THE ONTARIO TOBACCO RESEARCH UNIT
UNITÉ DE RECHERCHE SUR LE TABAC DE L'ONTARIO

Generating knowledge for public health

Canada's Tobacco Endgame: A Critical Evaluation at the Midpoint of the Path to 2035

Final Report

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Executive Summary

Canada's "less than 5% by 2035" tobacco endgame goal, established in 2016, aims to drastically reduce commercial tobacco use due to its significant public health and economic costs, including over 1 million deaths since 2000 and an annual cost exceeding $16 billion. This strategy moves beyond traditional tobacco control, seeking structural transformation and an equity-driven approach.

While Canada has a strong history of reducing smoking rates, current projections detailed in this report indicate that a smoking prevalence target of 4.9% prevalence by 2035 is achievable if the accelerated decline rate observed since 2016 (6.5% annually) continues. However, this progress is not uniform across demographics or regions; older age groups (35-64) and most provinces outside of British Columbia are unlikely to meet the target. Disparities are particularly pronounced among Indigenous populations (53% smoking prevalence on-reserve), racialized communities, low-income groups, rural populations, 2SLGBTQ+ individuals, and those with mental health conditions or experiencing homelessness, highlighting the need for equity-focused interventions. It should be noted that these projections exclude non-cigarette tobacco products, which are still included in Endgame targets.

Key policy changes since 2016 include plain packaging, menthol bans, and restricted smoking locations. The recent $32.5 billion tobacco settlement in March 2025 could have provided significant financial opportunity for prevention and provincial initiatives, while also offering leverage for public awareness campaigns against deceptive industry practices. However, the settlement was a lost opportunity for the type of true, structural, change necessary to reach a Tobacco Endgame.

Lessons from international models, such as New Zealand's repealed "smokefree generation" legislation and Sweden's harm reduction approach, underscore the need for bold, supply-side interventions and sustained political will. Ireland's successful quit-smoking campaigns and monitoring systems also offer valuable insights.

The report raises several critical questions for Canada's path forward:

- **Is <5% by 2035 the right target?** The target solely focuses on tobacco, potentially overlooking the broader challenge of nicotine addiction and the rise of vaping. There is also the question of if the 5% target should be lowered to 2% or 0%, or if the 2030 should be the target.
- **Should Endgame include nicotine?** While combustible tobacco is the primary health concern, the normalization of e-cigarettes and other nicotine products, especially among youth, presents a new public health issue that requires a clear strategy yet perhaps these products offer a pathway to a tobacco endgame.
- **Should Endgame explicitly incorporate health equity?** Without explicitly addressing systemic

inequities that drive disparities in tobacco use, the national target risks leaving behind marginalized communities.

- **How can political momentum be maintained?** Achieving the endgame requires confronting the tobacco industry more directly and ensuring consistent political support across all levels of government, especially since provinces have not universally adopted the federal target.
- **How can we implement bolder change?** Canada's tobacco strategy has yet to implement many of the bold strategies recommended by the 2016 Summit. The experience of the UK, New Zealand and other jurisdictions suggests that more is possible.
- **How can we address Indigenous Traditional Tobacco from a Nation to Nation perspective?** Recognizing the distinction between commercial and traditional tobacco, strategies must be negotiated in a Nation-to-Nation context that respects First Nations' rights and addresses historical impacts of colonization.

The progress towards the <5 by 35 goal suggests that the Tobacco Endgame goal, once considered ambitious, is realistic and achievable as long as the governments and the public health community commit to continued momentum and advancing policy. However, there is a need to clarify and refine the target to explicitly apply it to all sub-groups and to all tobacco and nicotine products.

Background

The Endgame Rationale

The imperative for a definitive tobacco endgame in Canada is rooted in the staggering and persistent public health crisis caused by commercial tobacco use. For decades, tobacco has been the leading preventable cause of premature death, disease, and disability in the country.[1] Tobacco has killed more than 1 million Canadians since 2000.[2] Annually, approximately 45,000 to 48,000 Canadians die from tobacco-related illnesses, a figure that translates to one death every 12 minutes and represents a profound and avoidable loss of life.[1] This mortality is the result of a wide spectrum of debilitating diseases directly linked to tobacco consumption. Smoking is a primary causal factor for at least 15 different types of cancer, with lung cancer being the most prominent; approximately 75% of all lung cancer deaths in Canada are attributable to smoking.[3] Beyond oncology, tobacco use is a major contributor to chronic respiratory diseases, such as emphysema, and cardiovascular diseases, including heart disease and stroke.[4]

The human cost is paralleled by an immense economic burden on Canadian society. The total annual cost attributable to tobacco use exceeds $16 billion, a figure that encompasses both direct healthcare expenditures and indirect costs related to lost productivity, disability, and premature mortality.[1] These costs represent a significant and unnecessary drain on provincial and federal health systems and the national economy. The financial burden of treating tobacco-related diseases diverts critical resources that could otherwise be allocated to other pressing health priorities. Consequently, the pursuit of a tobacco endgame is not merely a public health objective but a matter of sound fiscal policy and economic prudence. The scale of this ongoing crisis underscores the inadequacy of traditional control measures and necessitates a more ambitious strategy aimed at fundamentally ending the epidemic.

Coined and developed by Ruth Malone, Endgame is a framework that confronts the structural, political, and cultural forces that continue to enable the tobacco epidemic.[5] Malone argues that for this shift to happen, it will require us to move beyond incremental tobacco control policies and ask: What does it mean to design a society where commercial tobacco is no longer normalized, necessary, or available?

In Malone's framework, Endgame is not just about reducing the prevalence of tobacco use, but also about identifying and dismantling the systems that enable wide-spread and inequitable tobacco substance use. This framework recognizes that tobacco use is sustained not just by individual behaviors alone, but the use is influenced by politics, economic factors, and normalization of use.

Defining features of Endgame:

1. Reframe tobacco as a systems issue political and ethical challenge rather than a behavioral

one

2. Seek out structural transformation
3. Integrate an equity-driven approach to recognize the disproportionate burden of tobacco harm and those most affected
4. Establish a clear endpoint

Public support for tobacco endgame initiatives according to a meta-analysis of polling worldwide is high.[6] The analysis found that the majority of the general population supports all endgame policies including Smoke Free Generation laws, banning commercial sale, transferring ownership of tobacco industries. The exceptions were for requiring a license or prescription to purchase tobacco and restricting the type of retailer that may sell tobacco products. The pooled support estimate for a mandated Very Low Nicotine policy (76%) was the highest among all policies.

From Control to Endgame: The 2016 Summit and the Genesis of an Ambitious National Goal

At a national summit, September 30 and October 1, 2016 at Queen's University, dozens of Canada's leading tobacco control researchers, public health officials, and civil society advocates were brought together to consider the potential for a tobacco endgame for Canada.[7] Participants collectively proposed a national endgame target: to reduce the prevalence of tobacco use in Canada to less than 5% by the year 2035, a goal colloquially known as "<5 by '35".[7]

To reach this goal, Canada would need to commit to exacting change, rather than treating the public health challenge as a war of attrition. Four major areas of action were identified, as shown in Table 5.

Federal Endgame Goal Adoption

Following the 2016 summit, Health Canada initiated a comprehensive three-part consultation focused on shaping the future of tobacco control in Canada. This process included targeted pre-consultations, a National Forum engaging key stakeholders, and a broader seven-week online public consultation to gather diverse perspectives.[8]

The consultation was launched to inform the 2018 renewal of the Federal Tobacco Control Strategy (FTCS)—now Canada's Tobacco Strategy (CTS)—with the new goal of <5% by 2035. Originally launched in 2001, the FTCS had served as a framework for national tobacco control.[9,10] When opening the consultation to the public, the following report was released: Seizing the opportunity: the future of

tobacco control in Canada. It outlined a commitment from the Government of Canada for radical action against tobacco use and sought feedback from Canadians on the following 6 key elements:

1. Less than 5% by 2035 and other targets - in addition to the goal of less than 5% tobacco use by 2035 for the general population, setting other tobacco use and sub-population targets.

2. Protecting youth - preventing young people and others from starting to use tobacco and vaping products, and protecting them from second-hand smoke and vapour.

3. Helping Canadians who use tobacco - enabling access to treatment to help people quit tobacco and reducing harm to those who are not ready to quit.

4. Indigenous peoples - supporting the development of a shared approach to address higher prevalence rates of commercial tobacco use among Indigenous peoples.

5. Tobacco use and health and social inequities - addressing higher rates of tobacco use in groups such as those living with mental illness and those with lower socioeconomic status.

6. Building capacity - ensuring that the Government of Canada has the resources, information and partnerships it needs to achieve its targets and to support partners in their roles.[11]

In 2017, Minister of Health Jane Philpott publicly endorsed the national tobacco reduction goal—aiming for less than 5% tobacco use by 2035—by calling for innovative strategies during the March 1 National Forum.[12] Building on this momentum, the Government of Canada formally adopted the Endgame goal on May 31, 2018, unveiling a new federal tobacco strategy that reinforced its commitment to significantly reducing tobacco use nationwide.[13] To support these objectives, the federal government committed to a significant financial investment, initially announced as $330 million over five years, which translates to an ongoing annual budget of approximately $66 million.[1]

A Quantitative Assessment: Tracking Progress Towards the Target

Current Tobacco Use

Canada has a long and successful history of reducing tobacco use, a legacy that provides the foundation for the ambitious endgame goal. Over more than two decades, a comprehensive suite of policies at the federal, provincial, and municipal levels has driven a remarkable decline in smoking rates. In 1999, over one-quarter of the Canadian population aged 15 and older smoked cigarettes.[14,15] Through sustained public health efforts, this figure has been reduced by more than half. According to the Canadian Tobacco and Nicotine Survey (CTNS), approximately 11% of Canadian adults reported current smoking (defined as daily or occasional use) in 2022 and 6% reported past-30-day vaping.[16] The Canadian Community Health Survey (CCHS)[17] reports closer to 10.5% smoking prevalence in 2023, which corresponds to approximately 3.7 million people.[18] Within this group, 76% of the population smoke on a daily basis, while 24% are occasional smokers. Survey results may be affected by limitations, including restricted sample sizes and undercoverage.[19]

Cigarette smoking among Canadian youth has declined substantially over the past two decades and has remained low and stable from 2019 through 2025. According to the Canadian Tobacco and Nicotine Survey (CTNS), the prevalence of current smoking and vaping among youth aged 15–19 was 4.2% and 13.6% respectively in 2022, unchanged from 2021.[16] Of these youth smokers, 1.0% smoked daily, while 3.2% smoked occasionally. This trend reflects a major public health success: cigarette use among youth is now markedly lower than in previous generations and continues to decline or stabilize at historically low levels.

Updated Projections for 2035

For the 2016 Tobacco Endgame Summit paper, modelling was undertaken to predict the expected prevalence given existing trends.[20] The modelling found that by 2035, smoking prevalence was expected to reach 13.2% in 2035. In 2019, the 2035 prediction decreased to 12.9%.[13] Now that we are 10 years away from the goal, it is important to update our simulation and review our current progress to Endgame goals. Thus, we project cigarette smoking prevalence for each year until 2035, for subgroups and Canada overall using the same simulation methodology from the 2016 paper, updated with current smoking prevalence and population estimates.

Compared to the 2016 projections, the likelihood of achieving the Canadian Tobacco Endgame has drastically improved. Provided that Canada observes the same rate of decline seen from 2016-2023,

overall cigarette smoking prevalence would be expected to reach just less than 5% by 2035 (4.9%). That is not including non-cigarette tobacco products like water-pipes or little cigars, which are discussed in the next section.

Notably, we found that the trends in the declines in cigarette use have dramatically increased since the implementation of the Tobacco Endgame goal. The rate of decline observed was 6.5% annually on average during the entire period 2016-2023, a dramatic increase from the 2% historical rate of decline. Canada has experienced period of both anomalous growth and decline over the past 50 years, and continued trends at either the long-term rate of 2% or the more recent rate of 6.5% cannot be taken for granted. Change in tobacco use requires continued shifting in the structural causes of tobacco use, and consequently continued action and intervention by governments, public health, and practitioners.

However, the state of Tobacco Endgame is not equal among demographics. Not all age groups are projected to reach 5% cigarette-smoking prevalence by 2035. In fact, prevalence between ages 35 to 64 is expected to stay above 6% by 2035. The youngest age group, 12–19-year-olds, would likely reach particularly low prevalence.

Similarly, most provinces are not forecasted to reach the Endgame goal, even if Canada reaches it as a whole. Apart from British Columbia, individual provinces are predicted to stay over 5% in 2035. Additionally, although not modelled, the territories have higher rates of tobacco use, with Nunavut having a very high prevalence of 63.6% according to 2022 CCHS data.[4] These figures demonstrate that the burden of tobacco use is disproportionately concentrated in certain regions of the country. This variation underscores the critical importance of robust, well-funded provincial and territorial tobacco control strategies that can complement federal initiatives. The disparities also raise important questions about the factors driving these differences, which may include variations in provincial tobacco tax rates, the scope and enforcement of smoke-free legislation, funding for cessation services, and underlying socioeconomic and demographic characteristics of the population.

2023 CCHS data[17] also reports disparities in smoking prevalence across income: the lower household income groups having double the cigarette smoking rates compared to the highest group. Projections show that only households making an estimated $100,000 before tax will reach the Endgame goal, as seen in Figure 4—and that is already assuming the same rate of decline between all household income groups. Plus, those with lower education attainment levels and people living in rural areas have double the daily than their higher education and urban counterparts, seen in Figure 5.

2016 and 2023 CCHS data on current smoking by selected characteristics can be found in Table 4. Drawing comparisons between these two years must be done with caution, as the CCHS underwent a redesign in 2020. Still, Table 4 may give a sense of the disparities present in cigarette-smoking rates. Tobacco use disparities are further addressed in its own section later in this report.

Progress towards the tobacco endgame is not uniform across Canada; rather, it is characterized by significant disparities that highlight the differential impact of policies and the varying public health challenges faced by each population. Ultimately, achieving a national endgame target of less than 5% will require targeted efforts to accelerate progress for all population groups. These differences serve to highlight that some sub-populations are disproportionately affected by smoking. Further differences would be expected by other subpopulations which were not included in this modelling exercise but are examined in detail in the Methods section.

Methods:

Current smoker prevalence data was taken from the Canadian Community Health Survey (CCHS).[16] At the time of writing this report, 2023 was the most recent year that CCHS data was available. Population projections from 2024 – 2035 were extracted from Statistics Canada's projections under medium growth (M1), released January 21, 2025, based on July population numbers.[20] The estimate of the actual population of Canada in 2023 was also from Statistics Canada.[17]

We first predicted tobacco prevalence for separate age groups, calculated the corresponding number of total smokers, and then aggregated the total smokers over all age groups. The following 2023 prevalences served as baseline:

1. 12-19 years: 1.23%
2. 20-34 years: 9.92%
3. 35-44 years: 12.97%
4. 45-64 years: 14.02%
5. >= 65 years: 8.89%

Starting from 2024, prevalence projections for each subsequent year depended on the previous year, i.e. prevalence for year 2024 is prevalence at year 2023 multiplied by a discount factor of 1/(1+r), r being a constant rate of decline. 2 different rates of decline were tested:

1. 0.021, which was the existing rate of decline in 2016, and

2. 0.065, which was the observed rate of decline over 2016-2023.

For subgroups like separate provinces, a similar procedure was applied. The provincial smoker prevalence baseline was extracted from the 2023 CCHS Health Indicators annual estimates[21] and 2023 CCHS Data Dictionary Reported Frequencies.[22] A discount factor of 0.065 was applied to baseline and later years.

Our modelling is affected by certain limitations. First, it relies on self-reported, voluntary CCHS smoker status data, and assumes that reporting error for smoking has not changed over time. The rate of decline of 0.065 was averaged over 2016-2023; the projections do not take into account if the rate of decline increased or decreased recently, which would affect the modelled trajectory. CCHS also changed their sampling methodology in 2022, which is relevant to the comparison between 2016 and 2023 projections. CCHS also surveys those that are 18 and older, so cigarette smoking at younger ages is not included, though it is included in population estimates. It also assumes population numbers consistent with Statistics Canada population projections as well as constant rate of decline consistent throughout subgroups, meaning all age groups and all provinces experience the same rate of 0.065 for the next decade. Future trends could appear very different from projections if rates of smoking decline or population growth change.

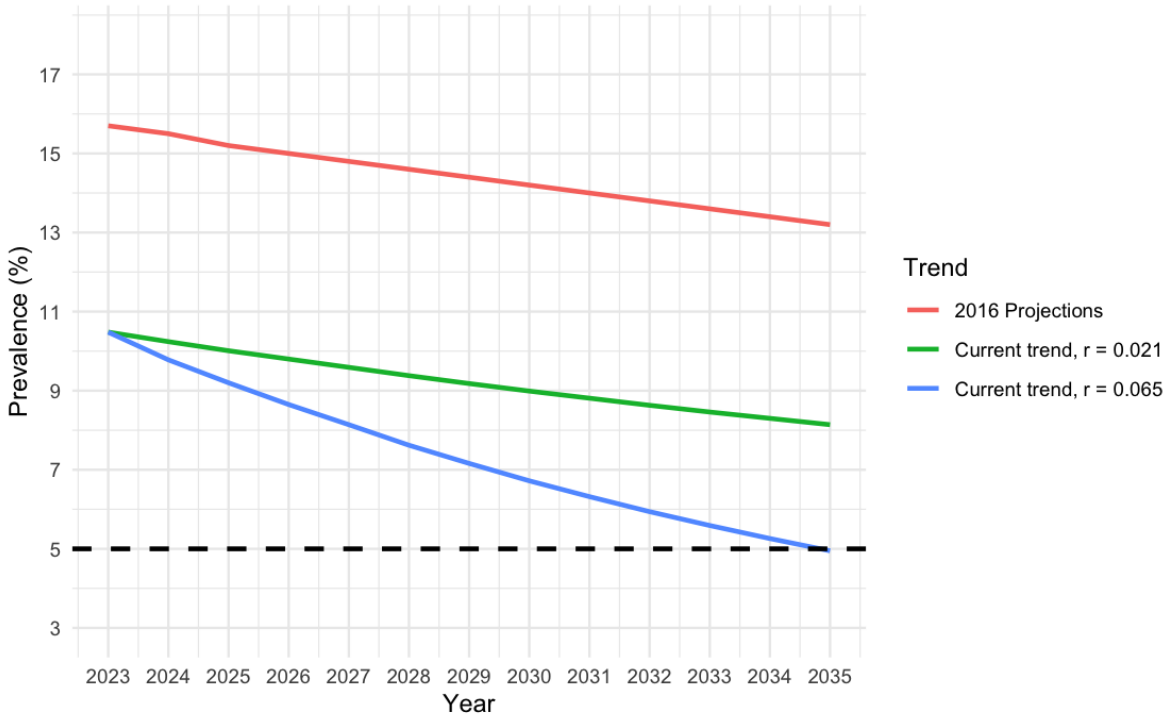

Figure 1. Smoking prevalence projections for all of Canada, from 2023 to 2025.

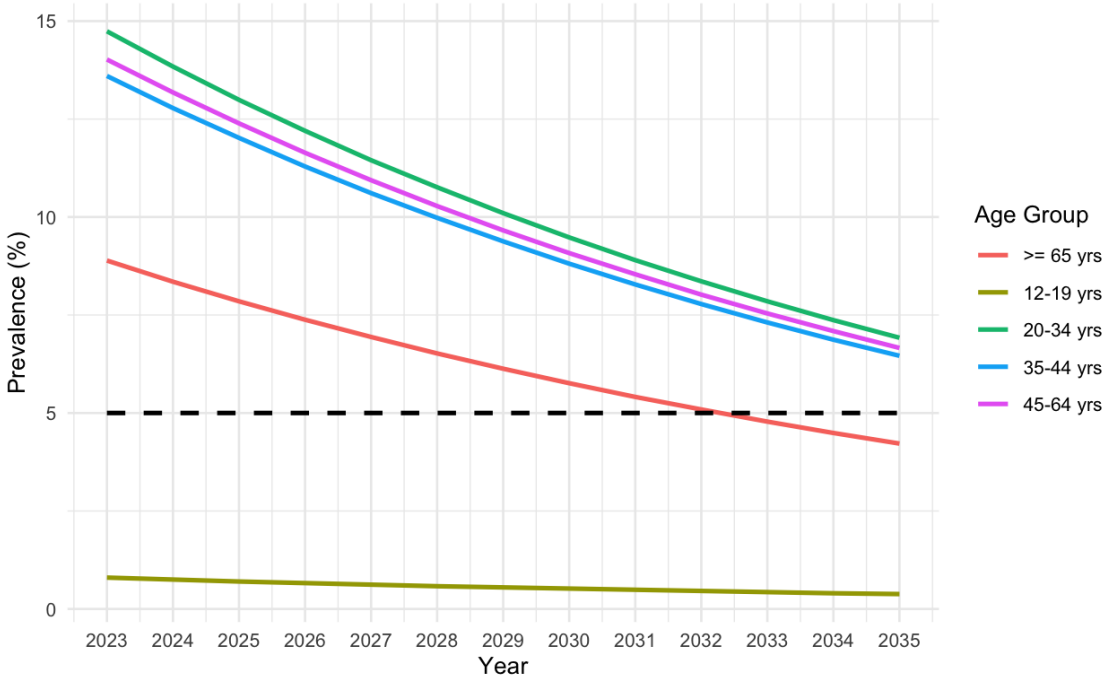

Figure 2. Smoking prevalence projections by age group, from 2023 to 2025.

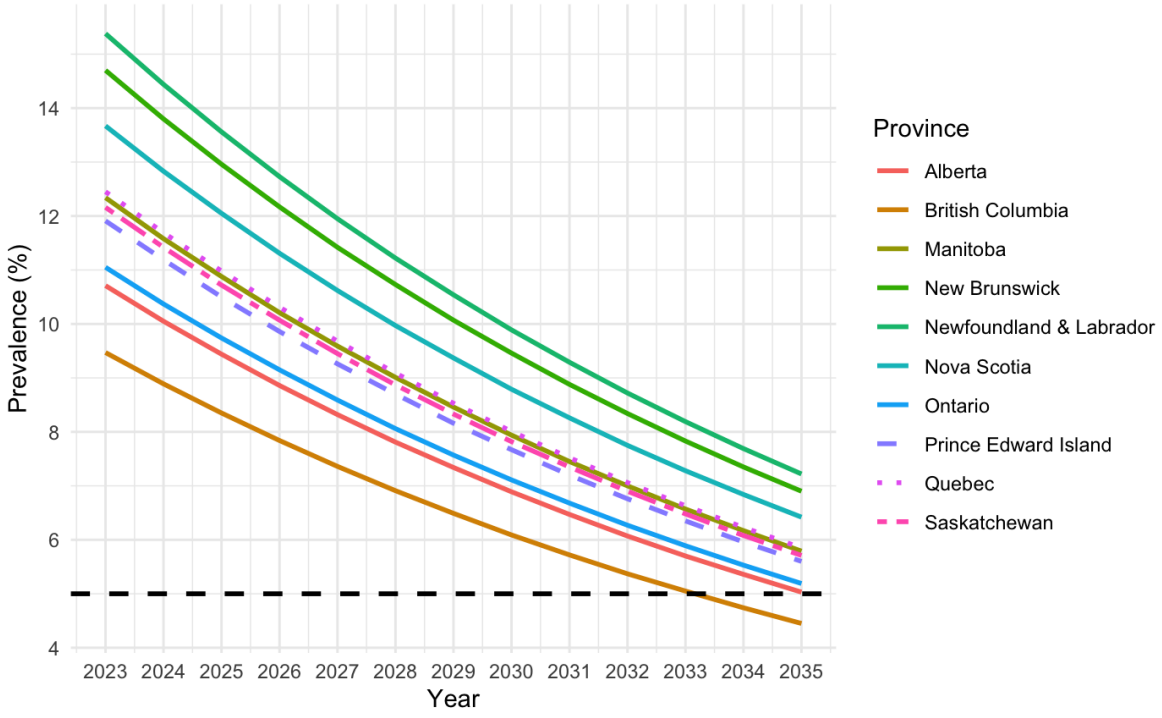

Figure 3. Smoking prevalence projections by province.

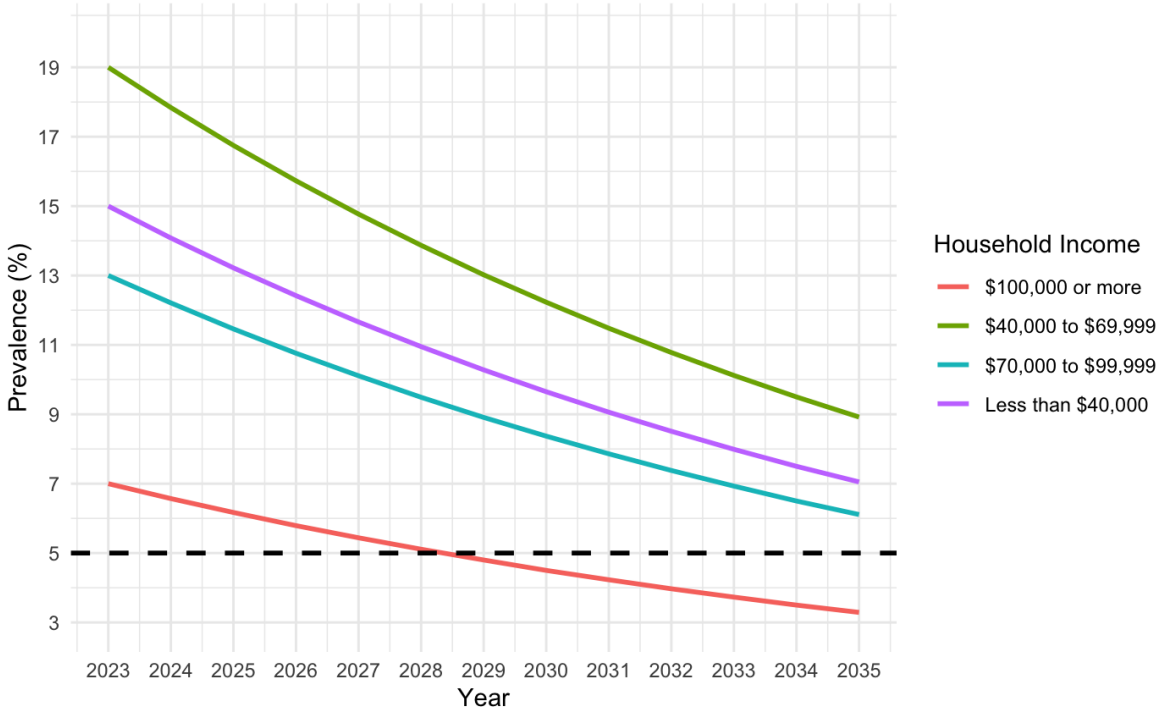

Figure 4. Smoking prevalence projections by estimated household income before taxes.

Table 1. Forecasted smoking prevalence for 2035, by province.

Province	**Prevalence (%)**
Newfoundland & Labrador	7.22
Prince Edward Island	5.6
Nova Scotia	6.42
New Brunswick	6.9
Quebec	5.85
Ontario	5.19
Manitoba	5.79
Saskatchewan	5.71
Alberta	5.03
British Columbia	4.45

Table 2. Percentage of adults (age 18 and older) reporting current daily or occasional smoking, by household income, 2023 and 2035 forecasts.

	Current Smokers	
Household income	2023	2035
Less than $40,000	15%	7.05%
$40,000 to $69,999	19%	8.92%
$70,000 to $99,999	13%	6.11%
$100,000 or more	7%	3.29%

Table 3. Percentage of adults (age 18 and older) reporting current daily or occasional smoking, by education attainment level and urban/rural area classifications, 2023.

	Current smoking		
Education	Daily	Occasional	Total
Less than secondary school graduation	11%	0%	11%
Secondary school graduation, no post-secondary education	13%	4%	17%
Post-secondary certificate/diploma/university degree	6%	3%	9%
Rural/Urban			
Rural	13%	0%	13%
Urban	7%	2%	9%

Table 4. Percentage of adults (age 18 and older) reporting current daily or occasional smoking, by selected characteristics, 2016 vs 2023. Note that the CCHS underwent a redesign in 2022: thus, any comparisons made between the two years require caution.

	Current Smoking	
Characteristic	2016	2023
Mood disorder, ie. depression, bipolar, mania, dysthymia	31%	18%
Anxiety disorder*	29%	18%
Indigenous identity, ie. First Nations, Métis or Inuk (Inuit)	33%	20%
Lesbian or gay	23%	15%
Bisexual	33%	13%

* meaning take extreme caution, as trait definitions and survey wording seems to have changed between 2016 and 2023

Beyond Cigarettes: Trends in Other Tobacco and Nicotine Products

To fully evaluate progress towards the "<5 by '35" target, it is essential to consider the use of all tobacco products, not just cigarettes. The target itself refers to "tobacco use," encompassing a range of products, and only cigarette use was considered for the Summit report. According to the 2022 CTNS, 12.9% of Canadians aged 15 and older reported using at least one tobacco product in the past 30 days, a figure that is 2 percentage points higher than the cigarette smoking prevalence alone.[16] This indicates that a segment of the population uses non-cigarette tobacco products, either exclusively or in combination with cigarettes.

The prevalence of these other products, however, remains relatively low compared to cigarettes. In 2022, 2.4% of Canadians reported smoking any type of cigar in the past 30 days, with a slightly lower rate of 1.7% for little cigars or cigarillos specifically.[16] The use of smokeless tobacco products, such as chewing tobacco, was reported by 0.6% of the population, and the same percentage reported water-pipe smoking. Traditional pipe smoking was reported by 0.3%.[16] While these rates are small, their persistence contributes to the overall burden of tobacco-related harm. Furthermore, the stability of these rates, which were largely unchanged from 2021, suggests that these niche products have an established user base that is not declining at the same rate as cigarette use.

However, since 2016, there has been an explosion in the use of and interest in non-tobacco nicotine products. In particular, coincident with the legalization of nicotine vaping products in 2018, there was a

dramatic increase in the use and the frequency of use of vaping products, primarily by youth and young adults. According to the 2022 Canadian Tobacco and Nicotine survey, 13.6% of youth aged 15-19 and 17.2% of young adults aged 20-24 reported vaping or using electronic cigarettes (e-cigarettes) in the past 30 days.[24] Among students in grades 9-12 in Ontario, the prevalence of current use nearly quadrupled between 2013-2014 and 2018-2019. For the same grades, current use prevalence nearly doubled in Quebec from 2016-2017 to 2018-2019 and in Alberta from 2013-2014 to 2018-2019.[25]

Other emerging nicotine products have also made appearances. On July 18, 2023, ZONNIC nicotine pouches were approved for sale under the Natural Health Product Regulations, meaning there was no minimum age of purchase.[26,27] The products had inviting flavours and packaging; they could be sold at convenience stores and gas stations, making it extremely attractive and accessible to minors. Eventually, on August 28, 2024, after a successful campaign launched by multiple Canadian health organizations, the sale of nicotine pouches were restricted to behind pharmacy counters across Canada.[26] The restriction also came with flavour restrictions and packaging requirements.

Yet, the issue of nicotine pouches highlights the rapid changing landscape in recreational nicotine products. An effective endgame strategy must therefore maintain surveillance and regulatory oversight of the entire spectrum of tobacco products to prevent substitution and ensure that progress is comprehensive.

Tobacco Control Policy Changes since the start of the Tobacco Endgame Goal

Canada has implemented important tobacco and policies since the Summit. Many of these policies reflect significant and innovative policy change. Canada has rolled out the world's best plain packaging policies, banned menthol cigarettes nation-wide, and restricted locations where smoking and vaping are allowed.[7,28–30] Smoking cessation programming continues to exist in many provinces with government funding going toward subsidized services and nicotine replacement products.[31–33] Since 2016 Canada has also adopted cutting-edge packaging and labelling rules, annual and ad-hoc federal tax hikes, and—for the first time—a cost-recovery fee on tobacco companies.[7,30,34–36] Yet without explicit provincial/territorial endorsement of the Endgame, continued innovation and advancement in policy and programming such as bolder supply-side or retail-density measures, meeting "< 5 by 35" remains uncertain.

Table 5 identifies the recommendations from the 2016 Summit report and level of implementation in Canada. Four items were judged to have been fully achieved in Canada, 12 items showed significant progress, and 15 were not achieved or no significant progress was made.

Category	Item	Achieved in Canada?
A. Options for Substantial Scale Up	Increase tobacco taxes substantially	Partially
	Curtail price-based marketing incentives	Partially
	Implement plain and standardized packaging	Yes
	Enhance package health warnings	Partially
	Implement a full ban on tobacco advertising and promotion, including at retail	Partially
	Require movies that depict smoking to have an 18A classification, or equivalent	No
	Ban smoking in additional places, and ensure smoking restrictions apply to herbal water pipe products and to any product that is smoked	Yes
	Implement additional measures to reduce contraband	Partially

	Implement an annual tobacco manufacturer license fee to recover the annual cost of federal/provincial/territorial government tobacco control strategies	Yes
	Require tobacco manufacturers to pay an annual registration fee for each product	Partially
B. Product Regulation	Canada should adopt product regulation standards to reduce tobacco use	Partially
	Implement a well-financed surveillance and research initiative paid for by companies through a license fee on tobacco manufacturers	No
	Ban all flavours including menthol in any quantity (not just "characterizing" quantities) in all tobacco products	Partially
	Ban all additives except those that are specifically allowed, with the tobacco industry to justify any permitted additives; ban some additives currently permitted for cigarettes	Partially
	Standardize the appearance of cigarettes by specifying width and length dimensions, by standardizing the appearance of cigarette filters and paper, and by requiring a health warning on cigarette filter overwraps.	Yes
	Approaches should be studied to prevent tobacco products from being made more addictive, and to provide for tobacco products to be less addictive, including by reducing nicotine content.	No
	A measure should be studied regarding a ban on ventilation holes in filters or a ban on filters altogether	No
	Approaches should be studied to reduce the palatability of tobacco products	No
C. Aligning Tobacco Supply with Public Health Goals	Adopt in principle that tobacco supply must be aligned with public health goals.	No

	Identify, develop and implement supply-side tobacco control measures suitable for a Canadian Endgame for tobacco use with potential measures for consideration including:	No
	Conduct policy audits and ensure that all laws, regulations, policies and programs, are aligned with the public health goal of eliminating tobacco use.	Partially
	Approaches should be studied to control tobacco wholesale prices	No
D. Preventing a New Generation of Smokers	A pan-Canadian change to minimum age for legal purchase of tobacco products to age 21.	No (except PEI)
	Consideration of further age-based restrictions on sale, such as a minimum age of 25 or a maximum birth year of 2000.	No
	Improvements in accountability and deterrence for smoking onset.	No
E. Transforming Access: No Smoker Left Behind	Federal and provincial ministries of health should collaborate in the development of a roadmap to expand and adequately fund community, workplace and clinical smoking cessation programs to Endgame scale.	Partially
	Each ministry of health should create a smoking cessation accountability framework for its healthcare system and related transfer payment agencies as part of the cessation program framework.	No
	Pan-Canadian research funding agencies together with the Federal Tobacco Control Liaison Committee should collaborate in the development of a research road map as well as a strategy for the funding required to support the required research in support of the End Game.	Partially
	Implementation of the expanded cessation programs will begin alongside the accountability framework.	Partially

	In collaboration with the ministry of health, ministries of labour and social services should integrate smoking cessation supports within their service delivery systems.	No
	Organizations which train, regulate, accredit or fund health care professionals or institutions should be required to report on the measures they have taken to respect the right of smokers to receive effective cessation support.	No
	The federal minister of health should provide bi-annual reports to parliament on the status of smoking cessation across Canada.	No

The Price Lever: The Role of Federal and Provincial Taxation

The 2016 Summit report found that sufficiently high taxes can be a policy lever that on its own can lead to the endgame target.[20] Increasing the price of tobacco products through regular and significant excise tax increases remains one of the most effective and well-documented interventions in tobacco control.[37–39] There have been multiple tax increases implemented since the endgame strategy was conceived.[7] However, for tax policy to remain effective over time, tax increases must consistently outpace inflation and wage growth, making tobacco products progressively less affordable. A comprehensive review of cigarette affordability across Canadian provinces from 2009 to 2019 found that while cigarettes did become less affordable in all jurisdictions, a significant policy gap remains.[40] The analysis revealed that the three provinces with the highest cigarette affordability—meaning the price was lowest relative to per capita GDP—were Ontario, Quebec, and Alberta.[40] Furthermore, the effectiveness of government tax policy is constantly being challenged by the pricing strategies of the tobacco industry itself. Tobacco companies actively work to mitigate the impact of tax hikes by manipulating their net-of-tax prices, for example, by absorbing a portion of the tax increase on their discount brands to minimize the final retail price increase and prevent smokers from quitting.[7] This dynamic underscores the need for a comprehensive pricing strategy that goes beyond simple tax increases to consider measures like minimum floor prices and regulations on industry pricing behaviour to ensure that the public health intent of taxation is fully realized.

Tobacco Industry Litigation

Resolved after nearly three decades, a historic $32.5 billion tobacco settlement was confirmed by the Ontario Superior Court in March 2025. This settlement addresses claims from provincial governments, Quebec class-action plaintiffs, and individual Canadian smokers.[41,42] The litigation originated with the 1998 *Blais and Létourneau* class action lawsuits, which alleged that prominent tobacco companies—including Imperial Tobacco, Rothmans, Benson & Hedges, and Japan Tobacco International-Macdonald Corporation—misled the public about smoking's health risks and failed to provide adequate warnings, leading to widespread harm.[43,44]

Negotiated under the Companies' Creditors Arrangement Act (CCAA) with oversight from court-appointed monitors and a mediator, the settlement allocates approximately $24 billion to Canadian provinces and territories, $4 billion to Quebec plaintiffs, $2.5 billion to other Canadian smokers, and $1 billion to a national anti-tobacco foundation).[41,42] Despite its status as a landmark financial resolution, public health advocates, such as the Canadian Cancer Society (CCS), have criticized the settlement for its weak regulatory safeguards, lack of transparency compared to the United States Master Settlement Agreement, and minimal support for long-term tobacco control initiatives.[41,42,45,46]

This settlement marks a pivotal moment in Canadian public health law, concluding decades of uncertainty while also highlighting ongoing issues concerning structural tobacco control measures and financial restitution. in the Appendix outlines the timeline of key events, key players, and key outcomes of this litigation, providing a framework to assess its significance and implications for advancing tobacco endgame strategies.

The tobacco settlement presents significant implications for Canada's tobacco endgame. Financially, the settlement allocates $1 billion to an anti-tobacco foundation, which could serve as a vital funding source.[41,424041] Additionally, provinces can leverage their share of the $24 billion to fuel various endgame initiatives.

The lawsuit also has a direct impact on the tobacco industry, potentially reducing companies' incentives to generate revenue from traditional cigarettes. This, in turn, could create opportunities for increased regulatory action. However, it's important to note that the litigation does not cover alternative nicotine products, which might inadvertently incentivize the industry to shift its focus and investment towards these unregulated alternatives.

Finally, the historical nature of this settlement offers powerful leverage for public awareness campaigns. It can be utilized to educate the public about the tobacco endgame and legally affirms the long-standing harms of tobacco and the deceptive practices of tobacco companies. This official recognition of harm and

deceit is likely to foster a more favorable environment for the adoption and implementation of robust endgame policies.

Enduring Inequities and Systemic Challenges

Tobacco Use Disparities in Canada

A fair and effective Endgame cannot measure success by national averages alone. Communities facing poverty, mental health challenges, rural isolation, and systemic racism remain disproportionately burdened by commercial tobacco.[47,48] If Endgame strategies do not explicitly address these inequities, progress toward <5% will leave behind those who face the most harm.

Indigenous Populations

For thousands of years, many First Nations have regarded tobacco as a sacred plant with healing and spiritual significance, used in ceremonies, prayer, and other cultural practices. It is important to distinguish this traditional use from commercial tobacco, which is linked to dependence and adverse health impacts.[49]

While the rate of smoking has declined substantially in non-Indigenous populations but has remained relatively stable among Indigenous peoples in Canada.[50] The First Nations Regional Health Survey (RHS) found that 53% of First Nations adults living on-reserve are current smokers, compared to 15% in the non-Indigenous population.[51]

There is no strong evidence that these disparities in Canada can be explained by individual behaviour alone. The RHS, the First Nations Health Authority, and other Indigenous-led sources consistently identify systemic inequities, intergenerational trauma, and the enduring impacts of colonization as key drivers of tobacco use.[51–53] For many communities, commercial tobacco use has become entrenched within social, economic, and historical contexts shaped by colonial policies, residential schools, and ongoing marginalization. Addressing tobacco-related harm in Indigenous communities requires Indigenous-governed, culturally grounded approaches that differentiate between sacred and harmful uses of tobacco. These are not just statistics; they represent a continuing legacy of colonization, systemic disadvantage, and intergenerational trauma that has created the conditions for such disparities to persist.[54]

Racialized Communities

Racialized populations in Canada experience elevated tobacco use rates compared to the national average, though prevalence varies significantly by subgroup. Research has linked these disparities to targeted industry marketing, higher retailer density in racialized and low-income neighbourhoods, and structural barriers to cessation supports.[47] Policies that fail to account for these structural factors risk perpetuating inequities.

Low-Income Populations

Tobacco use in Canada follows a clear income gradient, with smoking rates among the lowest-income groups nearly double those of the highest-income groups.[55] Contributing factors include higher retailer density in low-income neighbourhoods, targeted marketing by the tobacco industry, and the stress of economic insecurity.[47] While price increases are among the most effective tobacco control measures, they can disproportionately affect low-income smokers without parallel investments in accessible cessation support, potentially exacerbating financial and health inequities.

Research within the last decade has confirmed tobacco availability is greater in areas of socioeconomic disadvantage and is not unique to Canada but is also evident in the USA, Australia, Germany, Scotland and elsewhere.[47] Another meta-analysis of 27 studies from OECD countries showed that reducing retailer density and proximity led to a 2.5% reduction in the relative risk of tobacco use.[56] Most importantly, these associations are often held even after controlling for individual and area-level variables.[47]

Rural and Remote Populations

Rural and remote communities often face higher smoking rates than urban centres.[57,58] Factors contributing to these disparities include greater tobacco retailer density per capita, fewer cessation resources, and limited healthcare access.[59]

2SLGBTQ+

Tobacco and nicotine use among 2SLGBTQ+ populations in Canada is significantly higher than among heterosexual and cisgender groups, with elevated smoking rates among bisexual and transgender individuals, and higher prevalence of vaping among 2SLGBTQ+ youth.[60,61] These disparities are shaped by minority stress, targeted marketing by the tobacco industry, and the persistence of smoking as a social practice in some queer spaces.[7] Youth within these communities face unique risks, with some using nicotine to cope with stigma, exclusion, and mental health challenges. Yet cessation services often lack inclusive approaches or targeted outreach for 2SLGBTQ+ individuals.

Populations with Mental Health Conditions

In Canada, people with mental health conditions smoke at rates two to three times higher than the general population[7,62,63] These disparities stem from intersecting factors such as poverty, stigma, housing instability, and the normalization of smoking within some psychiatric care settings.[64] Historically, the tobacco industry has targeted this population while resisting smoke-free policies in mental health facilities. Cessation supports remain limited and often lack trauma-informed approaches or coverage for pharmacological aids such as NRT.

Homelessness and Housing Insecurity

People experiencing homelessness or housing insecurity have some of the highest smoking rates in Canada, with studies estimating prevalence upwards of 68% in urban homeless populations.[65,66] This is not simply the result of personal choice, but a reflection of systemic inequities, chronic stress, and environments where smoking is normalized. Factors such as poverty, unemployment, mental illness, substance use, and trauma are often compounded by inadequate access to health care. These contribute to both the initiation and maintenance of nicotine dependence in this population.[7,47]

The environments in which people experiencing homelessness live can reinforce tobacco use. In shelters or supportive housing settings, smoking often functions as a form of social connection or as one of the few available coping mechanisms for stress and instability.

Intersectionality

Disparities in tobacco and nicotine use in Canada are driven by the convergence of multiple, overlapping inequities. Individuals at the intersection of poverty, discrimination, geographic isolation, and systemic exclusion, such as Indigenous peoples in rural areas, 2SLGBTQ+ youth without stable housing, or people with mental health conditions, face compounded barriers to quitting. These intersections amplify exposure to structural drivers of tobacco use, including targeted industry marketing, higher retailer density, and environments where smoking is normalized.[47,56,67]

Chronic stress from racism, colonialism, economic marginalization, and inadequate housing fuels nicotine use as a coping mechanism, while limited access to culturally safe, trauma-informed cessation services and inconsistent policy enforcement restrict opportunities to quit.[51,60] These patterns reveal that tobacco use disparities are the product of intersecting systems of disadvantage, not individual behavior alone. Without an intersectional approach that tackles these structural conditions together, Endgame targets risk reproducing the very inequities they aim to eliminate.

Strategies for Equity-Focused Endgame

Achieving a tobacco use prevalence below 5% by 2035 in an equitable and just way will require a shift in how we think about tobacco control. A health equity approach demands:

- Structural interventions: including price controls, zoning laws to reduce retailer density in low-income areas, and restrictions on marketing that targets vulnerable populations.[47,68]

- Community-led cessation supports: Indigenous, racialized, LGBTQ+, and low-income communities should be involved in co-designing programs that are culturally safe and grounded in lived experience.[68]

- Targeted funding and policy innovation: such as tobacco industry cost recovery fees reinvested into tailored supports, and ensuring equitable access to NRTs and behavioural counselling.[68,69]

- Improved data systems: to track outcomes disaggregated by income, race, gender identity, and housing status.[7,12,68] National surveys often lack sufficient sample sizes to assess tobacco use trends among specific marginalized groups, such as 2SLGBTQ+, racialized, or homeless populations. Without this, we cannot measure equity impacts or address them.

- A reframing of success: moving away from aggregate metrics toward assessing whether progress is being made in the communities most affected by tobacco-related harm.[7]

As Eisenhauer et al.[7] argue, a structural, equity-centered Endgame strategy is not just more ethical, it's also more effective. Without it, there's a risk that the Endgame goal could unintentionally deepen existing health inequities if it doesn't come with equity-focused strategies. Policies that assume a universal baseline of readiness and resources will not reach the populations where smoking remains most entrenched. If the goal is to reach <5% in a way that is effective and meaningful, then we'll likely need targeted investments and tailored policy solutions that respond to those systemic barriers.

Lessons from Abroad: A Look at International Endgame Progress

A growing cohort of nations, predominantly high-income countries in Europe, North America, and Oceania, have formally adopted endgame targets. Finland, New Zealand, Ireland, and Scotland were early pioneers, later joined by Canada, the United Kingdom, and others, with the European Union also setting a bloc-wide goal for 2040. Europe's Beating Cancer Plan ('EBCP') the target is that less than 5% of the EU population will use tobacco by 2040.[70] Currently seven EU Member States (Belgium, Finland, France, Ireland, The Netherlands, Slovenia and Sweden) have established targets at which they will have achieved tobacco endgame. Notably, Finland had the the initial target of 2% smoking prevalence by 2040[71–73] and New Zealand included specific targets for their Indigenous Māori population.[71]

Beyond national governments, a number of subnational jurisdictions have been at the forefront of endgame policy innovation. Cities in California, such as Beverly Hills and Manhattan Beach, have passed ordinances to phase out the sale of tobacco products, while Balanga City in the Philippines attempted a generational ban before it was overturned following litigation by the tobacco industry.[74] These local initiatives often serve as crucial testing grounds for policies that are later considered at the national level.

To reinvigorate its own strategy, Canada can draw valuable lessons from the bold and innovative endgame models being pursued by other nations. To reinvigorate its own strategy, Canada can draw valuable lessons from the bold and innovative endgame models being pursued by other nations. New Zealand, in particular, has provided a powerful, albeit recently repealed, blueprint for what a truly transformative endgame strategy can entail.[75] While the political reversal of this plan in New Zealand is a cautionary tale about the fragility of public health progress, the strategy itself remains a globally significant benchmark. It illustrates a willingness to implement truly "disruptive" policies that target the addictiveness, appeal, and availability of the product itself. This supply-side approach represents a crucial evolution from the demand-side focus (e.g., taxes, warnings, smoke-free spaces) that has characterized tobacco control for decades. Comparing Canada's current strategy to this model reveals a significant gap in ambition and a clear path for adopting more aggressive measures that could accelerate progress towards the 2035 target. This section examines the progress toward Tobacco Endgame in selected countries.

Aotearoa New Zealand

The Smokefree Aotearoa 2025 goal was adopted in 2011 following strong Māori-led advocacy and Parliamentary Inquiry. Interim targets were set for 2018, aiming for an overall smoking prevalence of 10% or less, with specific goals of 19% for Māori and 12% for Pacific peoples. However, none of these

targets were achieved.[76–78] Daily smoking rates among adults aged 15 and older have declined steadily over the past decade. In 2011/12, the rate was 16%, which decreased to 13% in 2017/18 and 12.5% in 2018/19. As of 2023/24, this figure has dropped to 6.9%.[76]

The Smokefree Environments and Regulated Products (Smoked Tobacco) Amendment Act 2022 and the Impact of Its Repeal

The Smokefree Environments and Regulated Products (Smoked Tobacco) Amendment Act 2022[79] positioned Aotearoa New Zealand as a global leader in tobacco control, introducing the world's first legislation designed to end the smoking epidemic and create a smokefree generation. The Act aimed to use bold measures, including reducing nicotine content in cigarettes to non-addictive levels, removing 90% of tobacco retailers, and introducing a smoke-free generation policy that prohibited the sale of tobacco products to individuals born after 2008.

These policies were grounded in a risk-proportionate public health framework, seeking to address the structural drivers of tobacco use and inequities. Modelling suggested that full implementation of the legislation could prevent between 6,450 and 9,890 deaths attributable to smoking, including 3,000 Māori lives.[80] Implementation of these policies would have been a landmark step in reducing preventable harm, particularly among Māori, Pacific peoples, and those in lower socioeconomic communities, who are disproportionately affected by smoking-related illness and death.

However, in November 2023, the newly elected National-led coalition government proposed a repeal of the legislation, sparking widespread opposition. Public health experts, clinicians, academics, political opposition, and Indigenous leaders criticised the move, emphasising the significant harm it would cause to broader health equity efforts. Despite objections, the repeal was passed in February 2024. This along with the plans to abolish the Māori Health Authorities as an independent government body, jeopardizes future tobacco control efforts, as Māori leadership is necessary to address disparities in tobacco-related outcomes and combat the industry's exploitation of indigenous people.[81]

The government's rationale for the appeal was rooted in concerns over how the legislation would fuel crime and an illicit cigarette black market and people's rights to autonomy. In addition, the repeal would enable their billion- dollar tax cuts. The repeal decision reversed one of the most progressive tobacco control policies to date, raising concerns on the role of industry influence in policy.[64]

Sweden

Sweden's Endgame goal originated with their 2016-2020 Alcohol, Narcotics, Doping and Tobacco (ANDT) Strategy[82], which outlined their approach to dealing with various substance use issues as a public health issue. The goal was to reduce the daily smoking prevalence below <5% by 2025.

As of 2024, the prevalence of people 16-84 who smoke daily is 6.4% which means Sweden is approaching their Endgame goal.[83] Among European countries, Sweden has the lowest rate of tobacco-related disease and death.

Sweden attributes its successful reduction of smoking to a harm reduction approach that makes lower-risk alternatives to cigarettes more accessible. In addition, the Swedish parliament has embedded harm reduction in their national policy to focus on reducing tobacco-related harms, rather than on reducing use alone.[84] Success factors in reduction of smoking among the public include early policy changes, reducing availability and demand of cigarettes, social acceptance of smoking, and greater access to smoking cessation programs.

Comprehensive policy began from measures that discouraged smoking in the 1990s. The Act (2018:2088) on Tobacco and Similar Products[85] outlines these bans on tobacco products, along with Act(2022:155) on Tobacco Tax[86] that increased the tax on tobacco related products in the 1990s and has subsequently adjusted to inflation to reduce.[87] In addition, strong coalitions between governments and actors at the local, regional, and national level have enable tobacco control compliance in Sweden. This includes reinforcing tax payments, monitoring illegal tobacco sales, regulation on retailing tobacco products, and sanctions for failure to comply with bans and regulations.

Sweden has also implemented the long-running free Swedish Quitline since 1998 which has been continuously monitored and studied. Free smoking cessation services within Sweden's publicly funded healthcare system also ensures accessibility and sustainable smoking reduction.[87]

Ireland

Ireland's national Endgame goal was formally introduced in the 2013 Tobacco Free Ireland Action Plan[88], setting the target and high-level strategy for reducing adult smoking prevalence to below 5% by 2025. Two major themes of their smokefree strategy are protecting children and reducing social acceptability of smoking. Effective quit-smoking campaigning and robust monitoring systems are some of the major developments that have helped Ireland understand the state of tobacco use and pursue their endgame goals. The proportion of people aged 15 and above who report smoking in Ireland has reduced from 23% to 18% in 2021, marking a 13% reduction needed to reach their 2025 Endgame goal.[89]

One of Ireland's most impactful health promotion campaigns was the introduction of Quit Months and "The Last Stop" campaign.[89,90] These events encourage smokers to remain smoke-free for 28 days, drawing on evidence that stopping for such duration increases the success of long-term quitting, such that time discounting, or the tendency to place rewards and benefits at less value that are further in the future, impacts successful quitting.

The campaign integrates emotional and motivational messages with a national call for action. It leverages storytelling and peer supports to foster sense of closer community and collective effort. These include QUIT Leaders and media-recruited individuals to share their quit journeys, making the process more relatable and relevant for people seeking to quit.

These campaigns demonstrate several effective principles for smoking cessation message and campaigning.[89] Short-term, time-bound goals that are actionable and motivate individuals to open up conversations, blending mass media outreach and peer-driven stories foster emotional resonance and trust. Furthermore, the Quit Month model is scalable and repeatable, offering a public health strategy that can be adapted to other contexts and tailoring to diverse communities.

In 2019, Ireland implemented a national QUITManager Health Behaviour Clinical Management System for supporting stop smoking services that allows for efficient recording of service and client activity.[89] It was officially rolled out to all Health Service Executive (HSE) sites that allowed standard treatment programs to trach individual quit attempts and support automated processes, such as scheduling and following-up calls to patients. The platform enhances client potentiality, standardizes data entry, supports demographic analysis of service users, and facilitates real-time Key Performance Reports (KPR) for ongoing service improvement. In addition, it has strong potential to drive improvements cross smoking cessation services, monitoring care delivery by national guidelines and quality assurance, identify dropout and relapse risks, and support targeted interventions to promote equitable care among vulnerable or high-risk groups.[89]

United Kingdom

In 2023, the UK government took the decisive action to develop its own smoke–free generation legislation to prevent people born after 2008 from being legally sold tobacco products in conjunction with targeting regulations on tobacco and e-cigarette companies and addressing the rise of vape use among youth following public regulatory consultations.[91]

The "smokefree generation" proposal was a key component of the Tobacco and Vapes Bill,[92] which, despite widespread support, did not pass before the recent general election.[93–95] However, the new Labour government has affirmed its commitment to reintroducing this legislation, signaling a continued cross-party consensus on the importance of this long-term public health goal.[96] The overarching ambition

is to make England "smokefree" by 2030, defined as having a smoking prevalence of 5% or less.[95,97]

The core of the "smokefree generation" policy is its innovative, phased-in approach. The legal age for purchasing tobacco will increase by one year, every year. This means that an individual who is 15 in 2024 will never legally be able to buy tobacco products in their lifetime. This gradual implementation is designed to prevent a sudden shock to the market and to focus on preventing future generations from starting to smoke, rather than penalizing existing smokers. The policy has been met with significant public support, with polls indicating a majority in favor of the measure.[95,98]

Questions at the Midpoint of Achieving <5 by '35

The progress towards the <5 by 35 goal suggests that the Tobacco Endgame goal, once considered ambitious, is realistic and achievable as long as the governments and the public health community commit to continued momentum and advancing policy. At the midpoint toward < 5 by 35, we reflect on 6 questions for the public health community and other Tobacco Endgame stakeholders.

Question 1: Is <5% by 2035 the right target?

Canada's <5% by 2035 goal marked a bold shift in tobacco policy, a shift that was rooted in the view of tobacco use as a systems issue rather than an issue of individual behavior.[5] However, growing critiques argue it may not go far enough.[5,7]

While this target is certainly ambitious on paper, it focuses solely on tobacco and not all nicotine products. Now with youth vaping threatening to replace traditional smoking, and no provincial or territorial government having formally adopted the federal target, we must ask ourselves if the <5% benchmark is enough to dismantle nicotine addiction.[7]

Other countries have defined and set tobacco endgame goals beyond prevalence, such as reducing availability of tobacco to a minimum, eliminating non-medical nicotine products, and creating a tobacco-free generation.[71] Moving forward, the Endgame will require more than a prevalence benchmark to drive meaningful and sustained transformation of nicotine addiction in Canada.

Question 2: Should Endgame include nicotine?

A meaningful Endgame cannot ignore the evolving market of nicotine products, particularly the increase in youth vaping and the normalization of e-cigarette use. As discussed earlier in this report, youth vaping has surged in recent years.[24]

Canada's Endgame, while focused on combustible tobacco, such as cigarettes, cigars, and hookah, does not adequately confront the normalization of e-cigarettes, nicotine pouches and other emerging nicotine products. E-cigarettes have moved into mainstream youth culture, driven by appealing flavours, marketing tactics, and easy access.[99] With Endgame's current target focusing solely on tobacco, it leaves open the door for the tobacco industry to rebrand itself and continue to undermine progress, compromising the vision of Endgame.[68] The federal government must act decisively to reverse the trend of youth vaping by implementing a comprehensive regulatory package.

However, the inclusion of e-cigarettes and other nicotine products into the Endgame should be seen as separate from the need to address vaping. The overwhelming burden of death and disease due to

tobacco is due to cigarette consumption. That is, the tobacco epidemic, from a health perspective, is a cigarette epidemic. While the health effects of e-cigarettes are less known, almost certainly the health effects of vaping products are dramatically lower than those of cigarettes. Vaping is a public health issue but is it also a distraction from the primary goal of reducing or eliminating cigarette use?

A cigarette focused approach may tolerate or even encourage a transition to alternative nicotine products, whereas a nicotine-free approach seeks to eliminate addiction to the substance itself. This ideological divide creates strategic vulnerabilities that can be exploited by the tobacco and nicotine industries, which often promote harm-reduction narratives to ensure their long-term commercial viability.

The period of rapid decline in cigarette use seen since 2016, particularly among youth, has also been associated with a dramatic increase in e-cigarette use, particularly among youth. It is difficult to directly assign causality to this relationship, but it does mean that we can say confidently that the presence of e-cigarettes does not necessarily impede progress toward a cigarette endgame.

The expansion of the endgame vision to include non-combusted forms of nicotine is also an expansion of the vision of what 'endgame' means, and an inclusion of other principles about the harms of addictions, the role of regulation and markets, and others. These are valid principles but they expand the debate and vision beyond the utilitarian calculus of reducing health impacts that the original endgame was based on.

Question 3: Should Endgame explicitly target incorporate health equity?

A fair and effective Endgame cannot measure success by national averages alone. As outlined in this report, communities facing poverty, impacts of colonialization, mental health challenges, and housing insecurity remain disproportionately burdened by commercial tobacco.[47,48]

Policy measures that do not address systemic inequities will only entrench them further.[68] Therefore, it will be essential to measure success through an equity lens, including whether culturally safe, community-driven cessation supports are accessible and whether progress is equitably shared.[68]

Additionally, Eisenhauer et al.[7] suggests we need to take a more structural approach, looking at upstream drivers of tobacco use, supporting community-driven cessation programs, and making sure services are culturally safe and accessible, especially for Indigenous and racialized populations. If Endgame strategies do not explicitly address these inequities, progress toward <5% will leave behind those who face the most harm. If the Endgame is to be equitable, it must center the most marginalized populations to ensure the benefits are distributed equitably.[47]

Question 4: How can political momentum be maintained?

Cigarette smoking rates are projected to barely make it under 5%, but only if the average rate of decline over 2016-2023 is maintained and without accounting for other tobacco products. Furthermore, meeting the 5% target for tobacco prevalence in all regions and communities will require political momentum to be maintained and the passing of transformative policies.

The policies required to achieve the endgame are qualitatively different and more politically challenging than the successful measures of the past. They move beyond influencing consumer choice to fundamentally restructuring the market and the product itself. This will require a significant increase in political will and a readiness to confront the tobacco industry more directly than ever before. The final barrier to the endgame is not a lack of evidence or policy options, but a potential deficit in the political courage required to implement them. A shift in mindset from politically safe, incremental changes to politically brave, transformative actions is now essential.

Protecting the Endgame vision will require sustained political commitment and protections from industry influence. Experience from Canada and globally has shown that even strong Endgame targets can be vulnerable if they do not anticipate political change and the tobacco industry's efforts to protect its commercial interests. Political turnover, economic pressure, and effective industry lobbyists can all undermine or reverse progress, leaving Endgame's vision at risk.

Compounding this issue are concerns about the sustainability of funding and a decline in the capacity of non-governmental organizations (NGOs) in the tobacco control sector.[100] These organizations have historically been crucial partners, driving advocacy, supporting policy development, and delivering community-based programs. A weakened NGO sector diminishes the collective capacity of the public health community to push for the bold measures needed to achieve the endgame.

In Canada, although the <5% by 2035 goal has been federally endorsed, no provinces have fully adopted it, creating openings for inconsistent support and future rollbacks depending on which parties hold power[7]. Political collaboration and consistent support across party lines will be essential to ensure Endgame measures are resilient and not easily reversed. Establishing protections will be crucial as Canada looks to reimagine its Endgame approach for the next generation, linking transformative tobacco control policy to long-term political sustainability.

Question 5. How can we implement bold change?

Despite the progress that has been made towards a tobacco endgame, there has been limited action in truly innovative policies in Canada. For example, raising the minimum age to of access to 21 has not been implemented nationwide, despite favourable polling results.[8] In a study done on the 2016 International

Tobacco Control (ITC) Smoking and Vaping Survey, over 40% of the surveyed Canadian smokers supported a complete ban on cigarettes/tobacco sales within 10 years if cessation support was provided.[101] Polling and proposals of Smoke Free Generation in the UK, retail reform in the Netherlands, and nicotine reduction in New Zealand suggest some novel measures are ready for implementation in Canada.

Above and beyond the measures proposed internationally, many of the recommendations made in 2016, particularly with respect to supply side intervention, remain underexplored. The question for the Tobacco Control community is a need to think more creatively, counterbalanced by a need to focus limited resources on highest priority goals.

The government should initiate a phased, multi-year strategy to fundamentally transform the tobacco market and move beyond the aspirational goal of the CTS and develop a detailed, multi-year, and fully-funded public action plan. This plan must include clear annual milestones, specific performance metrics for key policy areas, and a transparent public reporting mechanism to ensure accountability and maintain momentum.

The Tobacco Endgame represents a new stage of tobacco regulation that requires new solutions, and governments should be supported in moving forward in implementing bold change.

Question 6. How can we address Indigenous Tobacco from a Nation to Nation perspective?

This report, as does all previous Tobacco Endgame reports in Canada, distinguishes between commercial tobacco and traditional tobacco or sacred tobacco. Tobacco has been used in the country we call Canada for thousands of years, and the right of First Nations peoples to grow, use, and trade in tobacco has been established in the courts. The distinction between commercial and traditional tobacco, however, is too simplistic a formulation, and indeed there is a tension between some of the visions of Endgame and the rights of First Nations in Canada. These tensions differentiate Endgame in Canada from other countries such as New Zealand, in which tobacco is not Indigenous. A commercial Tobacco Endgame that includes Indigenous people will require Indigenous led efforts and planning. Many First Nations communities are committed to reducing the harms associated with commercial cigarettes, and need to be negotiated from a Nation to Nation perspective.

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