoking initiation is 16.5**, though more youth are waiting until later adolescence before initiating tobacco use.²² The 2023 BC Adolescent Health Survey found the average age of initiation for vaping was 13 for BC youth, compared to 14-15 for smoking initiation.²³ Evidence has shown that those who start smoking at an early age are more likely to develop a severe nicotine addiction than those who start at a later age. Thus, preventing initiation during adolescence can reduce the number of people who go on to have lifelong nicotine addictions and suffer the enormous health consequences. Unfortunately, evidence suggests that tobacco control measures in Canada have thus far not been able to prevent youth initiation.²⁴

Vaping is a new phenomenon but has taken off primarily among young people in Canada. One-third of Canadian youth aged 15-19 report having tried vaping, and 15% report current use.²² It is challenging to predict what the long-term trends will look like in this cohort, but there is potential for youth vaping to lead to lifelong nicotine addiction and continued use of both vaping and smoking.

Policies targeting youth are also essential to improve health equity. Rates of tobacco and vaping use are higher among specific disadvantaged populations, notably Indigenous youth, those in the lowest income quintiles, those with low educational attainment, and those with mental health issues. Indigenous youth also have a younger average age of smoking initiation at 12 years old, putting them at higher risk for nicotine addiction.²⁵ These populations suffer a disproportionate burden of tobacco-related costs, both financial and health. Preventing the

uptake of smoking and vaping among disadvantaged youth through SFG will improve health outcomes for these populations and improve health equity.

HOW DO CANADIANS FEEL ABOUT SFG?

In Canada, 30% of those who smoke, and 53% of recent quitters support a complete ban on the sale of cigarettes within ten years if coupled with cessation support.²⁶ This support suggests that a SFG policy would be even more favourable among this population, as it would prevent youth uptake while maintaining the right of those still smoking to continue using until such a time that they could quit. **Support for a cigarette ban is highest in BC compared to the other provinces, with 36% of those who currently smoke supporting the proposed policy.** We are hopeful that a SFG policy will be well-received in BC.



A SMOKE-FREE GENERATION IN BC

Our vision is to make BC the healthiest population in Canada, and to be the first to reach Canada's federal Endgame goal of 5% prevalence by 2035. We need an aggressive approach to do so.

We propose implementing a Smoke-Free Generation policy wherein those born after January 1st, 2010, will never be able to purchase commercial tobacco or nicotine products legally.

We strongly believe we must include nicotine products (e.g., vaping products) in this SFG initiative. The tobacco industry constantly creates new products to entice youth and convert new customers to fulfil its bottom line. Vaping is the most notable example, but we must also account for emerging unregulated [products such as nicotine gummies](#) and [pouches](#). Any new tobacco control legislation must close as many loopholes as possible for tobacco industry innovation.

As an important caveat, this ban will only include non-therapeutic nicotine, whereas therapeutic nicotine refers to Nicotine Replacement Therapy (NRT) Products. Some young people may need therapeutic nicotine for cessation if they start using tobacco or vaping products before this legislation comes into force.

It is important to note that banning nicotine products such as vapes for those born after a specific year will not impact their use as harm reduction tools for people who smoke.

WHAT ARE THE ARGUMENTS IN FAVOUR OF A SMOKE-FREE GENERATION?

1. SFG IS THE START OF A PHASE-OUT OF TOBACCO.

One of the most substantial reasons to support the Smoke-Free Generation policy is that it can effectively **eliminate tobacco and nicotine use**. This policy gradually decreases the number of individuals who smoke, vape, or engage in other forms of tobacco use, bringing us closer to ending tobacco use altogether.

Crucial to phasing out smoking is reducing youth uptake. As health experts have noted, preventing youth initiation of tobacco (and likely vaping) may be the key to ending the tobacco epidemic. Regardless of how many current tobacco users quit smoking, tobacco companies continue to recruit "replacement customers" in Canada's young people, preventing our smoking rates from declining more rapidly. The tobacco epidemic persists because young people are taking up smoking and vaping.

Our current TC policies rely on young people to withstand the pressure to smoke or vape. Such pressure can come from tobacco industry marketing, the media, and their peers, all of whom portray smoking as cool and grown-up. Youth primarily take up smoking or vaping because of peer pressure and the desire to look cool. For a young person whose brain is still developing and who cannot envision the future consequences of their actions, it can be challenging to say no. Unfortunately, this developing brain is also more susceptible to nicotine, and trying smoking or vaping in adolescence increases the likelihood of lifelong tobacco addiction.

In contrast, **SFG addresses youth initiation without the need for willpower**. Instead of positioning smoking and vaping as acceptable for adults but not for youth, which minimum age laws do, SFG portrays them as unsafe at any age. As each "birthdate cohort" of youth becomes unable to buy tobacco products, it creates a generation of young people who do not use tobacco. As it becomes harder to obtain tobacco products, older youth are expected to decrease their smoking and vaping. This will prevent them from promoting smoking or vaping to younger students as desirable behaviours. Eventually, there will come a time when the only people smoking are adults in their thirties and older who are struggling to quit, rather than kids experimenting. Instead, with no one around them smoking or vaping, youth will start seeing these products as last-century phenomena. This dramatic denormalization of tobacco use will eventually make SFG self-enforcing as smoking and vaping lose their appeal among younger generations.



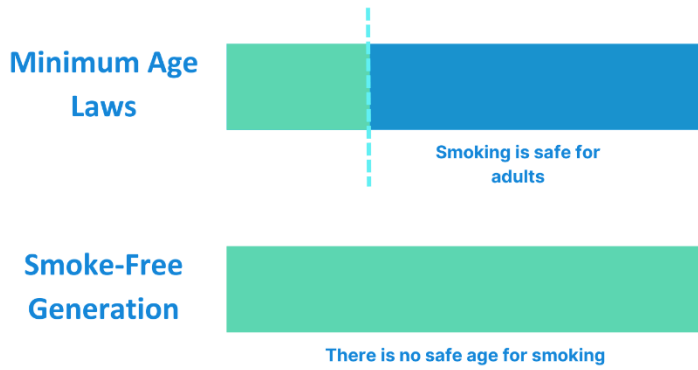
2. SFG CLOSES SOME SIGNIFICANT GAPS IN MINIMUM AGE LEGISLATION.

Minimum age laws are the current, business-as-usual approach to regulating who can buy tobacco products. These laws work by setting an age, 18 or 19 in Canada, to purchase tobacco products. In effect, a young person "ages into" being able to buy tobacco.

There are two primary issues with minimum age laws.^{20,21} Firstly, they create a "rite of passage" effect by portraying tobacco as an adult behaviour that young people will age into. Smoking becomes a badge that represents coming of age, which makes it appear mature. This entices young people to start smoking or vaping to seem more adult and mature. Young people may see themselves as "old enough" to try smoking or vaping and use it as a tool to assert their independence. The tobacco industry has capitalized on the rite of passage effect by declaring that "kids don't smoke." They position smoking as something that adults are allowed and even encouraged to do while leaving it out of reach and thus more enticing for youth.

Relatedly, the second issue with minimum age laws is mixed messaging. **Why is tobacco use considered safe and acceptable for a 19-year-old but not for a 17-year-old?** The concept of being "old enough" to use tobacco hampers the effectiveness of health education on the risks of smoking and vaping. It creates the idea that smoking is not harmful to adults because they can legally purchase cigarettes, so it cannot be that bad for youth. This belief can lead to disregard for health consequences and minimum age laws.

By maintaining tobacco as a legal product for adults, minimum age laws appear to control youth instead of tobacco. Controlling youth fuels the adolescent desire to rebel and only makes the product more appealing to youth in what is known as reactance theory. In contrast,



SFG sends the message that the law is to control tobacco, not control youth. It emphasizes that **there is no safe age for tobacco use**; one cannot "age into" smoking or vaping. SFG works to denormalize tobacco use to eventually phase it out altogether. With SFG, a progressively smaller portion of the population will be able to

smoke with each passing year, and smoking will eventually lose its "rite of passage" allure and become obsolete.

Denormalization also makes SFG easier to enforce. While both minimum age laws and SFG are enforceable, mixed messaging and the rite of passage effect make young people less likely to comply with minimum age laws. In contrast, by shifting social norms away from tobacco use, young people will naturally start to comply with SFG, and it will become self-enforcing.

3. SFG SUPPORTS THOSE ALREADY ADDICTED.

Those currently addicted to nicotine are left unharmed by SFG's gradual phase-out of smoking and vaping. SFG only affects young people born after 2010, most of whom will not have tried tobacco or will not be regular users. Adults who currently smoke or vape would be grandfathered in and could continue to purchase these products for as long as they would like.

In contrast, an outright ban on the sale of tobacco products to everyone would alienate those currently addicted and fail to recognize that smoking is a chronic relapsing condition. A complete ban would force people to quit immediately, which is not feasible given how difficult it is to quit. Research has found that it takes up to 30 attempts to quit smoking for good. In 2020, 85% of Canadians who attempted to quit smoking were unsuccessful.⁹ These statistics further emphasize that prevention will play a more significant role than cessation in reaching the tobacco endgame. However, this is not to devalue cessation. In fact, SFG's impact on denormalizing tobacco and vaping may encourage those who smoke or vape to

quit.²¹ Implementation of SFG will also be coupled with increased cessation support for those already addicted.

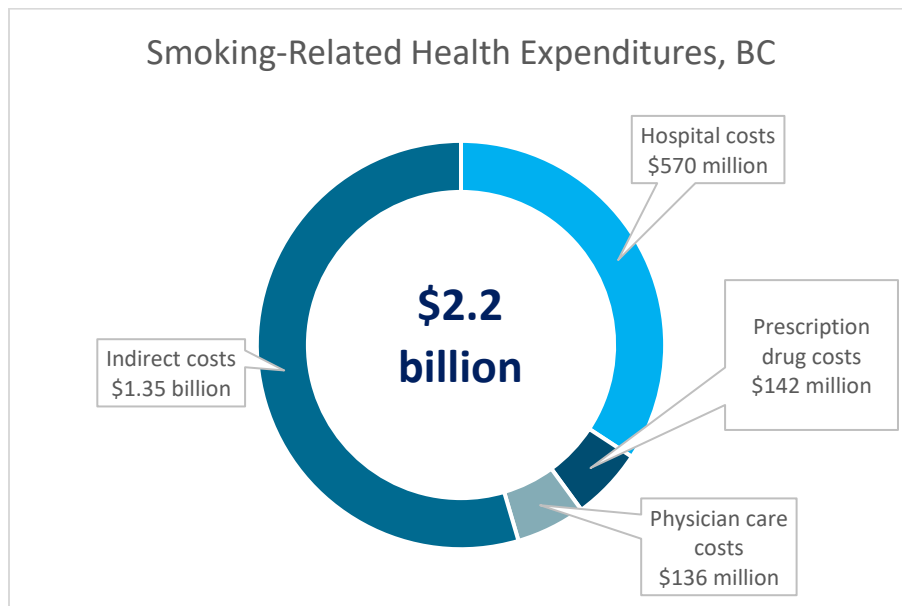
SFG's generational approach can increase support from those who currently use tobacco. **Most people who smoke wish they had never started and would not want their kids to start smoking.** This population would likely support a policy that would protect future generations from having to struggle with tobacco addiction as they have. SFG respects the needs of those currently addicted to nicotine while taking dramatic action to protect future generations from ever becoming addicted.

4. SFG IS COST-EFFECTIVE.

Tobacco control interventions are the most cost-effective form of health spending aside from childhood immunization. SFG is no exception and has the added benefit of eliminating these costs for all future generations.

TC interventions are cost-effective partly because tobacco use has such high costs. Provincially, **BC spends nearly \$2.2 billion on tobacco-related health expenses each year**, including \$570 million on hospital costs, \$142 million on prescription drug costs, and \$136 million on physician care costs (Figure 8).⁵

Figure 8. Annual smoking-related health care expenditures, BC



The indirect costs of tobacco use also impact BC's economy. Indirect costs refer to lost productivity and thus economic contribution due to smoking- and secondhand smoke-

related disease and disability. Indirect costs of smoking in BC are estimated to be over \$1.35 billion per year. Of note, neither the direct nor indirect costs include tobacco control enforcement or environmental damage due to smoking and smoking-related fires.

Data from 2015 suggest that, on average, **the province spends \$3345 per person who smokes per year**, ranging from \$2146 for light smokers to \$5397 for heavy smokers.²⁷ SFG has the potential to permanently reduce the amount that BC spends on tobacco-related costs by phasing out tobacco use. In addition, preventing smoking uptake and associated deaths and disease will enable individuals to contribute more fully to BC's economy for a longer portion of their lives. **Research estimates that each person who smokes costs the economy an estimated \$65,935 over their lifetime.** These costs will be saved, and new economic benefits will be realized by phasing out the use of tobacco products. Additionally, the costs for implementing SFG are likely minimal and build off pre-existing costs such as tobacco retail enforcement and cessation support.

5. SFG CAN IMPROVE HEALTH EQUITY.

Marginalized and disadvantaged populations bear a disproportionately higher burden from tobacco use. Youth smoking initiation in Canada is most prevalent among Indigenous youth, those with low socio-economic status, those in single-parent households, and those with lower levels of education. Youth in these categories are also more likely to start vaping, along with youth with mood and anxiety disorders and attention-deficit hyperactivity disorder (ADHD).¹⁶ Given the health and financial costs of smoking across the lifespan, higher smoking rates among these marginalized populations reinforce health inequities.

Existing TC interventions such as quitlines and health education may not be applied equitably across populations or in ways that resonate with members of these marginalized populations. In contrast, **SFG could end smoking among all young people if implemented in collaboration with marginalized communities, and with sufficient culturally appropriate cessation resources.** This will alleviate the burden of tobacco use within these communities for future generations. It will further improve the health status among these marginalized groups by preventing smoking and tobacco-related diseases, including those from secondhand smoke, and by reducing the financial burden of tobacco use.

In New Zealand, which plans to implement a Smoke-Free Generation policy in 2027, it is predicted that the Māori population will experience the most significant gains in smoking reduction and smoking-related health costs.²⁸ **Modelling studies predict that SFG could reduce the disparity in smoking rates between Māori and non-Māori populations from 12% to 5% within 14 years.**²⁹ Currently, the Māori have disproportionately high rates of tobacco use and tobacco-induced diseases. A dramatic reduction in smoking rates will thus have the largest per-capita impact on this population. Similar trends would be felt by

Indigenous peoples, 2SLGBTQ+ populations, and those with mental health and substance use disorders, who bear the highest burden of tobacco use in Canada.

6. SFG WILL CAUSE MINIMAL DISRUPTION TO STAKEHOLDERS.

As mentioned above, SFG will not impact those who currently smoke or vape. Those already addicted will maintain their ability to continue using these products. Other stakeholders, such as retailers, the public, and government bodies, will also be able to proceed with minimal disruption. **SFG is a gradual policy reform that provides a more-than-sufficient adjustment time for public perception to change on tobacco use and for systems to be put in place to minimize harm to stakeholders.**

For example, retailers can continue selling tobacco and vaping products to those already addicted and born before the birthdate ban. SFG will not impact their current customer base. As tobacco use starts to phase out gradually from SFG, retailers will have plenty of time to adjust and strategize to reduce the impact on their revenues. Concerning the burden of enforcing SFG, it is actually easier for retailers to enforce a birthdate ban than minimum age laws. Enforcement of minimum age laws requires retailers to calculate a young person's age based on today's date and the person's birthday. **SFG only requires retailers to look at the birth year on someone's identification, with no calculations involved.**

Along with the anticipated changes in social norms from SFG, this also makes enforcement easier for government entities. It is expected that there will be less demand for tobacco products over time as SFG changes the social norms around smoking and vaping; thus, the policy will become self-enforcing and will reduce the burden on government enforcement.

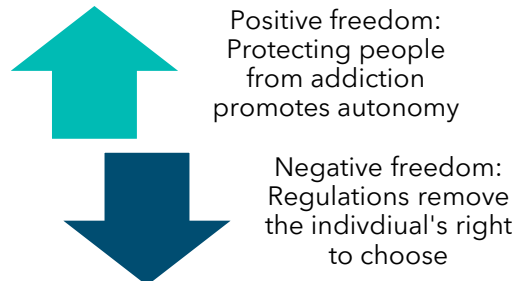
Perhaps the most surprising stakeholder alignment is with the tobacco industry. The tobacco industry asserts that they do not seek to attract new smokers to their products, only to keep their existing market share. While our ultimate goal continues to be an endgame for tobacco, SFG in itself is in alignment with this assertion.

COMMON QUESTIONS ABOUT SFG

1. DOES SFG DEPRIVE YOUNG PEOPLE OF CHOICE?

One of the most common arguments against the SFG policy is that it deprives young people of the freedom to make their own choices and constrains their rights. On the contrary, there is no inherent right to smoke. **Rather, people have a right to protection from things that have been proven harmful to one's health.**³⁰ SFG will create liberty by giving the cohort born after January 1st, 2010, enhanced protection from the harms of tobacco smoke. It does not take away any rights or freedoms from this cohort. This is referred to as "positive

freedom," wherein young people are protected from addiction and given the right to a future without tobacco.^{31,32}



In addition, governments frequently constrain consumer choices with regard to toxic and harmful products. Products with potential health and safety concerns are recalled and only allowed back on the market once they meet safety criteria. **It is well understood that if tobacco were introduced today, it would never be allowed to be sold.** The only thing preventing a complete ban on tobacco is the harm it would cause to those already addicted.

In the discussion of freedom to take risks or make choices, bioethicists remind us that truly free choice requires autonomy, which addiction, peer pressure, and the developing brain compromise. **Young people usually start smoking or vaping in an environment where they already do not have free choice, generally because peer pressure or alcohol has compromised their thinking.** In addition, young people lack the cognitive ability to prioritize long-term gains (e.g., health) over short-term gains (e.g., fitting in) or see the long-term consequences of smoking.³¹

Addiction creates false choices. As ethicist Peter Singer notes: "Even setting aside the harm that smokers inflict on non-smokers, the free-to-choose argument is unconvincing with a drug as highly addictive as tobacco, and it becomes even more dubious when we consider that most smokers take up the habit as teenagers and later want to quit."²⁰

2. WON'T THIS CREATE AN ILLICIT MARKET FOR TOBACCO PRODUCTS?

Since adults who currently use tobacco will still be allowed to purchase tobacco products, there are no new "denied addicts" to fuel an illicit market.³⁰ **SFG is not a form of prohibition, as these products will still be available for purchase by those already addicted.** SFG will continue to respect the needs of those addicted to tobacco products, eliminating the need for an illicit market.

Initially, there may be a "forbidden fruit mentality" among young people born after the birthdate ban who wish to access tobacco. However, SFG is a denormalization strategy that will reduce demand for tobacco products over time. As previously stated, SFG addresses the

problem of youth perceiving tobacco as a symbol of adulthood, ultimately decreasing the demand for such products. As tobacco use among young adults born after the birthdate ban decreases, youth will not experience the same peer pressure or influence to buy tobacco that they do now.³¹

We can apply this same logic to social supply, wherein youth access tobacco products through older peers. As the age gap between those who have or do not have legal access to tobacco increases, social supply opportunities will decrease. Younger youth will no longer have older siblings or friends who can buy tobacco for them. **The less accessible these products are, the less of an appeal there will be to use them.** Tobacco use experimentation predominantly occurs in the presence of same-age peers. As norms change and smoking becomes less "cool," older youth will be dissuaded from wanting to give a younger sibling or friend a cigarette and younger youth will be deterred from wanting to try them.

3. WHAT ABOUT YOUTH WHO ALREADY SMOKE OR VAPE?

As it becomes increasingly challenging to access tobacco products, the hope is that young people will find themselves ready to quit. **We will couple SFG implementation with targeted cessation support for youth using tobacco and vaping products.** This support must be culturally, linguistically, and age-appropriate to meet the needs of populations disproportionately burdened with tobacco and vaping use. Cessation support includes cessation coaching, quit aids, peer support, and other evidence-based services. This birthdate ban will not apply to therapeutic nicotine, so young people can access Nicotine Replacement Therapy (NRT) to aid them in cessation.

4. THE GOVERNMENT WILL LOSE REVENUES FROM TOBACCO TAXES.

Smoking costs the BC government an average of \$3,345 annually per person who smokes.²⁷ This includes hospital costs, physician costs, and indirect costs from lost productivity. In contrast, the revenue gained from taxation per person who smokes is approximately \$1,639.³³ In the most simplistic terms, the BC government will save \$1,709 per person who never takes up smoking as a result of SFG.

Furthermore, data suggest that while retailer revenue from tobacco sales in BC is \$175 million annually, this is offset by the \$300 million paid each year to out-of-province tobacco manufacturers. Overall, tobacco sales are draining BC's economy.⁵

In addition, any changes to the BC government's revenue streams from decreased tax revenue will be very gradual. Those who currently smoke will still be buying cigarettes, and it will take several years before the impact on younger generations is realized in tax revenues.

The government will thus have sufficient time to adapt and find alternative revenue streams to compensate for tobacco tax revenue.

Ultimately, given the unfathomable human costs of continued tobacco use, especially for marginalized populations, losing government revenue from tobacco taxes should not be a factor in the decision to implement SFG.

5. RETAILERS WILL LOSE BUSINESS.

Retailers must constantly adapt to changing trends, consumer preferences, and product regulations. SFG will be no different, and its effects will be gradual. **Retailers will be able to maintain their existing customer base of people already addicted to tobacco products.** While it is true that over time fewer people will buy tobacco, retailers will have plenty of time to prepare and adapt to the forthcoming changes.

In addition, global data suggest that profit margins for tobacco sales are quite low. Anecdotally, Canadian retailers are bringing in just 2-3% of their profits from tobacco products, suggesting that the impact of SFG on retailers' profits will be minimal.³⁴

6. IF YOUTH SMOKING RATES ARE SO LOW, WILL THIS MAKE A DIFFERENCE?

Youth smoking rates are much lower now than they have been historically, but the tobacco industry continues to recruit young people as replacement smokers. Of Canada's 5 million smokers in 2017-2018, more than a million were born after 1998. Three-quarters of them started smoking after 2008.⁹ As mentioned earlier, preventing smoking initiation among young people is the most substantial intervention to help us reach a tobacco endgame. **Modelling data from New Zealand estimates SFG will reduce smoking initiation among young people by 90% more than "business as usual" interventions (i.e., minimum age laws) within ten years of implementation.**²⁸

Importantly, we plan to include vaping and emerging nicotine products in the SFG policy. Vaping has become an epidemic among young people in Canada, and preventing young people from buying vapes will gradually denormalize vaping and reduce youth uptake. SFG will prevent young people from going down a path of lifelong nicotine addiction, whether to vape, as a gateway to tobacco use, or dual use, which would be a substantial win over the tobacco industry.

Another argument deployed against SFG is that it will take a long time to see results. Regarding phasing out tobacco, it is true that it will take several decades to bring about a fully tobacco-free population. However, we may experience some gains much sooner. Professor Jon Berrick, who first introduced the SFG concept, conducted a study comparing changes in social norms before and after introducing a universal policy for wearing

motorcycle helmets. The universal law replaced an age-restricted law requiring helmets until the age of 21. The study found that youth defiance to wearing helmets decreased rapidly following the shift to a universal law, suggesting social norms can change much faster than anticipated and bring about more rapid gains.³²

It is also important to note that SFG is not meant to be a standalone policy, nor a silver bullet to end the tobacco epidemic. It is one part of a larger strategy to end tobacco use altogether. However, it is a groundbreaking policy that will significantly contribute to phasing out the sale of tobacco while causing minimal disruption to stakeholders. Any reduction in youth tobacco initiation will likely dramatically impact present and future tobacco use rates, and bring us one step closer to a tobacco-free future.

HAS SFG BEEN IMPLEMENTED ELSEWHERE?

Table 1. The Smoke-Free Generation in Other Jurisdictions, Global

Location	Status	Effective Date	Scope
Balanga City, Philippines	Passed in 2016; defeated by the tobacco industry in 2018 due to "unreasonable age discrimination."	Effective from 2016-2019	Tobacco and vapour products
Brookline, Mass., USA	Bylaw passed in November 2020	September 2022	Bans the sale of tobacco and vapour products to anyone born after January 1st, 2000
New Zealand	The policy introduced as part of Smoke-Free Action Plan, a law passed December 2022	January 2027	Bans the sale of commercial combustible tobacco products to anyone born after January 1st, 2009
United Kingdom	The UK government has proposed Smoke-Free Generation legislation as of October 2023 and a public consultation is open until December.	N/A	Ban the sale of tobacco products to children born in 2009 or later (children who are 14 in the year 2023).

In 2016, Balanga City in the Philippines became the first jurisdiction to pass and implement a SFG initiative. In combination with other strong tobacco Endgame measures (a Comprehensive No Smoking Ordinance), Balanga City's youth smoking rate dropped from

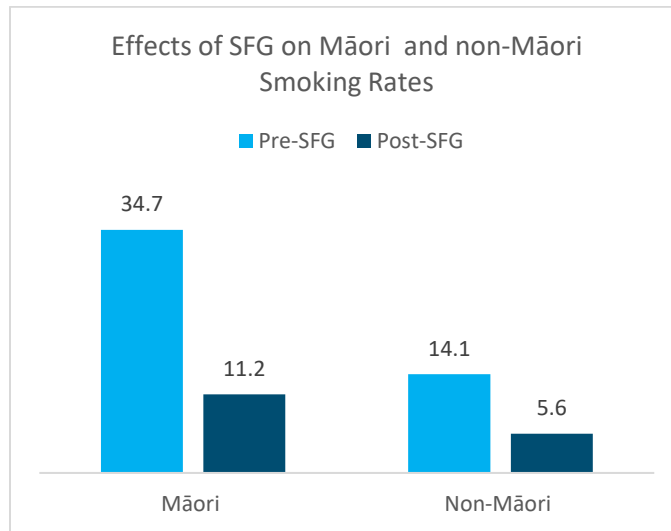
32% in 2014 to just 1.63% the following year.³⁵ The tobacco industry strongly opposed this initiative, and in 2019, the courts unfortunately sided with the Philippine Tobacco Institute and struck down the legislation. As well, Balanga City's initial success generated interest in neighbouring cities, which are now considering implementing their own SFG policies.

The town of Brookline, Massachusetts, became the first US jurisdiction to adopt a Tobacco-Free Generation bylaw in November 2020.³⁶ Brookline faced pushback from retailer organizations backed by the tobacco industry but has successfully implemented the bylaw. The town successfully disproved claims from the tobacco industry that the bylaw violated state law. The bylaw, which they call a "birthdate ban," went into effect in September 2022. No data is available yet.

Most widely known is the case of New Zealand, which will become the first country in the world to implement a SFG initiative. New Zealand refers to their policy as a Smoke-Free Generation (SFG) as it only applies to combustible tobacco products. The Smoke-free Generation policy is set to take effect in January 2027.³⁷ Modelling data suggest that SFG would decrease smoking prevalence substantially, particularly among the Indigenous Māori and Pacific Islander populations. Van der Deen and colleagues estimate that SFG alone could reduce smoking rates from 14.1% to 5.6% in non-Māori and 34.7%-11.2% in Māori populations within 14 years.²⁹ The decline in smoking prevalence will be most significant for those under 45 years old, for whom smoking prevalence could be halved. Because about three-quarters of Māori are in this younger age group, SFG is likely to reduce ethnic smoking disparities rapidly.

Most recently, the United Kingdom proposed legislation so that children turning 14 this year (2023) or younger will never be legally sold tobacco products. Their legislation will encompass tobacco products but not vaping products. In their proposal and consultation, they suggest several policy options to address youth vaping.

Figure 9. Projected effect of the Smoke-Free Generation policy in New Zealand on Māori and non-Māori smoking rates.



New Zealand has also conducted qualitative research with young people to understand their views on SFG. The study found that most young people, both Māori and non-Māori, accepted the idea of a smoke-free generation and agreed with the concepts of positive freedom and collective well-being. A small proportion viewed the initiative as constraining their freedoms, but most came around once they understood it from a collective angle instead of an individual one.

PRECEDENTS AND CASE STUDIES

ASBESTOS AND LEAD PAINT

Asbestos and lead paint are two substances that have been phased out in the same way that SFG will phase out tobacco.⁶ Both of these substances were widely used until it came to light that asbestos causes lung cancer, and lead paint harms cognitive development. When these side effects became public, laws were passed that banned these substances from being used in future. However, existing buildings were grandfathered in so as not to create an undue burden on building owners. Consumers could no longer choose to use asbestos or lead paint in new buildings because we knew the harm they caused. These examples demonstrate that it is feasible to reimagine a safer future for our children, develop alternatives to these products, and adapt as a society to a healthier future. **This same precedent can and should be applied to tobacco, which we know kills as many as two-thirds of its consumers.**

⁶ [See TedXFolsom talk by Dr. Tamu Green](#)

OPIUM SMOKING

The case of opium smoking in the early twentieth century closely mirrors our current situation with tobacco.²⁰ In Formosa (present-day Taiwan) and Ceylon (present-day Sri Lanka), there was a crisis of addiction to opium smoking. Both governments used a similar plan to phase out opium smoking. Those addicted to and currently smoking opium were required to register as current users so that they could continue to purchase opium indefinitely. New users could not obtain licenses and thus could not purchase opium; therefore, no new opium smokers were created. In just 15 years in both countries, opium rates plummeted by 80%. In Ceylon, which continued to track the data, opium use was eradicated in 35 years. This tangible example demonstrates that it is possible and worthwhile to phase out smoking. SFG will operate under the same premise of no new smokers but will disrupt the lives of current smokers even less because they will not have to register or take any similar actions.

MOTORCYCLE HELMETS

Examples of youth-restricted versus universal laws for wearing motorcycle helmets in the US present a useful parallel for comparing minimum age laws to SFG for smoking.³² While the addictive component is missing in this comparison, it offers a valuable framework for understanding adolescent psychology. In the US, some states have universal laws requiring riders of all ages to wear motorcycle helmets; in others, only those under a certain age (18 or 21, depending on the state) must wear a helmet. The age-restricted law is like a minimum age law for smoking: it suggests that there is a safe age at which one does not need to wear a helmet. As with the minimum age law, age-restricted helmet laws appear to control youth rather than promote safety, which generates defiance among young people.

A meta-analysis comparing youth compliance in states with universal versus age-restricted laws found that about two-thirds of youth defiance of an age-restricted helmet law disappeared when it was replaced with a universal law. **Youth were more likely to respect and comply with a universal law because it emphasized safety rather than control.** SFG functions like a universal law in that it has a whole-of-life impact and implies that there is no safe age for tobacco consumption. As noted by Professor Jon Berrick in his discussion of this example, some beneficial changes in youth behaviour occurred in the time between the announcement and implementation of universal helmet laws, demonstrating the power of adolescent psychology in shifting norms.

CONSIDERATIONS FOR IMPLEMENTATION IN BC

ADDITIONAL ENDGAME POLICIES

The Smoke-Free Generation initiative is not a silver bullet for tobacco control. It is a policy that, with minimal disruption to stakeholders, stands to have potentially the greatest impact on reducing youth initiation of cigarettes of any endgame policy. However, in order for us to achieve the tobacco endgame, SFG must be implemented alongside other endgame measures.



1. LIMITING RETAILER DENSITY FOR TOBACCO SALES

The wide availability and ease of access to tobacco products reinforce them as normal, framing smoking as socially acceptable. A potential measure to combat this is to reduce the number of retailers licensed to sell tobacco products in BC. By limiting the density of cigarette retailers, we can effectively reduce the accessibility and availability of tobacco products. Studies have consistently shown that increased availability of tobacco outlets is associated with higher rates of smoking initiation among youth and adults.³⁸ By implementing restrictions on the number of retailers, we can create physical barriers that discourage impulse purchases and make it more difficult for individuals, particularly youth, to obtain cigarettes easily. Limiting the density of cigarette retailers can also encourage smokers to quit or reduce their tobacco consumption.³⁹ By making cigarettes less accessible, smokers are more likely to face inconveniences and barriers to purchasing tobacco products, which can motivate them to quit or seek assistance in their journey to become smoke-free.

There are several ways to limit retailer density. One suggestion is to initiate a policy wherein no new retailers can be licensed in the province, and no retailer licenses can be renewed. As SFG phases out smoking and vaping and businesses close, retailers will eventually be phased out as well. This policy would not affect current retailers and would thus be more palatable

and less disruptive economically. There is also an option to have specialty tobacco shops as we do with cannabis and vaping; however, this option would be much more cumbersome.

2. DENICOTINIZATION OF CIGARETTES AND OTHER PRODUCTS

Reducing the nicotine content in cigarettes is crucial for reducing the harms of smoking. Lower nicotine levels help people who smoke gradually overcome their addiction, making quitting more achievable and decreasing the risk of smoking-related diseases. Additionally, reduced nicotine content discourages smoking uptake and prevents youth initiation. Studies and modelling suggest that mandating minimal or no nicotine in tobacco products significantly lowers smoking prevalence, increases quitting, and minimizes compensatory smoking. Despite concerns that people who smoke may smoke more frequently and more intensively, **evidence shows that people using very low-nicotine cigarettes eventually cease trying due to the ineffectiveness of intensified puffing**. Support for denicotinization is high among those who smoke (66%) and those who have quit smoking (42%) in BC, highlighting the broad acknowledgement of making cigarettes less addictive.²⁶

Denicotinization could also be applied to vaping, but there is yet to be evidence of the effectiveness of such a practice. Capping nicotine content in vaping products at 20mg/ml showed promise to reduce youth uptake prior to the introduction of disposable vaping products; continuing denicotinization of vapes could thus benefit this population. However, we need to take a balanced approach to the denicotinization of vaping products to ensure they remain a feasible harm reduction option for those who smoke.

3. BANNING FLAVOURS IN VAPING PRODUCTS

Flavours have been cited as a key contributor to the disproportionate rise in vaping among youth. Flavours are designed to appeal to youth and draw them to e-cigarette use. Research shows that flavours influence user satisfaction, willingness to initiate use, perception of harm, and intention to quit among young people.^{40,41} Research from the Heart and Stroke Foundation found that 9 in 10 young people in Quebec report that they started vaping because of the flavours. In addition, Health Canada itself identified flavours as one of the factors that has contributed to the rapid rise in youth vaping, though Canada has yet to act on its proposed amendment to ban flavours federally.⁴²

In 2022, fruit was the most popular vape flavour in Canada (63% among 15-19-year-olds; 59% among 20-24-year-olds), followed by mint/menthol (10% among 15-19-year-olds; 29% among 20-24-year-olds).⁴³ In addition to their role in enticing youth to vape, these flavours may carry additional health hazards. Research from the University of Pittsburgh found that menthol vape liquids contained more toxic particles than non-menthol liquids and was associated with poorer lung function.⁴⁴ Similarly, in a rodent study, mint and mango flavoured

JUUL pods were found to induce inflammation in regions of the brain responsible for behavior modification, drug reward, and formation of anxious or depressive behaviors.⁴⁵

Thus, banning flavoured vaping products is a crucial step for British Columbia to take to prevent youth vaping uptake and to lessen the health harms vaping. Many other provincial and international jurisdictions are already leading the way in banning all flavoured vaping products except tobacco. Within Canada, New Brunswick, Nova Scotia, Prince Edward Island and Nunavut have passed legislation banning flavoured e-liquids.⁴⁶ Internationally, Finland, Hungary, Netherlands, Ukraine, Lithuania, and China have either adopted or implemented comprehensive vape flavour restrictions, including banning mint/menthol flavouring.

IN AND OUT OF SCOPE

Within the scope of this initiative are all tobacco and nicotine products, including synthetic nicotine (nicotine not derived from tobacco). This policy will not apply to therapeutic nicotine (nicotine replacement therapy products) or cannabis vaping or smoking products. In addition, this law will only prohibit the sale, not the possession, of tobacco and nicotine to those born after January 1st, 2010. Restricting sales puts the onus on retailers and tobacco companies to comply with the law rather than consumers. Consumers will not be punished for possessing nicotine. This distinction is significant for health equity. Finally, online retailers must be included for this policy to be effective.

CRITICAL SUCCESS FACTORS FOR SFG

The following factors are necessary to ensure the success of the SFG policy.

- Increased cessation support for those already addicted to tobacco and nicotine products.
 - Increased funding for NRT and quit medications under the BC Smoking Cessation Program (e.g., a longer duration of treatment, coverage for combination therapy).
 - Increased funding for province-wide cessation programs (e.g., QuitNow) and community-led cessation programs (e.g., Indigenous-driven cessation initiatives).
 - Cessation support must be culturally appropriate and trauma-informed to meet the needs of populations disproportionately burdened by tobacco use.
- Adequate lead time for the government, the public, and retailers to adjust (minimum two years from date of announcement to date of implementation).

- Increased funding for retailer enforcement and training for enforcement officers.

MOVING FORWARD

SFG is a simple and minimally disruptive policy change with the potential to have a tremendous impact on future smoking and vaping rates. However, much groundwork is needed to lay the foundation for this and other life-changing tobacco endgame policies. These steps may include:

1. Consulting with key stakeholders and affected populations, most importantly Indigenous leaders.
2. Conducting a province-wide poll in BC to gauge support for endgame measures, including SFG, denicotinization, and limited retailer density. See *Appendix 1* for sample polling questions.
3. Forming an advisory board with key stakeholders to action SFG in an equity-focused and community-driven way.
4. Conducting public education and advocacy campaigns to raise awareness of SFG across BC.
5. Conducting a policy review to determine the impacts of a SFG policy.
6. Drafting and proposing legislation. See *Appendix 2* for sample legislation.
7. Implementing the SFG policy and supporting Endgame policies.
8. Monitoring and evaluation; accountability to communities disproportionately burdened by commercial tobacco.

CONCLUSION

British Columbia has made immense progress toward reducing the tobacco epidemic over the last half-century. Due to the addictive nature of tobacco and the unrelenting tobacco industry, however, these efforts have not been sufficient to achieve a world without tobacco. The tobacco endgame imagines this tobacco-free future and brings it within reach with outside-the-box thinking and revolutionary policy change. **Only through this dramatic action will we finally be able to alleviate the harm caused by tobacco.**

The Smoke-Free Generation is a progressive endgame policy aimed at ensuring future generations never suffer from the harm tobacco has caused. SFG will ban the sale of tobacco and vaping products to anyone born after January 1st, 2010, in British Columbia and, in

doing so, will dramatically reduce youth uptake of smoking and vaping until both are phased out entirely. SFG is a cost-effective and equitable policy that minimizes disruption to stakeholders, most notably those who currently smoke and vape. Modelling data from New Zealand suggest that this policy can halve smoking prevalence in just 14 years, and dramatically reduce smoking inequities between Indigenous and non-Indigenous New Zealanders.

SFG is not a silver bullet for ending the tobacco epidemic. It must be coupled with substantial investments in cessation support and other endgame policy measures. In BC, we recommend two additional policies: limiting retailer density and denicotinization of cigarettes. In addition, results from SFG will take longer to appear than they would for a complete ban on smoking. However, SFG is arguably the simplest of the endgame measures to implement. It simplifies enforcement for retailers and has the potential to become self-enforcing as norms around tobacco and vaping use change. Ultimately, SFG has the potential to radically change the game, ensuring that people never take up smoking, vaping, or any other commercial nicotine use.

SFG gives BC the key to unlock the door to the tobacco endgame in Canada and to be the first province to reach less than 5% prevalence of tobacco use by 2035.

APPENDIX 1. POLLING QUESTIONS

1. How important is it to prevent today's children from ever taking up smoking?
2. How important is it to prevent today's children from ever taking up vaping?
3. Would you support a proposal to prevent tobacco and vapour products being sold to British Columbians born in and after the year 2010?
4. Would you support a proposal to limit the number of retail outlets where tobacco products can be purchased?
5. Would you support a proposal to limit the number of retail outlets where vaping products can be purchased?
6. Would you support a proposal to limit the nicotine content in cigarettes to make them less addictive?
7. Would you support a proposal to limit the nicotine content in vaping products to make them less addictive?

APPENDIX 2. DRAFT LEGISLATION

The sale of tobacco and vapour products in BC is regulated through several provincial regulations:

[Tobacco and Vapour Products Control Act](#)

[Tobacco and Vapour Products Control Regulation](#)

[E-Substances Regulation](#)

[Health Hazards Regulation](#)

[Tobacco Tax Act](#)

These regulations set out a minimum age of 19 years for purchasing tobacco and vapour products. They also prohibit the display and advertising of these products to those under 19 and restrict the sale of flavoured products to adult-only specialty vaping shops. Further, the e-Substances Regulation classifies some vaping products as health hazards, namely, those that do not contain nicotine or cannabis and those that contain non-therapeutic nicotine.

Legislation for SFG may be as simple as changing the following line from the Tobacco and Vapour Products Control Act:

A person must not sell, offer for sale, provide or distribute tobacco or vapour products to an individual who has not reached the age specified by regulation under section 11 (2) (g).

(where the specified age is 19)

To the following:

A person must not sell, offer for sale, provide or distribute tobacco, nicotine vapour, or other non-therapeutic nicotine products to an individual born on or after the date specified by regulation under section 11 (2) (g).

(where the specified date is January 1st, 2010)

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