



Evaluation of the Health Portfolio's Tobacco and Vaping Control Activities (2021-2022 to 2024-2025)

Final Report – December 2025

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List of acronyms

CBSA	Canada Border Services Agency
CCHS	Canadian Community Health Survey
CPAB	Communications and Public Affairs Branch
CRA	Canada Revenue Agency
CSCB	Controlled Substances and Cannabis Branch
CTS	Canada's Tobacco Strategy
HCCF	Healthy Canadians and Communities Fund
ISC	Indigenous Services Canada
MSP	Multi-sectoral Partnerships to Promote Healthy Living and Prevent Chronic Disease
NICEMS	National Integrated Compliance and Enforcement Management Solution
PHAC	Public Health Agency of Canada
RCMP	Royal Canadian Mounted Police
ROEB	Regulatory Operations and Enforcement Branch
SUAP	Substance Use and Addictions Program
TCD	Tobacco Control Directorate
TVPA	<i>Tobacco and Vaping Products Act</i>
WHO FCTC	World Health Organization's Framework Convention on Tobacco Control

Executive summary

Background and evaluation scope

The Health Portfolio's Tobacco and Vaping Control Activities are guided by Canada's Tobacco Strategy, launched in 2018 with the goal of reducing tobacco use in Canada to below 5% by 2035. With \$66 million in annual funding, the Strategy focuses on helping people in Canada quit tobacco, protecting youth and non-users of tobacco products from nicotine addiction, working with Indigenous groups to create specific plans for Indigenous people, and strengthening related science, surveillance and partnerships. In support of the Strategy, Health Canada undertakes many activities, including administering and enforcing the *Tobacco and Vaping Products Act*, as well as conducting policy and regulatory development, and public education efforts via several of its branches, while the Public Health Agency of Canada supports cessation initiatives for priority populations via the Healthy Canadians and Communities Fund. Other federal departments, including Indigenous Services Canada, public safety agencies, and the Canada Revenue Agency, contribute to working with Indigenous peoples, preventing illicit tobacco trade, and administering tobacco taxation, respectively.

The evaluation of the Health Portfolio's Tobacco and Vaping Control Activities assesses the effectiveness and efficiency of initiatives implemented by Health Canada and Public Health Agency of Canada from 2021-2022 to 2024-2025, in support of the Strategy goal to reduce tobacco use prevalence to below 5% by 2035. Specifically, the evaluation assessed progress in helping people in Canada quit tobacco, protecting youth and non-users of tobacco products from nicotine addiction, the contributions of Health Canada's Substance Use and Addictions Program, public advertising campaigns and education efforts, and Public Health Agency of Canada's tobacco-focused projects, as well as how efficiently resources, roles, and responsibilities were managed, and whether efforts were targeted to areas of highest need.

Findings

Progress toward national goals

Significant progress has been made towards achieving Canada's Tobacco Strategy goal, with adult smoking rates decreasing from 22.0% in 2010 to 11.5% in 2023. Youth smoking rates, among 12–17-year-olds, also declined during this period from 6.2% in 2010 to 1.6% in 2023. Evidence shows that, despite reductions in smoking and vaping among First

Nations, Inuit, and Métis peoples, their rates of use remain higher than the national average, indicating a continued need for targeted efforts.

Youth and young adults vaping

Health Canada introduced regulations to help address the rise in youth vaping, including product labeling, nicotine concentration limits, and strict advertising controls. These efforts, combined with education campaigns targeting youth, contributed to reductions in vaping among adolescents aged 12 to 17, from 13.1% in 2019 to 7.1% in 2023. Conversely, vaping increased among young adults aged 18 to 24 from 13.3 % in 2020 to 19.4% in 2023, underscoring the necessity for ongoing preventive efforts.

Smoking cessation

Smoking cessation rates have remained stable over the past five years, with around 8% of adults successfully quitting each year. Despite the availability of cessation aids like nicotine replacement therapies, medications, and vaping products, most adults continue to try quitting without support, highlighting opportunities to strengthen outreach and promotion of existing services. Since 2011-2012, Health Canada has funded provinces and territories to operate the Pan-Canadian Quitline, which requires further assessment to ensure its effectiveness and return on investment.

Grants and contributions programs

The evaluation highlighted positive contributions from funded projects aimed at tobacco cessation and prevention of uptake, especially among priority populations. Programs like the Healthy Canadians and Communities Fund and the Substance Use and Addictions Program have demonstrated clear outcomes, including reduced smoking rates among participants. At the same time, a wide range of actors, including provincial and municipal governments, non-governmental organizations, and private sector entities like health insurance companies, have also sponsored initiatives to encourage smoking cessation, leading to a domain with several actors. While the activities and target populations vary, these actors share the common objective of reducing smoking across various groups. Greater clarity on different program roles and their future direction could help optimize resource allocation.

Public education campaigns

Health Canada's public education initiatives have effectively raised awareness and engaged Canadians through diverse media strategies. Campaigns targeting youth and adults who smoke have generated substantial online engagement. Yet, some stakeholders have identified a gap in communicating nuanced messaging, particularly on vaping as a harm reduction tool for adults who smoke. Future campaigns will continue to require balanced messaging to address the distinct informational needs of youth, non-users of tobacco products, and adults who smoke.

Compliance and enforcement

Compliance and enforcement efforts under current tobacco and vaping legislation face several challenges. These include challenges within the suite of compliance and enforcement tools, limited resources, and delays in implementing new information technology systems, all of which have affected oversight capacity. Health Canada has been working on the National Integrated Compliance and Enforcement Management Solution to modernize data capture and analysis, but implementation has been delayed. In the meantime, the Regulatory Operations and Enforcement Branch is relying on interim solutions, which constrain the development of real-time views of compliance trends. Although Health Canada increased inspections, particularly for vaping products, resource constraints may limit the scope and effectiveness of compliance and enforcement activities, especially in the expanding online marketplace. The absence of stronger compliance and enforcement tools under the *Tobacco and Vaping Products Act* may further limit Health Canada's ability to address non-compliance effectively.

Data and Surveillance

Despite meeting Health Canada surveillance and reporting targets, the evaluation found evidence of inconsistency of survey tools and insufficient coverage of specific populations. Improved continuity, comparability, and integration of data collection tools are needed to support clear and actionable analyses of emerging trends and public health impacts.

Roles, responsibilities, and resource allocation

Roles and responsibilities across Health Canada, the Public Health Agency of Canada, and other partners were generally well defined and support coordinated action under the Canada Tobacco Strategy.

Health Canada has demonstrated flexibility in reallocating resources to address emerging vaping concerns. However, the lack of adequate ongoing funding for compliance and enforcement activities under the *Tobacco and Vaping Products Act*, including for laboratory services, remains a challenge. Since 2018, numerous new regulations have been introduced, but without adequate ongoing funding and long-term planning, Health Canada's capacity to respond effectively to regulatory demands may be limited. In 2025, Health Canada implemented the Tobacco Charges Regulations, which require tobacco product manufacturers, including importers, to pay an annual charge to recover the costs of the tobacco-related activities undertaken by the Government of Canada in relation to the carrying out of the purpose of the TVPA, thereby minimizing the cost burden on taxpayers of funding these activities. This change is also intended to enhance transparency and inform future resource planning under Canada's Tobacco Strategy and enhance the government's ability to align resources with regulatory demands and public health priorities.

While the TVPA provides the authority to develop and implement tobacco and vaping cost recovery frameworks, Health Canada is pursuing a phased approach to the implementation of cost recovery frameworks for tobacco and vaping. Implementing a cost recovery framework for tobacco products is the Government's initial priority and further analysis is required to develop an appropriate approach for recovering the federal government's costs for vaping-related activities from vaping product manufacturers.

Recommendations

Aimed at the Public Health Agency of Canada and Health Canada

Recommendation 1: Work jointly to further define the roles and priorities of Public Health Agency of Canada's and Health Canada's grants and contributions programs in the tobacco cessation space.

Public Health Agency of Canada's and Health Canada's grants and contributions programs both support tobacco cessation, but their respective roles and priorities have evolved over time. Further clarification, developed jointly, would help ensure program alignment, avoid overlap, and strengthen complementarity with the efforts of other Canada's Tobacco Strategy partners.

Aimed at Health Canada

Recommendation 2: Enhance information technology systems and data analytics capacity to support program activities.

Current systems are outdated and delays in new ones, limit Health Canada's ability to track compliance, manage enforcement effectively, and analyze emerging trends. This recommendation, carried forward from the previous evaluation, highlights the continued need for an updated plan to implement an appropriate IT solution so the program can better track compliance and make well-informed decisions.

Recommendation 3: To enhance continuity and clarity, focus tobacco and vaping prevalence data reporting to the Canadian Health Survey on Children and Youth and the Canadian Community Health Survey.

While Health Canada continues to meet research and surveillance targets and collects sufficient data to monitor smoking and vaping rates, the use of multiple surveys for monitoring and reporting prevalence creates variations that limit continuity and comparability. Focusing data collection through existing Health Canada surveys, administered by Statistics Canada, would enhance clarity, improve consistency, and support clearer analysis of trends and progress.

Recommendation 4: Develop options and a recommendation to address challenges for inspections and lab analysis. Additionally, consider and incorporate evaluation findings on compliance and enforcement into the *Tobacco and Vaping Products Act's* third legislative review process.

Compliance and enforcement activities under the *Tobacco and Vaping Products Act* face challenges, including within the suite of compliance and enforcement tools, resource constraints, and the growth of online sales, which creates pressure to modernize systems and strengthen capabilities. Incorporating evaluation findings into the third legislative review will help address these challenges, while strengthening laboratory capacity would support the long-term sustainability of compliance functions.

Management Response and Action Plan

Recommendation 1 (Aimed at Health Canada and PHAC)

Work jointly to further define the roles and priorities of PHAC's and Health Canada's grants and contributions programs in the tobacco cessation space.

Management response

Management agrees with the recommendation. PHAC's role has evolved alongside other federal programs, requiring clarification to ensure it remains relevant and complements efforts by Health Canada and other partners.

Action Plan	Deliverables	Expected Completion Date	Accountability	Resources
PHAC and HC officials will work together to clarify program roles and areas of focus to ensure strengths of each grants and contributions program is optimized	1.1 Create or update appropriate program documents (e.g., Standard Operating Procedures, program charter) to ensure programs are complementary and reduce the risk of duplication when setting priorities to support the development of calls for proposals, review of proposals, and/or receipt of deliverables	October 2026	Office of Primary Interest (OPI): Executive Director, Centre for Chronic Disease Prevention and Health Equity Office of Secondary Interest (OSI): Director General, Horizontal Policy, Planning, and Program Directorate, Controlled Substances and Cannabis Branch, Health Canada OSI: Director General, Tobacco Control Directorate, Controlled Substances and Cannabis Branch, Health Canada	Existing resources

Recommendation 2 (Aimed at Health Canada)

Enhance information technology systems and data analytics capacity to support program activities.

Management response

Management agrees with the recommendation. Current systems are outdated and delayed, limiting Health Canada's ability to track compliance, manage enforcement effectively, and analyze emerging trends. This recommendation, carried forward from the previous evaluation, highlights the continued need for an updated plan to implement a system that can better track compliance and make well-informed decisions.

Action Plan	Deliverables	Expected Completion Date	Accountability	Resources
Implementation of a suitable IT System.	2.1 Solution is implemented and available to all users.	March 2027	OPI: Director General, Tobacco Control Directorate, Controlled Substances and Cannabis Branch, Health Canada OSI: Director General, Cannabis, Tobacco and Controlled Substances Directorate, Regulatory Operations and Enforcement Branch, Health Canada OSI: Director General, Digital Product Development, Delivery and Management Directorate, Digital Transformation Branch	Existing resources

Recommendation 3 (Aimed at Health Canada)

To enhance continuity and clarity, focus tobacco and vaping prevalence data reporting to the Canadian Health Survey on Children and Youth (CHSCY) and the Canadian Community Health Survey (CCHS).

Management response

Management agrees with the recommendation. While Health Canada continues to meet research and surveillance targets and collects sufficient data to monitor smoking and vaping rates, the use of multiple surveys for monitoring and reporting prevalence creates variations that limit continuity and comparability. Focusing data collection through existing Health Canada surveys administered by Statistics Canada would enhance clarity, improve consistency, and support clearer analysis of trends and progress.

Action Plan	Deliverables	Expected Completion Date	Accountability	Resources
Develop a branch wide strategy for tobacco and vaping data collection and dissemination.	3.1 Develop a Data Collection, Analysis and Dissemination Plan and obtain senior management (Assistant Deputy Minister) approval	October 31, 2026	OPI: Director General, Tobacco Control Directorate, Controlled Substances and Cannabis Branch, Health Canada OSI: Director General, Controlled Substances and Overdose Response Directorate OSI: Director General, Cannabis Strategic Policy Directorate	Existing resources

Recommendation 4 (Aimed at Health Canada)

Develop options and a recommendation to address challenges for inspections and lab analysis. Additionally, consider and incorporate evaluation findings on compliance and enforcement (C&E) into the TVPA third legislative review process.

Management response

Management agrees with the recommendation. Consideration for ongoing program priorities, financial stability and sustainability is needed to effectively deliver Health Canada's tobacco and vaping C&E activities, including inspections and lab analysis. Taking into consideration the total program funding across the department, ROEB in collaboration with CSCB, will undertake a C&E resource and capacity analysis based on current regulatory requirements, including those implemented since the coming into force of the TVPA. As the program continues to face challenges from limited compliance and enforcement tools, the Department will consider and incorporate evaluation findings into the third TVPA Legislative Review, which is focused on compliance and enforcement.

Action Plan	Deliverables	Expected Completion Date	Accountability	Resources
Develop options and a recommendation to address the stability and capacity challenges for inspections and lab analysis that would allow for an effective delivery of Health Canada's tobacco and vaping C&E activities.	4.1 Options and recommendation for addressing inspection and laboratory stability and structural capacity is developed and provided to senior management for consideration.	October 30, 2026	OPI: Directors General, Cannabis, Tobacco and Controlled Substances Directorate and Laboratories Directorate, Regulatory Operations and Enforcement Branch, Health Canada OSI: Director General, Tobacco Control Directorate, Controlled Substances and Cannabis Branch, Health Canada	Existing Resources

Action Plan	Deliverables	Expected Completion Date	Accountability	Resources
Consideration is given to the evaluation findings for incorporation into the TVPA third legislative review process.	4.2 Incorporate evaluation findings into the TVPA third legislative review process where appropriate.	May 23, 2026	OPI: Director General, Tobacco Control Directorate, Controlled Substances and Cannabis Branch, Health Canada OSI: Director General, Cannabis, Tobacco and Controlled Substances Directorate, Regulatory Operations and Enforcement Branch, Health Canada	Existing resources

Background and context

The Health Portfolio's Tobacco and Vaping Control Activities are guided by Canada's Tobacco Strategy (CTS), launched in 2018 to cut tobacco use below 5% by 2035. The Strategy, launched in 2018, dedicates \$66 million annually to help Canadians who smoke to quit or reduce the harms of their addiction to nicotine, to and protect youth and people who do not use tobacco products from the health hazards of tobacco use and nicotine addiction.

The CTS is built on four main themes:

1. Helping Canadians quit tobacco;
2. Protecting youth and people who do not use tobacco from nicotine addiction;
3. Working with Indigenous groups to create specific plans for Indigenous people; and
4. Strengthening science, surveillance, and partnerships.

While the CTS is not a formal horizontal initiative, it involves multiple federal government departments and agencies. Within the Health Portfolio, both Health Canada and the Public Health Agency of Canada (PHAC) are involved.

Health Canada conducts regulatory and policy activities, supported by a planned budget of \$32.3 million for 2025-2026, for the purpose of its administration and enforcement of the *Tobacco and Vaping Products Act* (TVPA), which governs the manufacture, sale, labelling, and promotion of tobacco and vaping products. Health Canada also administers the Substance Use and Addictions Program (SUAP), with a budget of \$3.5 million in 2025-2026 for tobacco-related projects. The program provides time-limited funding for innovative and evidence-informed projects that focus on, among others, awareness, tobacco use prevention, and harm reduction across Canada. Responsibilities are distributed across several branches; see [Appendix A](#) for details.

PHAC administers the Healthy Canadians and Communities Fund (HCCF) program, with a planned CTS budget of \$4.1 million for 2025-2026. This program supports interventions aimed at promoting tobacco cessation, with a focus on priority populations that face health inequalities and are at greater risk of developing chronic diseases.

Other government departments also contribute to the CTS framework. These include:

5. Indigenous Services Canada (ISC), which works with Indigenous organizations on tobacco programming;

6. Public Safety Canada, the Canada Border Services Agency (CBSA), and the Royal Canadian Mounted Police (RCMP), which, together, monitor and address the illicit tobacco trade market; and
7. The Canada Revenue Agency (CRA), which administers tobacco and vaping excise duties.

All orders of government share responsibility within their own authorities and jurisdictions for promoting and protecting Canadians' health from tobacco and vaping-related hazards. For example, the federal government sets nationwide legislation and minimum standards for product regulation, marketing, and sales, while also advancing scientific research, and promotes prevention, harm reduction, and cessation initiatives. Provinces and territories may also regulate access and use of tobacco in workplaces and public places, enforce retail compliance, and may impose additional restrictions like a higher minimum age for tobacco access or implementing tighter sales regulations. Municipalities can pass bylaws to address local issues, including smoke-free spaces, retail licensing, and zoning to limit tobacco and vaping outlets.

Evaluation scope and approach

The evaluation focuses on the effectiveness and efficiency of Health Canada and PHAC tobacco and vaping activities conducted between fiscal year 2021-2022 to August 2025. The evaluation questions are listed in [Appendix A](#).

Activities related to the danger to human health or safety of vaping products as consumer products are out of scope for this evaluation. Also excluded are activities related to the review and approval of nicotine replacement therapies, and other activities conducted in support of CTS by other government departments outside of the Health Portfolio. Details of evaluation methodology and lines of evidence are provided in [Appendix B](#).

Findings

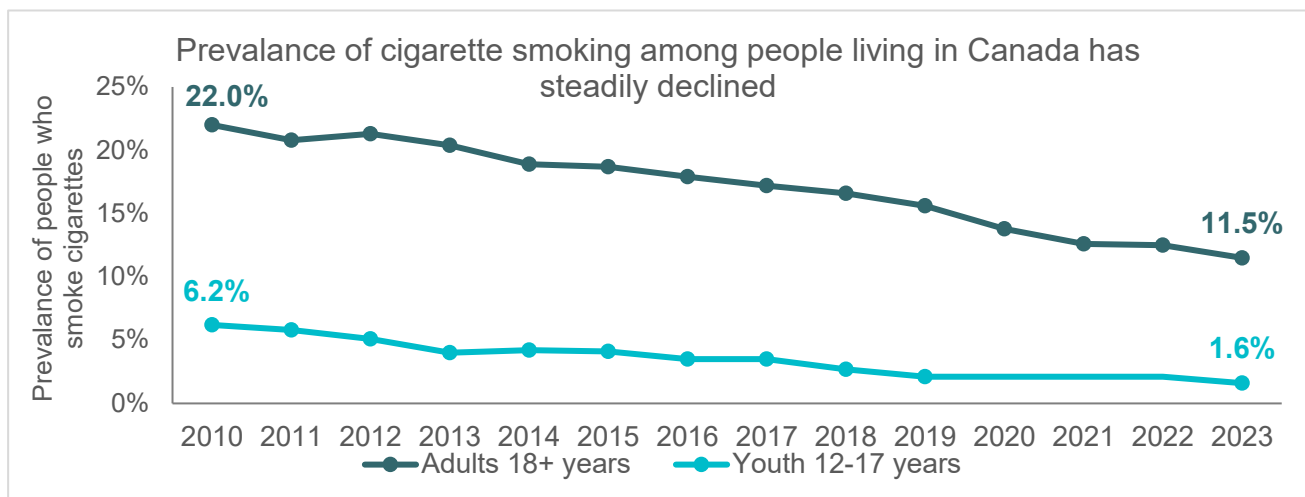
Effectiveness

Progress towards the CTS goal

Finding: Canada is making progress toward the CTS goal of reducing prevalence of tobacco use to below 5% by 2035. Although addressing smoking and vaping rates among distinct population groups is not a specific goal of the CTS, certain groups continue to require ongoing efforts to address high rates of smoking and vaping.

Survey data show a gradual decline in adult smoking rates, with cigarette smoking among those aged 18 and older decreasing from 22.0% in 2010 to 11.5% in 2023. A similar decline has been observed among youth aged 12 to 17 years; from 6.2% in 2010 to 1.6% in 2023 (see Figure 1). Between 2020 and 2023, the number of adults aged 18 years and older using tobacco products, including cigarettes, little cigars or cigarillos, cigars, pipes, tobacco water pipes, and smokeless tobacco, declined from 4.5 million to 4.3 million.¹

Figure 1: Smoking prevalence among adults (18 years and older) and youth (12- 17 year old) in Canada.



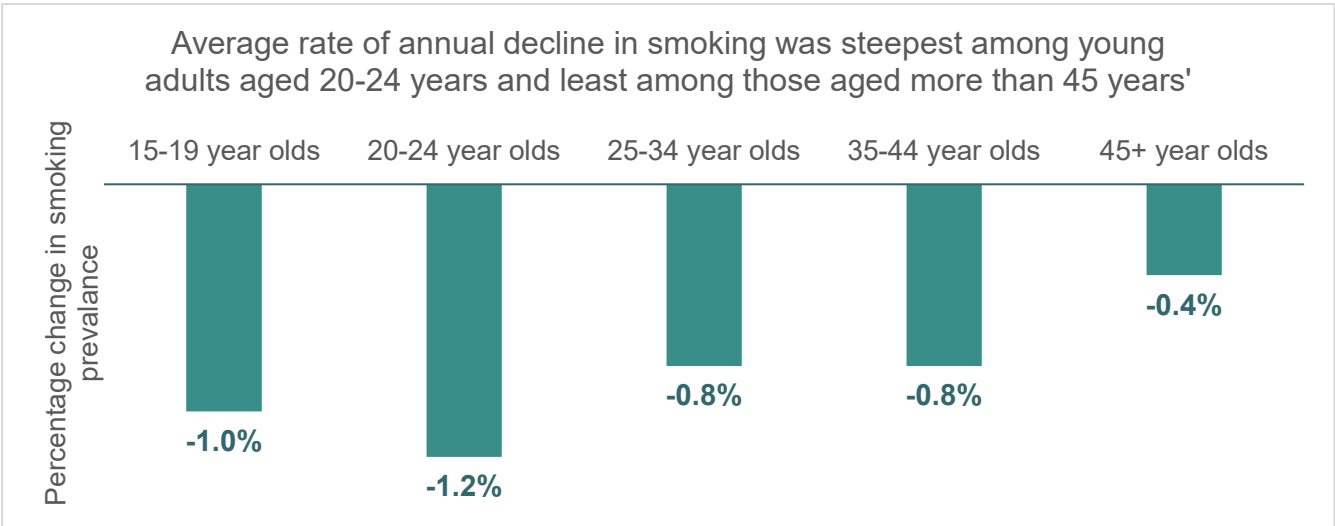
Source: Canadian Community Health Survey (CCHS), 2010 to 2023 (adults); CCHS, 2010 to 2018 and Canadian Health Survey on Children and Youth 2019 to 2023 (youth).

Consistent with the CTS goal of protecting non-users of tobacco products from nicotine addiction, 99.7% or more of adults who had never smoked a cigarette (lifetime abstainers) did not initiate smoking in 2023-2024 and 2024-2025. See more detailed data in Appendix C, [Tables C-1](#) and [C-2](#).

Both internal and external interviewees acknowledged Canada’s historical success in reducing rates of smoking and tobacco use. According to subject-matter experts, modeling studies suggest that the country is on track to meet the 2035 target. However, some raised concerns that heightened regulatory and public health focus on vaping may have diverted attention from traditional smoking cessation efforts.

Analysis of CCHS survey data from 2001 to 2022 shows that the pace of cigarette smoking reduction has varied across demographic groups. Figure 2 illustrates that the decrease was the least among those aged 45 and older. See the section ‘Smoking and vaping among youth and young adults’ for further information on youth. Similar analyses indicate persistent differences between men and women, with men continuing to smoke at higher rates.

Figure 2: Annual rate of smoking decline among people in Canada



Source: CCHS, 2001 to 2022

Certain population sub-groups continue to report smoking and vaping rates above the national average. For example, non-heterosexual adults aged 18 and older report higher rates of cigarette smoking (13.7% versus 11.5%) and vape use (13.4% versus 5.8%), compared to heterosexual adults. Additionally, while smoking rates among Indigenous populations have declined steadily, dropping from 54.6% in 2001 to 28.0% in 2023, according to Canadian Community Health Surveys, they remain higher among Indigenous adults aged 18 and older (20.2%) compared to non-Indigenous adults (11.3%). Vaping rates are also nearly twice as high among Indigenous adults (13.3%) compared to non-Indigenous adults (6.0%). Several interviewees noted that national statistics often hide these differences, with one expert pointing out that combined data does not reflect the realities of First Nations, Inuit, and Métis peoples.

Several interviewees raised concerns that, while youth have received significant policy attention, other groups with higher rates of smoking or vaping may not be getting enough support. Populations such as adults aged 45 and older, First Nations, Inuit, and Métis peoples, individuals experiencing mental health challenges, people facing socio-economic barriers, and newcomers from regions with high tobacco use were identified as needing more focused outreach and targeted interventions. For example, external interviewees highlighted that people dealing with mental health issues and housing instability, particularly those living in shelters or using multiple substances at the same time, often fall outside the reach of mainstream tobacco control efforts.

Smoking and vaping among youth and young adults

Finding: Through expanded regulations on vaping products to protect youth and non-users of tobacco products, as well as ongoing public education initiatives, Health Canada has contributed to reducing cigarette smoking and vaping among youth aged 12 to 17 over the past five years. Cigarette smoking rates have fallen among 18 to 24-year-olds, but continued efforts to reduce smoking remain important. Stable but higher vaping rates in this same age group demonstrate the need for prevention and cessation messaging.

In response to rising vaping among youth aged 12 to 17, Health Canada, along with other federal departments and provincial and territorial governments, introduced regulations and initiatives to protect youth and non-users of tobacco products from nicotine addiction. To complement the TVPA, which regulates the manufacture, sale, labelling and promotion of vaping products, several regulations have been introduced to strengthen these protections. These include:

- The *Vaping Products Labelling and Packaging Regulations* (2020) and the *Nicotine Concentration in Vaping Products Regulations* (2021), which introduced labelling requirements pursuant to the TVPA, mandatory health warnings, and child-resistant packaging pursuant to the *Canada Consumer Product Safety Act*, as well as a maximum nicotine concentration limit for vaping products;
- 8. The *Vaping Products Promotion Regulations* (2020), which placed significant restrictions on advertising and promotions directed at youth by setting out requirements related to advertising and point of sale promotions of vaping products. They also required information in advertising of vaping products; and
- 9. The *Vaping Products Reporting Regulations* (2023), that provides vaping product-related information to help better understand the impact of these products by requiring

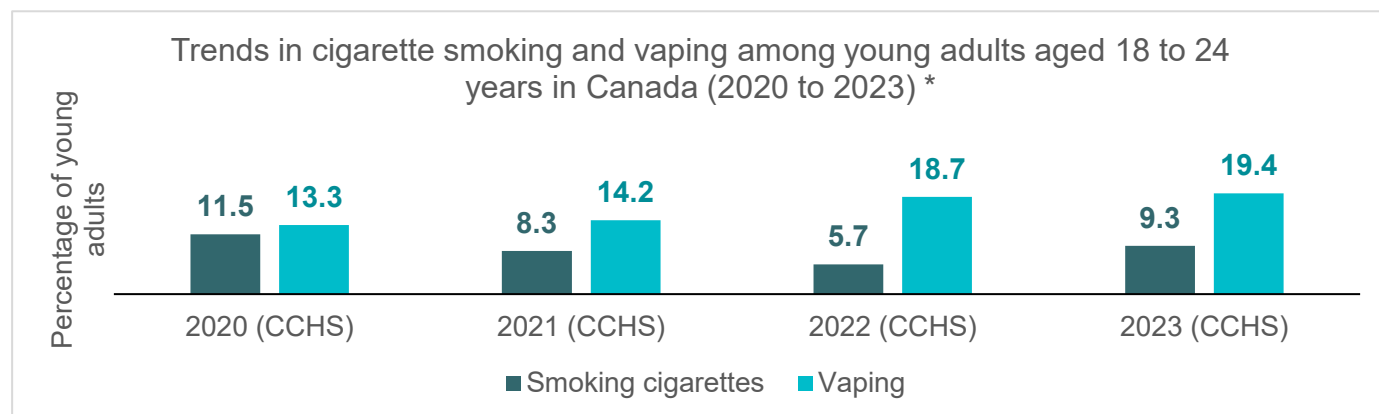
manufacturers to report detailed information on their vaping product sales and ingredients.

Health Canada also launched public education efforts, including a \$14 million vaping-focused campaign called “Consider the Consequences”. This campaign targeted youth aged 13 to 18, and aimed to help them rethink their choices, resist social pressures, and make informed decisions. It included educational videos about the risks of vaping and nicotine addiction, over 800 virtual sessions in more than 400 high schools, and an online module for teachers. The module also addressed cannabis vaping, which generated considerable interest from students. The online module received more than 26,000 views on the Health Canada Experiences website in 2023-2024.²

While it is not known for sure if these efforts have led to reduced rates in cigarette smoking and vaping among campaign participants, data from the Canadian Health Survey on Children and Youth shows a decline in cigarette smoking (from 2.1% to 1.6%) and vaping (from 13.1% to 7.1%) among youth aged 12 to 17 between 2019 and 2023.

Trends of smoking and vape use are mixed among young adults aged 18 to 24. Figure 3 shows that cigarette smoking remained stable between 2020 and 2023. During the same time period, rates of vaping increased, before stabilizing in 2023. Among young adults who reported vaping in the past 30 days, a larger percentage (10.9%) reported they never smoked, compared to those who are current smokers (6.9%) or former smokers (1.6%).³ These figures highlight the need to better understand why vaping is rising among young adults and to adapt prevention and cessation efforts accordingly.

Figure 3: Percentage of current cigarette smoking and use of vape products among young adults (18 -24 years) in Canada



Source: CCHS, 2020 to 2023

* Note: In 2022, current smoking was defined as those who reported having smoked more than 100 cigarettes in their life and smoking cigarettes daily or occasionally in the past 30 days. Prior to

and following CCHS 2022, current smoking was defined as those who reported smoking cigarettes daily or occasionally. Caution should be exercised when comparing current smoking prevalence in CCHS 2022 with other cycles of CCHS.

Many internal and external interviewees remain concerned about nicotine use among youth. They cited factors like easy online access to vape products and emerging nicotine products, such as nicotine pouches, which could appeal to younger users. Some external interviewees expressed concern about rising youth vaping and the lack of strong enforcement of existing laws, echoing views raised during the first legislative review of the TVPA.

Internal interviewees also described the difficulty in delivering public messages that balance harm reduction for adult smokers with prevention of youth vaping. Some external interviewees worried that overly alarmist messages might increase youth curiosity rather than discourage vaping, and that strict regulations could negatively affect adults who rely on vaping as a harm reduction tool. These perspectives suggest a need for clearer, evidence-based communication that explains the different risks of nicotine products for different groups.

Data shows that nearly 16% of students in grades 7 to 12 reported using more than one substance, including cigarettes, vapes without cannabis, cannabis, or alcohol, over a 30-day period in 2021-2022. Polysubstance use increased with age, with students in grades 10 and 12 reporting higher rates (24.1%) compared to those in grades 7 to 9 (7.3%). Polysubstance use was also higher among girls and women (17.3%) than among boys and men (13.6%), and among Indigenous students (33.9%) compared to non-Indigenous groups.⁴

Internal interviewees acknowledged the limitations of addressing tobacco use and vaping in isolation from other kinds of substance use. They highlighted the need for an integrated approach to substance use prevention and treatment that considers the broader behaviours and contexts in which tobacco and vaping use occurs. For example, in settings such as homeless shelters or community health organizations, preventing tobacco use often is a lower priority compared to urgent needs like mental health care or addressing high-risk substance use. Interviewees also pointed to structural barriers, such as jurisdictional differences, that make it harder to coordinate responses across governments. Furthermore, as substance use patterns continue to change, Health Canada's external youth advisory body, the Youth Leadership Team on Tobacco and Vaping, has expanded its mandate to include other substances and has been rebranded as the Youth Leadership Team on Substance Use, indicating a shift in examining and addressing polysubstance use within the youth population. While recent improvements in surveillance have started to capture more detailed patterns of polysubstance use, and some collaboration has

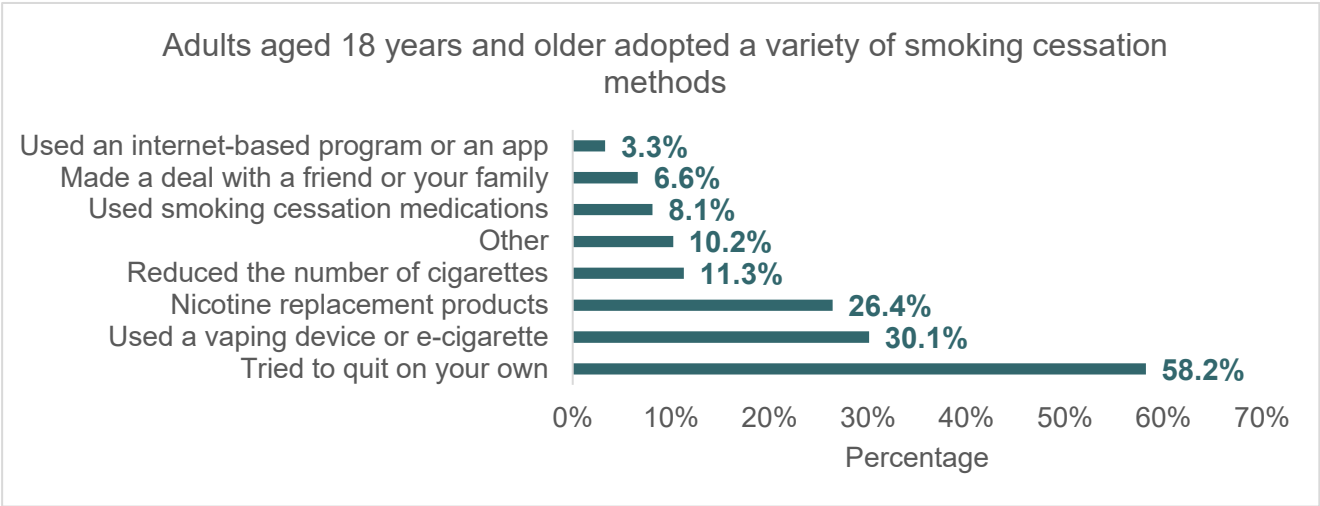
occurred, interviewees emphasized that there is still no comprehensive strategy in place for polysubstance use.

Smoking cessation outcomes

Finding: During the evaluation period, cessation rates among people who smoke cigarettes remained relatively steady. While many adults aged 18 and older used strategies such as vaping or nicotine replacement products, most tried to quit on their own.

Cigarette smoking cessation rates in Canada have stayed fairly consistent across different age groups, remaining close to the program’s target of 8% or higher. According to CCHS surveys, cessation rates among adults who currently smoke or formerly smoked remained stable, ranging from 7.7% in 2020 to 8.4% in 2023. As shown in Figure 4, among adults who quit smoking completely in 2023, 26.4% used nicotine replacement products and 30.1% used vaping devices. However, the majority (58.2%) tried to quit on their own. There were few differences in the strategies used across different age and gender groups.⁵

Figure 4: Rates of smoking cessation methods adopted by adults aged 18 years and older in Canada



Source: CCHS, 2023

Health Canada provides funding to the provinces and territories to support the Pan-Canadian Quitline initiative. Launched in 2011-2012, the Pan-Canadian Quitline operates through a toll-free number and web portal, connecting callers and web users to existing cessation services provided by provincial and territorial governments. These services include counselling, self-help resources, community service referrals, online tools, and

medications. However, cessation services differ from province to province. Although the use and effectiveness of the Quitline are unclear, as the last full evaluation of these services was completed in 2016, evidence from systematic reviews shows that proactive telephone counselling can help more people quit smoking when compared to minimal support or none at all.⁶ With the current agreements set to expire in 2026, some internal interviewees suggested improvements are needed to these services based on their outcomes.

In line with this, most respondents to the second legislative review of the TVPA, including health professionals and authorities, Indigenous organizations, members of the general public, and non-governmental organizations, identified a need to better promote smoking cessation. Submitted recommendations included improving access to and affordability of approved quitting aids, creating culturally appropriate approaches for at-risk populations, developing national standards for smoking cessation, and better integrating cessation services into the broader health care system. Similar views were shared by several provincial-level interviewees, who stressed the need to examine differences across provinces in the availability of cessation services and nicotine replacement therapies. This is important, given that a significant proportion of people try to quit smoking on their own, even though research shows that using cessation aids and support services can nearly double the chances of successfully quitting.^{7, 8}

Health Canada also administers regulations that support tobacco cessation by raising awareness of the health hazards of tobacco and vaping products and advise users on available cessation supports. In 2023, all requirements of how tobacco products look, are packaged, and are labelled were consolidated under the *Tobacco Products Appearance, Packaging and Labelling Regulations*. One of their aims was to enhance public awareness of the health hazards of tobacco use and the benefits of quitting. The information that must be displayed on all tobacco products packages include warnings about health hazards, information about the toxic substances in tobacco smoke or in the product as well as the pan-Canadian toll-free Quitline number and web address to access tobacco cessation support displayed as part of the health warnings and health information messages. Additional information that must appear on most tobacco product packages include messages with tips on quitting and testimonials from former smokers. Canada is the first country which requires health warnings printed directly on individual cigarettes, little cigars that have tipping paper and tubes. Some internal interviewees described these warnings as ‘wide-reaching’, helping to spread information about quitting smoking to tobacco users, including groups at higher risk such as youth. Limited studies exist on the impact of this regulation, but findings to date suggest that cigarette stick warnings can prompt greater

reflection on smoking risks and increase the likelihood of forgoing cigarettes. They also indicate that stick warnings may extend the effects of traditional pack labeling policies.⁹

Under the authorities of the TVPA, labelling requirements for vaping products are also set out in Part 1 of the *Vaping Products Labelling and Packaging Regulations (2020)*. For example, manufacturers of vaping products that contain nicotine must ensure that products display a statement setting out the concentration of nicotine in the vaping substance as well as display a health warning about the addictiveness of nicotine. These measures aim to enhance awareness of the health hazards of using vaping products and help prevent the public from being deceived or misled with respect to these health hazards. At the time of this report, there was no data available on the effectiveness of these measures.

Grants and contributions programs

Finding: HCCF and SUAP have helped bridge gaps in awareness, cessation, and harm reduction, particularly among priority populations. Since both programs focus on tobacco cessation and prevention, their goals sometimes overlap. A brief review also found other public and private efforts supporting smoking cessation, highlighting the need for Health Canada and PHAC to better define their roles in this area.

Grants and contributions programs under the CTS

Under the CTS, tobacco-related grants and contribution initiatives are funded through Health Canada's SUAP, PHAC's HCCF, and ISC's Healthy Living Program. While all three programs contribute to tobacco control, they differ in focus areas, funding approaches, and target populations. These differences may contribute to some fragmentation of funding or efforts; however, in other cases, the initiatives clearly complement each other. Recognizing that smoking rates are higher among Indigenous peoples, each of the three programs provide support for this area. For example, HCCF's Northern Wellness Agreements focus on territorial-level Indigenous tobacco reduction initiatives, ISC's Healthy Living Program funds distinctions-based, community-led health services for Indigenous populations, and SUAP funds broader tobacco control activities, some of which include urban Indigenous peoples. See Appendix C, [Table C-3](#), for a summary of the three grants and contributions programs.

The evaluation focuses on the contributions of SUAP and HCCF and does not assess results from ISC's Healthy Living Program.

Healthy Canadians and Communities Fund (HCCF)

The evaluation examined 21 projects, focused on priority populations with elevated rates of tobacco use. HCCF performance results indicate that, despite annual variations, the program consistently achieved targets related to its long-term outcomes. Over the past five years, an average of 52% of participants reduced daily cigarette consumption, 24% remained smoke-free for 30 days, and 25% abstained from smoking at six months. Results are generally in line with, or higher than, quit rates reported for similar interventions across Canada and the United States. See [Table C-4](#) in Appendix C.

HCCF-funded projects occupy a niche in the federal tobacco control landscape, focusing on community-driven approaches and targeting populations with greater barriers to quitting tobacco use and higher risks of chronic diseases. HCCF appears to have accelerated progress by supporting tailored interventions for priority populations, while also directing efforts toward maximizing the use of CTS funding and attracting more proposals. For example, in the most recent call for proposals, tobacco cessation and prevention were highlighted as a priority area. However, counterfactual analysis suggests that, while HCCF fills gaps among priority populations, other actors, including SUAP, ISC, provinces and territories, and private sector organizations, also operate in these areas. While these actors contribute to the common objective of reducing smoking rates, it is unclear whether others would have supported similar initiatives for the same population groups.

Examples are provided in Box 2, summarizing specific HCCF projects, the funding received, the results achieved, and related or potential efforts by other actors. Under the new HCCF model, most projects during the evaluation period were in design phases, with results reflecting their pilot stage. Projects funded under the previous Multi-sectoral Partnerships to Promote Healthy Living and Prevent Chronic Disease (MSP) model are also included, demonstrating outcomes related to policy changes, behaviour change, and tailored support for specific groups. Additionally, to further support tobacco cessation efforts, multi-risk factor projects that included tobacco use were funded through Healthy Living funds, going beyond the CTS funding allocation. These findings indicate that HCCF investments have contributed to measurable progress, although the value and scale of their impact may warrant further consideration as projects move beyond the design phase. It remains for PHAC to determine whether continuing this role aligns with its future priorities.

Box 1: Selected HCCF project examples and their counterfactual scenarios.

Example HCCF projects, their impact, and counterfactual analysis

Canadian Cancer Society – Build Smoke Free (MSP)

- **Funding received:** \$3,674,301 (2018 to 2023)
- **Results produced:** Among 1,030 participants, 59% reduced daily smoking, 30% achieved 30-day abstinence, and 16% remained smoke-free for six months. Participants reported improved health and increased knowledge about quitting smoking and the benefits of cessation.
- **Counterfactual:**
 - Without this initiative, an estimated 218 individuals may not have reduced daily smoking, 111 might not have achieved 30-day abstinence, and 59 may not have remained smoke-free for six months. The program targeted construction workers, who smoke at over twice the national rate.
 - No SUAP-specific projects focused on this group, but workplace smoking cessation initiatives supported by other actors, such as employers and unions through workplace wellness programs, private insurers, and health and safety associations, could potentially have addressed this need. The evaluation did not examine the availability of such initiatives for the construction industry, but they are available through insurers such as Sun Life, Manulife, and Foresters Financial, among others.¹⁰
 - This project provided support to 1,030 participants over a five-year period at a total cost of \$3.6M. Given the absence of data on the long-term impacts for participants, it is not possible to assess the return on investment. The cost may reflect the targeted focus on a priority population, but given the availability of general cessation services and other workplace supports, it is unclear whether similar results could have been achieved through alternative measures at a lower cost.

Physical and Health Education Canada – STOMP (Students Together Moving to Prevent Tobacco Use) (MSP)

- **Funding received:** \$708,450 (2021 to 2024)
- **Results produced:** STOMP is a project focused on tobacco use, with vaping addressed as a secondary issue. In high schools in New Brunswick and Ontario, past-month vaping dropped by 11% and 12% respectively between the 2022-2023 and 2023-2024. The rate of cigarette smoking remained steady at 13% in New Brunswick, while in Ontario, it decreased slightly from 13% to 12% during the same period. Peer-to-peer engagement and interventions such as vape detectors contributed to this reduction. The program reported achieving a Social Return on Investment, with every dollar invested yielding six dollars in social value. Social value refers to the broader benefits generated by the program beyond direct financial returns. It captures positive social, economic, and environmental outcomes, such as improved health, reduced crime, increased productivity, and enhanced wellbeing, which contribute to overall societal welfare.
- **Counterfactual:**
 - Without STOMP, some reductions in youth vaping and related conversations in schools might have been less widespread, and schools may have had fewer coordinated prevention activities.

- Through SUAP, programs like the Lung Health Foundation's Quash app and the University of Toronto's digital tools have supported youth vaping prevention. Most provinces and territories have also implemented various initiatives, including vape-free school policies, educational campaigns, cessation programs, and investments in vape detectors.

In addition to funding interventions, the program addressed knowledge mobilization gaps through resources like the Learning at a Glance report and an interactive map on Health Infobase summarizing lessons learned. Of note, an evaluation of the HCCF program was underway at the time of preparing this report. This evaluation examines questions on knowledge mobilization in more detail. It found that, although the program has made significant efforts in recent years to improve the dissemination of lessons learned from projects, uptake is relatively modest and there is a need for ongoing attention in this area.

While funded projects showed progress, the evaluation identified areas that need further attention and coordination. Some projects faced challenges in engaging priority populations, including Black Canadians, resulting in smaller participant cohorts. Hesitancy among Indigenous communities toward short-term initiatives also affected participation. Despite these issues, the projects remain important for addressing gaps, especially given higher smoking rates in certain groups.

PHAC does not receive dedicated funding to address vaping use, which limits its involvement in that area. Interviewees noted that treating vaping as a secondary concern does not reflect the reality faced by the populations they serve. They also mentioned that many individuals experience overlapping substance use issues, yet CTS funding remains focused on tobacco and nicotine vaping, which can restrict the ability of projects to address broader needs.

Substance Use and Addictions Program

During the evaluation period, 18 SUAP projects received \$26.8 million, 11 of which were examined in this evaluation. These projects have shifted from focusing solely on awareness and policy to greater emphasis on cessation and harm reduction.

SUAP has made contributions to tobacco and nicotine control by supporting the development of accessible tools and resources, including smartphone apps with in-app challenges, training materials, clinical guidelines, public awareness campaigns, and prevention and cessation workshops. Several initiatives focused on public education, such as the National Smoking Cessation Campaign targeting tobacco users aged 35 to 64. Among 3,000 participants, 63% made attempts to quit, and over half reported that the campaign had positively influenced their efforts.

Other projects emphasized direct support and harm reduction strategies. For instance, the CONNECT project distributed 831 Quit Cards as financial incentives for cessation, and 78% of participants reported improved skills in using cessation medications and techniques. Youth-focused initiatives included the “Not on Tobacco” online program for ages 14 to 19, which resulted in 22% of participants quitting and 29% reducing smoking. Another project, Designing Youth Vaping Cessation Interventions, showed a 22% abstinence rate among participants aged 16 to 29, which was higher than the control group (16%), and 86% of participants found the Stop Vaping Challenge app’s abstinence tools helpful.

SUAP also supported policy development through the Mitigating the Public Health Impact of Cannabis Legalization on the Potential Renormalization of Smoking in Western Provinces project, which built on efforts with municipalities, school boards, and policymakers across western provinces in order to prevent the renormalization of smoking linked to cannabis legalization and rising vaping rates. The project and related work helped inform Alberta’s Bill 19 (2020) and supporting regulations (2021), which expanded smoking and vaping restrictions in public spaces, initially protecting 4.5 million people. Subsequent municipal bylaws have since broadened this protection to reach 6.1 million Canadians.

Overall, SUAP-funded initiatives have contributed to the CTS by developing resources, supporting policy, and engaging Canadians in prevention and cessation efforts. However, the evaluation identified several reporting issues that affected result quality. Some projects reported incomplete or inconsistent data, with concerns about credibility in a few cases, such as reliance on third-party data without a clear methodology. Final reports often noted limitations like small sample sizes, and demographic data required for SGBA Plus considerations was not consistently collected. These findings highlight the need to improve

reporting follow-up and to reassess current reporting expectations. The evaluation also found that some funding recipients viewed the SUAP reporting template as poorly suited for certain project types, such as research initiatives. This limitation was acknowledged, and a revised template was implemented for projects in 2023 and beyond.

Results related to the uptake and use of SUAP-funded tools consistently met or exceeded targets, suggesting resonance with intended audiences. See Tables 1 and 2 for more information. That said, there may be a need to examine whether these targets are too modest.

Table 1: Number of times SUAP funded substance use resources were accessed by targeted Canadians and stakeholders (by product or service)

Year	2021-2022	2022-2023	2023-2024
Target	N/A	1-5% increase	1-5% increase
Result	35,004	124,952 (257% increase from 2021-2022)	89,219 (29% decrease from 2022-2023) *

Source: Program Information Profile, 2021-2022 to 2024- 2025 data

* Note: Results are dependent on number of funded projects. Decrease in results from fiscal year 2023-2024 is due to 4 projects ending in the previous fiscal year.

Table 2: Percentage of target population surveyed who intend to use the tool/ resource/ guidance provided (SUAP)

Year	2021-2022	2022-2023	2023-2024
Target	N/A	65%	65%
Result	N/A	77%	67%

Source: Program Information Profile, 2021-2022 to 2024-2025 data

Regarding resourcing, in the past few years, SUAP's focus has expanded from only vaping to a mix of tobacco and vaping initiatives, reflecting flexibility in meeting emerging priorities. This shift indicates the value of moving away from treating substances in silos. A polysubstance lens may better address the complex realities of substance use, which is a view shared by both internal and external interviewees.

Public advertising campaigns and education

Finding: Health Canada has developed and implemented several public advertising campaigns that used a range of channels to reach target audiences and provided various self-help tools and resources. While they achieved high engagement rates, both internal and external stakeholders identified a need to tailor public education campaigns on vaping, particularly for adults who smoke.

Health Canada's website offers general information and resources on tobacco use, smoking and vaping use for Canadians. In addition, the Department has conducted several public advertising campaigns to increase awareness about the hazards of tobacco use, the risks of youth vaping, and the health benefits of quitting smoking and related approaches. It has also developed knowledge products to support quitting efforts and prevent youth vaping. These campaigns have been shaped and refined using public opinion research to gather insights and feedback from target audiences. They used market segmentation strategies to develop targeted messages for specific groups, tailored marketing activities across various channels, including print, electronic media, and social media platforms, and produced a wide range of materials, including testimonial videos, self-help guides, facilitator guides, tip sheets for parents, and tools to plan quitting. Lessons learned from ongoing campaigns were also applied to refine later messaging. For instance, vaping messages aimed at youth shifted from focusing solely on harms and abstinence, to messages about empowerment, resisting peer pressure, and supporting quitting.

In 2020-2021, following the conclusion of the multi-year young-adult-focused campaign "Break It Off," Health Canada launched the "Tools for a Smoke-Free Life" campaign, targeting adults aged 35 to 64. This campaign included testimonial videos from people who shared their experiences on using different combinations of quitting aids, educational videos on planning and carrying out smoking cessation, and links to a planning tool for quitting that was available on Health Canada's website. In 2023-2024, this initiative gathered close to 90,000 visits, around 5,500 video plays through Health Canada webpages, and more than 10,000 visits to the quit plan tool webpage.

Canadians continue to engage with tobacco and vaping-related content on the Canada.ca website, although total web traffic has varied due to changes in advertising strategies and how results are measured. See [Table C-5](#), Appendix C for more information). Collectively, over the past three years, these public advertisements have:

10. generated more than 140,000 annual visits to Health Canada's smoking cessation pages and over 52,000 annual visits to vaping education pages;

11. resulted in 19.4 million impressions, 3.3 million video views, and 86,600 web clicks on social media platforms in 2023-2024 alone, along with outreach activities targeting physicians, teachers, and youth through in-school experiential event tours;
12. leveraged existing partnerships and resources. For example, vaping prevention and tobacco cessation messages were integrated into the Digital Opioid Toolkit for Men in Trades, displayed in more than 200 Service Canada and Passport office locations across the country, and distributed to over 1,000 health care professionals and interested individuals through Health Portfolio mailing lists.

While stakeholders who were engaged in the first legislative review in 2022 identified a need to increase public awareness around vaping, there was limited consensus on specific messaging. Some raised concerns that messaging was geared toward youth and non-users of tobacco and vaping products, with limited information being provided to adults who smoke. Many considered it essential to continue educating youth and non-users about the health hazards of vaping, while also ensuring people who currently smoke receive information about the relative risks of smoking compared to vaping.

On its website, Health Canada advises that switching completely to vaping is less harmful than continuing to smoke for individuals who have not succeeded with approved cessation methods. It also states that youth and non-smokers should not vape. Though internal interviewees indicated that Health Canada did not actively promote the adoption of vaping as a less harmful alternative to smoking, concerns were raised that presenting vaping as a lower-risk alternative to cigarettes could create mixed messages for the public, particularly since the long-term health effects of vaping are still uncertain. In response to recommendations from legislative reviews, the Tobacco Control Directorate (TCD) is proposing an approach to strengthen engagement with Indigenous peoples to better understand and address their specific needs in relation to tobacco and vaping regulation, which is in line with the CTS's third theme of collaboration with Indigenous groups. Similarly, several internal and external interviewees highlighted the need to address misinformation that may influence quitting behaviours, including confusion about the differences between tobacco, and vaping, and different types of nicotine replacement therapies.

Despite the broad reach of public advertising campaigns, several internal interviewees noted that it is difficult to establish a direct link between exposure to federal public advertising campaigns and changes in individual behaviour, given the influence of external factors, including provincial and municipal efforts to address smoking and vaping. Currently, one million dollars is allocated annually to tobacco cessation marketing initiatives under the CTS. According to the Treasury Board Secretariat's Directive on the

Management of Communications and Federal Identity, this amount does not exceed the threshold required to trigger post-marketing public opinion research, therefore no such research is conducted to assess the effectiveness of these campaigns. Additionally, there is a continued need to optimize web resources to ensure that online content remains accessible and relevant, particularly as paid advertising on social media platforms has shown an increase in access to web-based resources.

Compliance and enforcement

Findings: Compliance and enforcement activities under the TVPA face challenges, including within the suite of compliance and enforcement tools, resources, and IT system implementation delays. Enforcement in the context of online sales and of marketing regulations also requires further attention.

Legislative and policy tools

The TVPA is among one of the most stringent tobacco control frameworks globally, and aligns closely with the tobacco control legislations of Australia, New Zealand, Sweden, and the United Kingdom. Canada is a lead in product regulation, banning menthol cigarettes as early as 2016-2017 and introducing health warnings on most tobacco products, such as individual cigarettes, in 2023. In contrast, Australia implemented a menthol ban in 2024, while New Zealand, Sweden, and the UK emphasize harm reduction approaches rather than outright prohibitions.

Health Canada has a range of tools to address non-compliance under the TVPA. Under the TVPA, inspectors may conduct inspections, seize products, and pursue prosecutions, with fines ranging from up to \$3,000 to \$1,000,000, or imprisonment. As articulated within the Compliance and Enforcement Policy for the TVPA, measures such as warning letters, public advisories, and voluntary corrective measures are used to encourage compliance without having to use legal proceedings.

Since 2018, when the *Tobacco Act* was amended to, among others, established a new legislative framework to govern vaping products and changed its title to the TVPA, Health Canada has used measures such as warning letters and seizures more frequently than fines or court proceedings against regulated parties. While seizures have an immediate impact by removing non-compliant products from the market, resource constraints may limit follow-up activities, particularly after the issuance of warning letters, and may also limit the ability to monitor the impact of compliance and enforcement activities over time.

Some internal interviewees noted gaps in enforcement tools. For example, the TVPA does not allow for product recalls, which means that inspectors must locate and identify non-compliant products and seize each one individually. They considered this to be less efficient than a market-wide recall. The third legislative review of the TVPA, currently underway, presents an opportunity to assess whether the federal legislative response sufficiently addresses compliance and enforcement of the TVPA and to consider the potential need for additional or enhanced tools to help address non-compliance.

Compliance and enforcement activities

Within Regulatory Operations and Enforcement Branch (ROEB), both inspectors and laboratory services support enforcement of the TVPA. Laboratories provide analytical testing of samples to support TVPA-specific tobacco and vaping compliance and enforcement activities. The growth of the vaping market and concerns around youth vaping have shifted Health Canada’s enforcement priorities from tobacco to vaping. Between 2021-2022 and 2024-2025, laboratory testing of samples shifted from tobacco to vaping products, in part due to historically strong compliance observed in tobacco testing. This resulted in tobacco testing dropping to zero in 2024-2025 and vaping products representing all samples that year, see Table 3. The increase in the number of vaping samples was largely due to the introduction of the *Nicotine Concentration in Vaping Products Regulations* in 2021-2022, and the higher non-compliance rates observed within the vaping sector.

Table 3: Number of tobacco and vaping samples between 2021-2022 to 2024-2025

Fiscal year	Tobacco samples (% of total samples)	Vape product samples (% of total samples)	Total samples
2021-2022	229 (59%)	158 (41%)	387
2022-2023	47 (12%)	347 (88%)	394
2023-2024	85 (19%)	362 (81%)	447
2024-2025	0 (0%)	327 (100%)	327

Source: Laboratory Information Management System; Labs Directorate

The number of inspections nearly doubled during the evaluation period, with most inspections conducted at retail locations, as shown in Table 4. Assessing inspection coverage remains challenging due to the lack of comprehensive national data on the total number of tobacco and vaping retailers and manufacturers. However, these challenges

have been eased somewhat by the recent new legislative authority in subparagraph 211(6)(e)(x) of the *Excise Act, 2001*, which authorizes the CRA to share certain information collected under the *Excise Act, 2001*, with Health Canada for the administration or enforcement of the TVPA. Additionally, Health Canada collaborates with provinces and territories to identify the eligible pool of manufacturing and retail units for inspection. Nevertheless, variability in the availability and quality of industry data across regions continues to make it difficult to accurately assess compliance rates among regulated entities.

Table 4: Number of retailers, manufacturers and online inspections for tobacco and vaping products between 2021-2022 to 2024-2025

Fiscal year	Retailers	Manufacturers	Online	Total
2021-2022	1,511	39	76	1,626
2022-2023	2,383	101	255	2,739
2023-2024	2,301	96	21	2,418
2024-2025	2,900	138	130	3,168

Source: ROEB dashboards

Between 2021-2022 and 2024-2025, there were 1,346 enforcement actions related to vaping products, and 866 enforcement actions for tobacco products, as shown in Table 5. For tobacco, most enforcement actions involved product seizures; while vaping enforcement activities also include the issuance of a substantial number of warning letters, in addition to product seizures. This difference may reflect the newer regulatory framework for vaping products, where enforcement often includes promoting compliance and providing information and guidance to industry. Additionally, the volume can be attributed to utilization of warning letters as a primary enforcement tool in the online space.

Table 5: Number and type of enforcement activities for tobacco and vaping product non-compliance

Fiscal Year	Tobacco enforcement activities		Vaping enforcement activities	
	Warning letters	Seizures	Warning letters	Seizures
2021-2022	3	66	40	265
2022-2023	13	348	250	199
2023-2024	2	80	32	197

Fiscal Year	Tobacco enforcement activities		Vaping enforcement activities	
	Warning letters	Seizures	Warning letters	Seizures
2024-2025	6	348	71	292
Total	24	842	393	953

Source: ROEB dashboards

Over the past three years, the introduction and enforcement of new regulations have contributed to lower compliance rates among manufacturers of tobacco and vaping products. As shown in Table 6 and 7 below, compliance among retailers has generally improved for both tobacco and vaping products over the three years, with notable increases in 2023-2024. Manufacturer compliance shows fluctuation, with both tobacco and vaping manufacturers experiencing a decline in the most recent year after sharp increases in 2022-2023.

Table 6: Percentage of tobacco and vaping product retailers and manufacturers inspected by Health Canada that were deemed to be compliant with selected regulatory requirements

Tobacco compliance rate (%)			
Fiscal year	2021-2022	2022-2023	2023-2024
Tobacco retailers	72%	88%	94%
Tobacco manufacturers	34%	77%	49%

Source: Program Information Profile data

Table 7: Percentage vaping product retailers and manufacturers inspected by Health Canada that were deemed to be compliant with selected regulatory requirements

Vaping compliance rate (%)			
Fiscal year	2021-2022	2022-2023	2023-2024
Vaping retailers	81%	72%	91%
Vaping manufacturers	64%	77%	50%

Source: Program Information Profile data

Health Canada's inspections of vaping specialty establishments from August 2021 to March 2024 indicate variability in non-compliance rates, decreasing from 60% in 2021-2022 to 35% in 2022-2023, then slightly increasing to 38% in 2023-2024, as shown in

Table 8. However, the proportion of establishments identified as repeatedly non-compliant steadily declined from 40% in 2021-2022 to 7% in 2023-2024. This may suggest that, while non-compliance remains an ongoing issue, fewer establishments are repeatedly non-compliant. It is important to note, however, that these trends may be influenced by several factors, including: the number of establishments reinspected each year, the overall number of specialty vaping shops operating during these periods, the proportion of inspections that were planned versus reactive, and the implementation of compliance and enforcement activities related to new requirements.¹¹

Table 8: Inspections and repeated non-compliance among specialty vaping establishments

Period	Total inspections	Non-compliant (number)	Non-compliant (%)	Inspections with repeated non-compliance	Repeated non-compliance (of total inspections)
August 2021 - March 2022	191	115	60%	77	40%
April 2022 - March 2023	345	121	35%	40	12%
April 2023 - March 2024	288	109	38%	19	7%

Source: Vaping compliance and enforcement published reports, August 2021 to March 2024,

Online marketplace enforcement

Health Canada has been working to expand its capacity for inspecting the online vaping market over the past few years. Despite these efforts, interviews indicate that significant challenges persist, due in part to limited resources. The number of online inspections ranged from a low of 21 in 2023-2024 to a peak of 255 in 2022-2023, the latter due to additional capacity temporarily leveraged from regional inspectors, as well as a shift in scope that made the process time consuming. In 2023-2024, the unit conducted a pilot project to test comprehensive content inspections across major retail websites. However, this approach was more resource intensive and resulted in fewer vendors being inspected during that period, as shown in Table 4.

Enforcement in the online marketplace remains complex. For example, unlike physical retail environments, websites cannot be seized, and even when regulated parties take non-compliant websites offline, as these sites sometimes reappear under new domain names. Currently, warning letters are the primary enforcement tool for online non-compliance, but they may not always be effective.

Consultations during the first TVPA legislative review called for increased action to address online sales of vaping products. For example, it was noted that current tobacco access regulations, which include age verification provisions, were established in 1999, before the growth of online sales. Both internal and external interviewees identified online access to vaping products as a concern and emphasized the federal government's role in regulating online marketing and sales. Some non-governmental organizations and provinces suggested banning online sales entirely.

Internationally, different countries have adopted varied approaches towards online markets. For example, Australia prohibits online sales of vaping products and, as of July 2024, allows sales only in pharmacies, requiring a consultation with a pharmacist. Germany uses a strict two-step age verification process at checkout and requires couriers to check identification upon delivery.

Health Canada has been working on the National Integrated Compliance and Enforcement Management Solution (NICEMS) to modernize data capture and analysis for compliance and enforcement activities. However, implementation of this system has been delayed and is now expected in 2026-2027. Interim solutions are being used by ROEB until the compliance and enforcement modules within NICEMS are fully operational, but this limits the development of real-time views of compliance trends.

Data and surveillance

Finding: While Health Canada continues to meet research and surveillance targets and collects sufficient data to monitor smoking and vaping, variations in survey tools and gaps for some populations may limit the continuity, comparability, and integration of data needed for clear analysis of trends and progress.

The fourth theme of the CTS outlines commitments to understand how people in Canada use new nicotine products, to study their health impacts and to explore innovative ways to reduce tobacco use in Canada. In addition, Health Canada provides surveillance data, research findings, and industry reports to support work conducted by partners and

contributes to international research initiatives as part of its obligations under the World Health Organization's Framework Convention on Tobacco Control (WHO FCTC).

Health Canada carries out various types of research, including scientific studies on new products, public opinion research, and special investigations into issues links retail environments and marketing practices. Performance data indicates the program has been close to achieving, or has achieved its targets for completing and sharing research and surveillance projects. These efforts have resulted in research summaries that were shared internally through meetings, seminars, and scientific newsletters, and presented externally at conferences and published in scientific journals.

To monitor smoking and vaping rates, Health Canada uses surveys administered by Statistics Canada to collect data on vaping product use and patterns of tobacco use among the population. Due to changes in survey tools, Health Canada needed to employ alternative surveys between 2013 and 2017, and again from 2019 to 2022-2023. See [Table C-6](#) in Appendix C. Differences in survey methodologies, including changes in the participant age range from 15 years and older to 18 years and older, and variations in question design led several internal and external interviewees to express concerns about the continuity and comparability of trend data.

External interviewees also noted challenges in the use of multiple surveys to collect data on tobacco, vaping, and polysubstance use, which may limit comparability of results, and the limited availability of distinction-based data for Indigenous peoples. Additionally, as discussed earlier, gaps remain in understanding the size and scope of the contraband tobacco and vaping markets. Several interviewees identified this as a gap that limits the ability to assess the impact of these markets on overall prevalence and usage trends.

Efficiency

Roles and collaboration

Finding: Roles and responsibilities across Health Canada, PHAC, and other levels of government are generally well defined. Health Canada-led engagement has included organizing several forums to support the implementation of the CTS, as well as collaborating with other federal departments, partners and stakeholders across Canada and internationally.

Collaboration within the Health Portfolio

Roles and responsibilities among branches involved in the CTS within Health Canada are generally well defined. However, some internal interviewees suggested that the co-management of compliance and enforcement by Controlled Substances and Cannabis Branch (CSCB) and ROEB adds complexity to understanding roles and operationalizing activities. For example, while ROEB is responsible for conducting compliance and enforcement activities, CSCB retains policy oversight and leads tasks like developing policy guidance and proposing regulatory amendments. They noted that there remain opportunities to enhance collaboration across branches to clarify roles related to compliance and enforcement.

Internal interviewees described collaborations across branches as largely well coordinated and responsive to needs. Regular meetings support ongoing activities. For example, the Public Education Working Group, which includes members from Communications and Public Affairs Branch (CPAB) and TCD, met regularly to support planning, coordination, and implementation of tobacco and vaping public education and outreach initiatives. In response to recommendations from the previous evaluation, this group is engaged in reviewing and updating science and public health advice shared on Health Canada's website. The evaluation also found evidence of strategic alignment of activities, such as the 2021 public advertisement campaign focusing on smoking cessation and the efficacy of quit aids, which complemented SUAP-funded initiatives.

Collaboration with other federal departments

Health Canada's TCD has established a Director General-level committee to collaborate with federal partners involved in implementing the CTS. These partners include PHAC, ISC, Public Safety Canada, CBSA, RCMP, and CRA. This committee aims to provide strategic direction and identify opportunities for collaboration to advance CTS

commitments. Additionally, a working group supports the steering committee by facilitating discussions on ongoing initiatives and upcoming activities.

All external interviewees from other government departments viewed this forum as an important mechanism for providing oversight and leadership to the CTS. However, some internal interviewees indicated that the committee has not been meeting as frequently as planned. Challenges have included convening meetings twice a year as intended and securing participation from other departments. Meetings often consist of updates by Health Canada, with limited input or presentations from other partners. As a result, some internal respondents felt the committee has not functioned as effectively as intended.

Health Canada, PHAC, and ISC meet to identify and minimize areas of overlap in their respective programs during the development of calls for proposals and proposal reviews. Further, existing networks at these organizations are leveraged to disseminate SUAP and HCCF calls for proposals; ISC supports SUAP dissemination within its own network, and Health Canada supports dissemination of HCCF calls for proposals.

Health Canada is also collaborating with departments outside the immediate CTS group to identify and leverage complementary activities. For example, public education materials shared with the Department of National Defence were used to raise awareness and support initiatives to create smoke-free break areas. Internal interviewees noted that these collaborations help strengthen interdepartmental information sharing and contribute to achieving CTS goals.

Collaboration with provinces and territories

The Tobacco Control Liaison Committee serves as a forum for collaboration across levels of government. Its membership includes representatives from provincial and territorial tobacco and vaping control programs, as well as officials from Health Canada, PHAC, and ISC. The committee has two working groups, one focused on cessation and the other on youth access to vaping products. Committee members collaborate to identify strategies and activities that support policy decisions.

Several provincial and territorial interviewees described the committee as useful for learning about federal initiatives, including public advertising campaigns. For example, provincial and territorial representatives were engaged through this forum before implementing taxation on vaping products and recent actions on nicotine pouches. Some provincial and territorial interviewees noted that the committee provides a valuable opportunity to learn from one another, align activities, including compliance and enforcement efforts, and share lessons learned. Provincial and territorial partners were

also kept informed before launching Canada-wide public education campaigns. Despite these initiatives, several provincial interviewees noted that they had limited understanding of the roles played by other federal departments in the CTS, including PHAC, ISC, CRA, and Public Safety Canada. Outside of this, both internal and external interviewees described compliance and enforcement roles at provincial and federal levels as well understood. Provincial inspectors were noted to regularly refer concerns under federal jurisdiction to relevant partners.

Collaboration with stakeholders

Outside of the government partners, TCD engages a range of stakeholders through committees and mailing lists, including youth, health care professionals, academics, advocacy groups, and international partners.

TCD leads monthly meetings with an external youth advisory body, the Youth Leadership Team on Substance Use, engaging Canadian youth aged 16 to 22. Members provide input into youth-focused activities, including social media campaigns like the “Consider the Consequences of Vaping” campaign and “I quit for me” program, and contribute knowledge on evolving issues related to youth use of tobacco and vaping products.

The evaluation found evidence of outreach and engagement with various interest groups, including the general public, to inform both legislative reviews conducted by TCD. For the second legislative review, 19 meetings were held with 120 individuals, and 115 written responses were received from stakeholders including national Indigenous organizations, people with lived and living experience, academics, federal and provincial governments, non-governmental organizations, health professionals, regional health authorities, and related industry.

Health Canada is also collaborating with the Standards Council of Canada and the University of Ottawa to develop national voluntary smoking cessation standards for healthcare organizations. These standards are intended to address needs identified by external partners during the second legislative review.

Indigenous partners

The two legislative reviews of the TVPA included outreach with National Indigenous Organizations. For the second legislative review, respondents from First Nations, Inuit, and Métis organizations expressed a need for self-determination and autonomy to develop their own strategies to reduce commercial tobacco use and to design culturally appropriate prevention and cessation initiatives. They also emphasized the importance of developing

holistic policies and programs that incorporate traditional knowledge, respect traditional tobacco use, and address broader social determinants of health. Some internal and external interviewees echoed the need for Health Canada to advance efforts toward meaningful reconciliation, especially given that smoking rates among Indigenous peoples remain higher than among the general population. In response to recommendations from the legislative reviews, TCD is proposing an approach to strengthen engagement with Indigenous peoples to better understand and address their specific needs related to tobacco and vaping regulation. While ISC is the lead on the CTS's third theme of working with Indigenous groups, both Health Canada and PHAC play a supporting role.

International commitments

Canada has been a party to the WHO FCTC since 2005, and Health Canada has implemented several initiatives to align with these obligations. For example, the FCTC Conference of the Parties adopted implementation guidelines for Article 5.3, recommending that Parties interact with the tobacco industry only when required and to the extent necessary to enable governments to effectively legislate and/or regulate the tobacco industry and its products. As such, in line with these guidelines and in accordance with Health Canada's [Openness and Transparency Policies](#), records of meetings held with the tobacco industry are regularly made public. In early 2025, TCD published guidance for federal public service representatives and employees on interactions with the tobacco industry pursuant to Canada's obligations under Article 5.3 of the WHO FCTC and in furtherance of the principles of openness, transparency and accountability.

In response to Article 20 of the WHO FCTC regarding research, surveillance, and exchange of information, Health Canada has collaborated with universities and experts on scientific studies, including contributions to the WHO Tobacco Laboratory Network to develop globally relevant procedures for measuring chemicals in vaping liquids. Health Canada also serves as Canada's focal point for regional coordination of the Conference of the Parties to the WHO FCTC. International tobacco control initiatives and Canada's Assessed Contributions to the WHO FCTC are advanced and paid for through the International Health Grants Program, managed by the Office of International Affairs for the Health Portfolio. Health Canada also maintains information-sharing agreements with the US Food and Drug Administration to support cooperative law enforcement and regulatory activities related to tobacco products.

Resource allocation and strategic planning

Finding: Some efficiency has been achieved in recent years, including greater flexibility for inspectors. The evaluation observed a continued focus on vaping, though the impact of this focus on tobacco-related activities remains unclear. Ongoing challenges in compliance and enforcement capacity persist due to the number of new regulations introduced since 2018.

Resource distribution between tobacco and vaping

In response to the increase of vaping prevalence among youth, the Government of Canada has invested nearly \$7.1 million since 2018 in research and surveillance activities to understand youth vaping trends and behaviours, and nearly \$15 million in communication and mass media campaigns aimed at preventing and reducing youth vaping. The 2021 evaluation also identified reallocations of internal resources from tobacco to vaping activities, highlighting a need to reassess how resources are distributed.

As a result, ROEB developed a resource allocation plan with the goal of balancing compliance and enforcement resources equally between vaping and tobacco by 2026-2027. While some internal interviewees saw these reallocations as a sign of program flexibility in responding to emerging trends like youth vaping, others viewed them as reactionary, rather than based on structured, risk-based assessments.

Beginning in 2025-2026, TCD began time tracking these costs separately through its cost recovery initiative. This enhanced financial transparency will provide a clearer understanding of how shifting priorities are impacting program delivery and resource allocation. The new mechanism not only strengthens fiscal accountability but also supports more targeted investments in areas facing resource constraints, such as laboratory services and regional enforcement. Over time, this approach can help ensure that funding levels better reflect the evolving demands of tobacco and vaping regulation.

Resource challenges for compliance and enforcement activities

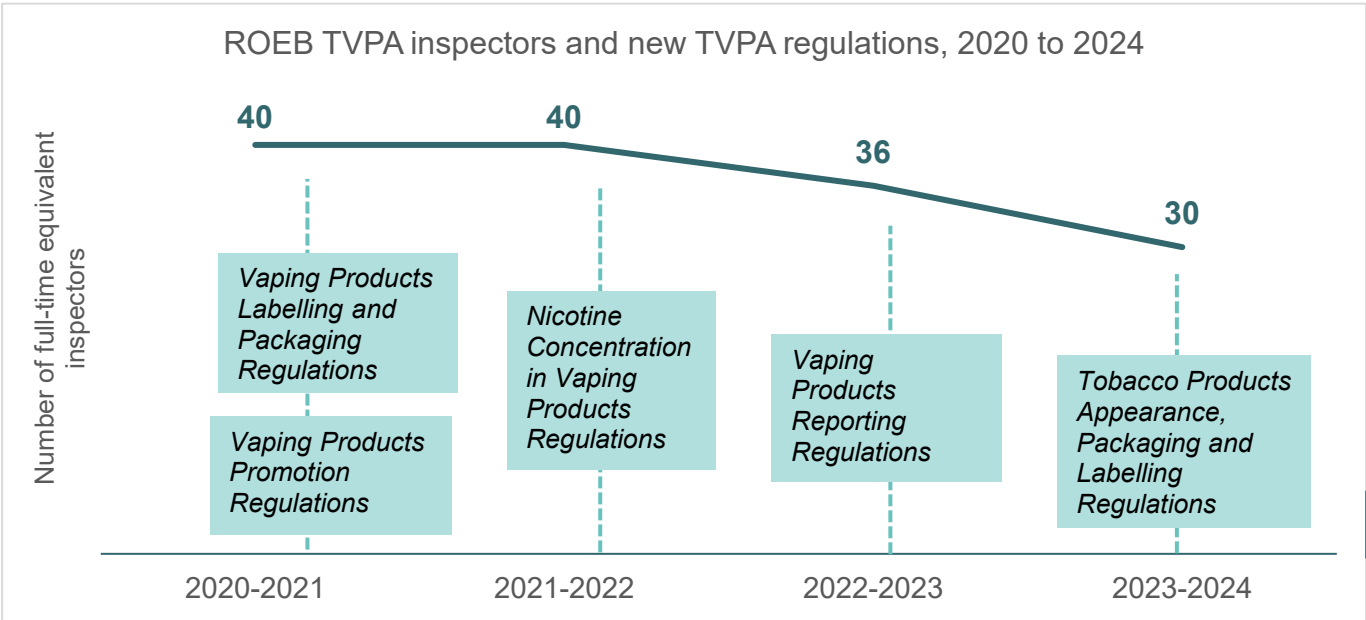
According to interviews, multiple new regulations under the TVPA have expanded the scope of regulated activities; however, no additional resources have been allocated for compliance and enforcement, including laboratory services. ROEB adopted a resource-allocation proposal along with a prioritization guide to support a principled approach to inspection planning. Given resource constraints, the program must continually adapt its planning processes to focus on areas of highest risk, while ensuring some level of

coverage across the regulated industry. However, internal interviews noted difficulties in balancing proactive inspections with complaint-driven inspections. Striking the right balance between proactive and reactive work helps to monitor compliance and level the playing field within the market.

Internal interviewees described growing operational pressures. The *Vaping Products Reporting Regulations* increased program workload by requiring manufacturers to submit detailed product information, which must then be reviewed, analyzed, and assessed for compliance. The *Tobacco Charges Regulations*, which recently came into force, is expected to add further administrative demands. Provincial partners also highlighted that the limited number of federal inspectors and provincial enforcement officers in some regions have sometimes led to delayed action and enforcement.

ROEB’s compliance and enforcement staff levels have declined in recent years, despite the continued introduction and implementation of new TVPA regulations, resulting in reduced capacity, as shown in Figure 5. Of the 30 full-time inspectors assigned to tobacco and vaping control in 2023-2024, 87% (26), were employed in indeterminate positions. Having temporary staff creates an ongoing need to retrain new staff and contributes to the loss of corporate memory and established relationships with partners and stakeholders.

Figure 5: Full-time equivalent inspectors at ROEB and new TVPA regulations introduced between 2020-2021 to 2023-2024



Source: ROEB dashboards

Recent adjustments to the roles of inspectors allow them to cover both tobacco and vaping compliance and enforcement activities. Some internal interviewees viewed this change as a step toward eliminating duplication and streamlining operations. One interviewee described it as “more nimble and effective”, as a single inspector can handle both areas.

Financial data review shows that ROEB’s actual spending consistently exceeded planned expenditures. The total variance increased from \$625,702 in 2021-2022, or 15%, to \$1.8 million in 2023-2024, or 45%. The overspending was driven largely by higher salaries and a significant rise in operations and maintenance expenditures. Notably, in 2023-2024, operations and maintenance spending exceeded planned expenditures by 197%. Overspending was explained by expenses for IT projects and significant costs associated with the destruction of products recovered from the CBSA. See [Table C-7](#), in Appendix C.

Laboratory service constraints

The way laboratory services operate within Health Canada was identified by some interviewees as a significant constraint on program delivery. Currently, for TVPA-related services, the Laboratories Directorate in ROEB functions without dedicated capital and A-base funding and operates under annual service agreements with TCD, which limits long-term planning. Under these agreements, operations and maintenance funding is transferred to the laboratories through Budget Transfer Agreements to cover salaries and laboratory supplies. However, expenses related to capital laboratory equipment are not included, and there is no permanent funding for salaries, making it challenging to plan resources over the long term and ensure efficient support to the tobacco and vaping control activities.

While these constraints affect other programs, interviewees noted that they are especially limiting for laboratory services under the TVPA, as they are the only laboratory service with no ongoing funding within Health Canada. This limits the laboratories’ ability to plan, invest in specialized resources, and respond to evolving testing priorities. Interviewees emphasized that acquiring and training specialized resources on short notice is challenging without more predictable funding and planning cycles.

Conclusions and recommendations

Conclusions

Overall, Canada has made notable progress toward achieving the CTS goal of reducing tobacco use prevalence to under 5% by 2035. Adult smoking rates have declined significantly, from 22.0% in 2010 to 11.5% in 2023, with reductions also observed in youth smoking and vaping rates. Public education campaigns have seen high engagement, effectively raising awareness about tobacco and vaping hazards. Additionally, Health Canada's SUAP and PHAC's HCCF have successfully supported innovative prevention and cessation initiatives, demonstrating positive impacts, particularly among priority populations.

However, despite these advancements, persistent health inequities remain, as evidenced by disproportionately high smoking and vaping rates among specific groups, including First Nations, Inuit, and Métis peoples. Furthermore, although youth vaping has declined overall, relatively higher but stable rates among young adults (18 to 24) indicate shifting nicotine consumption patterns that require targeted efforts. Public education campaigns need to achieve a complex balance between preventing youth uptake of vaping and ensuring adults who smoke have access to harm reduction alternatives.

Compliance and enforcement activities face challenges related to the suite of available tools and resource limitations. Enforcement currently relies primarily on warning letters and product seizures; however, the long-term effectiveness of these measures in securing compliance is not well established. These limitations may contribute to enforcement gaps, particularly in addressing non-compliance in online contexts, which can weaken regulatory efforts and public health protections. The delayed implementation of the new compliance and enforcement management solution (NICEMS) until 2026-2027 further limits effective monitoring and oversight.

Resource allocation and sustainability remain important considerations for compliance and enforcement activities. While Health Canada has adapted to emerging trends such as increased youth vaping, dedicated funding for compliance and enforcement activities under the TVPA is limited. These constraints, combined with rising regulatory demands has led to operational pressures. Laboratory services rely on temporary funding for salaries and capital investments, which challenge their ability to conduct timely and specialized product testing. The *Tobacco Charges Regulations* establish an annual charge to be paid by manufacturers whose activities cause the need for the regulation of tobacco products, and who continue to derive benefit from that regulation in that they have the

ability to sell their tobacco products on the market. This annual charge will recover the government's costs associated with a range of tobacco-related activities conducted by Health Canada, PHAC, and ISC in relation to carrying out the purpose of the TVPA.

Finally, while data collection and surveillance efforts continue to meet primary objectives, inconsistencies in survey methodologies and evolving tools may hinder accurate trend analysis and informed policy development.

Recommendations

Collectively, while the Health Portfolio's activities have achieved notable successes, the evaluation identifies the following areas for improvement to sustain progress.

PHAC and Health Canada

Recommendation 1: Work jointly to further define the roles and priorities of PHAC's and Health Canada's grants and contributions programs in the tobacco cessation space.

PHAC's and Health Canada's grants and contributions programs both support tobacco cessation, and their respective roles and priorities have evolved over time. Working jointly to clarify these roles, in collaboration with CTS partners such as ISC, would help ensure alignment, avoid overlap, and strengthen complementarity. Linking this clarification to PHAC's grants and contributions modernization objectives will also help maintain relevance, efficiency, and coherence within the broader Health Portfolio.

Health Canada

Recommendation 2: Enhance information technology systems and data analytics capacity to support program activities.

Current information systems do not allow the program to access and analyze information from various sources related to tobacco and vaping. This is in part due to antiquated systems and because commitments for delivering a new tobacco and vaping compliance and enforcement system are still in progress. Ongoing delays in implementing the new IT system, NICEMS, has hindered effective data management and analytics for compliance and enforcement activities. The full rollout of an information management system for compliance and enforcement activities is essential. This recommendation, carried forward from the previous evaluation, highlights the need for an updated plan to implement the

appropriate IT tools so the program can better track compliance and make well-informed decisions.

Recommendation 3: To enhance continuity and clarity, focus tobacco and vaping prevalence data reporting to the Canadian Health Survey on Children and Youth and the Canadian Community Health Survey.

While Health Canada continues to meet research and surveillance targets and collects sufficient data to monitor smoking and vaping prevalence rates, the use of multiple surveys and data collection instruments across branches has created variations and gaps in public reporting. These limit the ability to track trends, compare results, and evaluate progress. Focusing data collection through existing Health Canada surveys administered by Statistics Canada would enhance clarity and consistency and provide a stronger basis for analyzing tobacco, vaping, and polysubstance use.

Recommendation 4: Develop options and a recommendation to address challenges for inspections and lab analysis. Additionally, consider and incorporate evaluation findings on compliance and enforcement into the TVPA's third legislative review process.

Compliance and enforcement efforts under current tobacco and vaping legislation face several challenges. These include challenges related to the suite of compliance and enforcement tools, limited resources, and delays in implementing new information technology systems, all of which have affected oversight capacity. While measures such as warning letters, seizures, and prosecutions can be effective in some cases, they may not be sufficient to address non-compliance in the evolving tobacco and vaping markets. Incorporating evaluation findings into the third legislative review will help ensure these challenges are addressed. Strengthening and stabilizing scientific laboratory capacity would further support these efforts and help ensure the long-term sustainability of compliance functions.

Appendix A: Additional information

Health Canada branches involved in the CTS

- The Controlled Substances and Cannabis Branch (CSCB) provides overarching regulatory oversight. Within the branch, the Tobacco Control Directorate (TCD) leads on policy, research and surveillance, regulatory development, and enforcement strategies; and the Substance Use and Addictions Program (SUAP) funds prevention and cessation initiatives related, among others, to tobacco and vaping.
- The Regulatory Operations and Enforcement Branch (ROEB) ensures compliance through inspections and enforcement actions, with the Laboratories Directorate conducting testing and analysis of tobacco and vaping products. Additionally, the Consumer Product Safety Division oversees safety standards for tobacco and vaping devices.
- Public awareness and education campaigns are led by the Communications and Public Affairs Branch (CPAB).
- The Office of International Affairs for the Health Portfolio in the Health Policy Branch supports TCD on governance matters related to the WHO FCTC. This includes providing strategic policy analysis and guidance on governance issues to ensure accountability and transparency in the management of the Convention and the global efforts to advance tobacco control.

Evaluation questions

1. Effectiveness: To what extent are tobacco and vaping control activities effectively contributing to achieving CTS goals?
 - What progress has been made in helping Canadians quit tobacco and in protecting youth and non-tobacco users from nicotine addiction?
 - To what extent are Health Canada's Substance Use and Addictions Program, public advertisement campaigns, and education projects, and PHAC's tobacco-focused projects contributing to the achievement of CTS goals related to both tobacco and vaping control activities?

2. Efficiency: How efficiently are resources, roles, and responsibilities allocated and managed across the various contributors to CTS within Health Canada and PHAC?
 - How efficiently do different groups work together across Health Canada and PHAC to achieve CTS goals?
 - To what extent are resources aimed at the areas with the highest risk or priority?
 - What challenges and opportunities exist with currently available resources and funding mechanisms, particularly for vaping?

Appendix B: Methodology

Methods and lines of evidence

- **Document review:** 296 documents reviewed.
- **Grants and Contributions file review:** 11 projects reviewed for SUAP (76 documents), 21 reviewed for HCCF (80 documents).
- **Internal and external interviews:** 83 representatives interviewed from the following groups:

Interviews	Interviewees
Internal	▪ Health Canada: 50 representatives from CSCB, ROEB, CPAB, OIA, HECSB, and HPFB ▪ PHAC: 5 representatives
External	▪ Federal, provincial, and territorial partners: 14 representatives ▪ Grants and contributions funding recipients, subject-matter experts, researchers, and nonprofit organizations: 7 representatives ▪ Youth and people with lived and living experiences: 7 representatives

- **International review:** a comparison of Canada's measures and trends in controlling tobacco and vaping with other pioneering countries, including Australia, New Zealand, the United Kingdom, Germany, and Sweden.
- **Quantitative data and information review:**
 - Performance data review: Data available from the Program's Performance Information Profile, and other internal sources were reviewed.
 - Health Canada's surveys available through Statistics Canada.
 - Financial data: reviewed information provided by Health Canada, while PHAC data was not fully reviewed due to delays and lack of tobacco-specific data.

Limitations

The table below identifies limitations and mitigation strategies adopted in the evaluation.

Limitations	Impact on evaluation	Mitigation strategy
In response to Canada's commitment to the WHO FCTC, no interviews were conducted with tobacco and vaping industry representatives.	The evaluation may not be able to reflect perspectives from regulated parties and stakeholder associations that interact with the program.	The evaluation used published legislative review reports, as these reports included input received from partners and stakeholders during the mandatory consultation period. Furthermore, these reports provide information on the affiliations of review respondents.
There was limited performance data for some grants and contributions projects.	SUAP: Final project reports show inconsistencies in reported figures, incomplete responses to performance indicators, and reliance on estimates without reliable tracking or supporting data. While some projects show broad reach, they lack concrete data on outcomes such as knowledge gained, actions taken, or policy impact. HCCF: Some projects faced challenges engaging priority populations, particularly Indigenous and Black communities, due to external factors which strained capacity and led to reduced sample sizes. Additionally, many of the projects reviewed were still in the design phase, with limited outcome data available to assess their potential impact.	The evaluation used qualitative results in annual reports to supplement quantitative data gaps. However, these results cannot be extrapolated to all projects. Furthermore, the evaluation triangulated performance data findings with findings from other lines of evidence to ensure accuracy.

Limitations	Impact on evaluation	Mitigation strategy
There were challenges with respect to the availability of different types of survey data and its usability for trend analysis.	Differences in survey design limited the analysis of available data. Additionally, changes in survey methodology limited some analyses.	The evaluation only used data from long-standing surveys to showcase trend analysis and verified with subject-matter experts.
Key informant interviews are retrospective in nature, providing only a recent perspective on past events.	This could influence the validity of respondents' assessment of activities or results that may have changed over time.	Other lines of evidence were triangulated with the data received from interviews to substantiate or provide further information. The document review also provided corporate knowledge.

Appendix C: Supplementary tables

Table C-1: Percentage of lifetime abstainers in Canada who did not smoke their first whole cigarette within 12 months prior to the survey†

Year	2021-2022	2022-2023	2023-2024	2024-2025
Target	Not Applicable	Not Applicable	99% or more	99% or more
Result	Not Applicable	Not Applicable	99.8% (18+ years)	99.7% (18+ years)

Source: CCHS, 2022 to 2023

† This medium-term indicator was previously reported as smoking initiation over the past 12 months among those aged 15 years and older. However, as survey data became non-reportable, the program began reporting in 2023 the inverse of what has typically been reported in the past.

Table C-2. Percentage of people in Canada who reported never smoking cigarettes but have used an e-cigarette in the past 30 days‡

Year	2021-2022	2022-2023	2023-2024	2024-2025
Target	Less than 13%	Less than 13%	Less than 13%	Less than 37%
Result	29% (15+ years)	28.9% (15+ years)	36.6% (18+ years)	29% (18+ years)

Source: CCHS, 2020 to 2023

‡ In Canadian Community Health Survey (CCHS) 2022, the 'never smoked' category included individuals who smoked currently but had not yet smoked 100 cigarettes in their lifetime. This may have resulted in the relatively higher prevalence noted compared to the previous year.

Table C-3: Summary of distinctions in CTS tobacco-related grant and contributions funding programs (verified by ISC)

Aspect	Health Canada's SUAP	PHAC's HCCF	ISC'S Healthy Living
Program Evolution	Established in December 2014.	Launched in 2005-2006; replaced the MSP program in 2021.	Active since 2013-2014, program delivery was transferred from Health Canada to ISC in 2017.

Aspect	Health Canada's SUAP	PHAC's HCCF	ISC'S Healthy Living
Annual financial allocation	\$3.5 million	\$4.1 million	\$9.1 million
Program Objectives	Provides time-limited funding for innovative and evidence-informed projects focused on substance use prevention, harm reduction, and treatment across Canada.	Invests in interventions that address health inequalities, encourages multi-sectoral participation in chronic disease prevention, and uncovers new ways to address the risk factors for chronic disease.	Funds culturally relevant health promotion and disease prevention initiatives in First Nations and Inuit communities, and in six Métis organizations.
Populations served	Generally aimed at broad audiences, with targeted focus on low-income, less-educated, rural residents, those with health or substance issues, pregnant people, 2SLGBTQI+ communities, and Indigenous peoples.	Aimed at Indigenous peoples, newcomers to Canada, people with disabilities, 2SLGBTQI+ communities, people living on low incomes, and racialized communities.	Aimed at Indigenous peoples living on reserves, Inuit residing in Inuit Nunangat, and six Métis organizations.
Key Funding Focus	Funds cessation and prevention projects.	Supports prevention and cessation initiatives targeting priority populations with high tobacco use rates, aiming to reduce health inequalities and prevent chronic disease.	Supports Indigenous organizations in reducing commercial tobacco use.
Indigenous funding approach	A few projects are specifically focused on Indigenous communities.	Includes Northern Wellness Agreements and targeted sub-population work.	Universal approach for Indigenous organizations, using distinctions-based funding.
Overlap in the	Limited overlap.	No overlap for Inuit (PHAC funded	Excludes off-reserve Indigenous peoples,

Aspect	Health Canada's SUAP	PHAC's HCCF	ISC'S Healthy Living
Indigenous space		territorial governments, ISC funds treaty organizations), no overlap with the Government of Yukon, some overlap for urban Indigenous peoples.	and urban Métis, except for six recipients.

Table C-4: 6-Month quit outcomes for different non-federal intervention

Project	Method	6- Month Quit Rate
Quebec Quitline (J'ARRÊTE) ¹²	Telephone counseling	18.8%
Ottawa Model for Smoking Cessation (EXTENDS) ¹³	Hospital-based outreach and follow-up	29.4%
Vancouver General Hospital Inpatient Program ¹⁴	Inpatient clinical intervention	23.3%
Ontario Head and Neck Cancer Clinic ¹⁵	Intensive clinical support during treatment	23.7%
Ontario Public Health Unit Workshops ¹⁶	Community workshops at Public Health Units	22-33%
USA – Quitline Counseling ¹⁷	Telephone-based counseling	12.7%
	Telephone and Nicotine Replacement Therapy or medications	28.1%

Table C-5: Number of engaged visits to the smoking cessation and the vaping education campaign web pages in the past 12 months

Fiscal year	Smoking cessation webpages Stated frequency		“Consider the consequences of vaping” – Vaping education webpages	
	Number of website visits (Number of target visits)	Number of engaged visits † (Percentage of engaged visits)	Number of website visits (Number of target visits)	Number of engaged visits (Percentage of engaged visits)
2021-2022	187,186 * (13,000)	Not applicable	96,282 (300,000)	Not applicable
2022-2023	142,362 (300,000)	55,521 ** (39%)	159,311 (150,000)	47,719 (30%)
2023-2024	187,055 (400,000)	71,081 (38%)	52,925 (10,000)	21,170 (40%)

Source: Program Information Profile

† In 2022-23, the program started measuring engaged visits as an assessment of visitor interaction with webpage content, including clicking on a link or watching a video. This indicator is considered to provide a more accurate reflection of how well the content informs and educates its target audience.

* Visits to smoking cessation webpages “Quit with Confidence” exceeded established targets in 2021-2022 due to the addition of additional bi-lingual webpages

** Despite relatively reduced traffic, engagement rates, where visitors to the Health Canada website interacted with web-content, remained stable over 2022-2023 and 2023-2024.

Table C-6: Health Canada surveys measuring use of tobacco and vape products by adults

Survey	Years conducted	Stated frequency	Respondent age group
Canadian Tobacco Use Monitoring Survey (CTUMS)	1994 to 2012	Annual	15 years and older
Canadian Tobacco, Alcohol, and Drugs Survey (CTADS)	2013, 2015, 2017	Every two years	15 years and older
Canadian Tobacco and Nicotine Survey (CTNS)	2019, 2020, 2021, 2022	Annual	15 years and older

Survey	Years conducted	Stated frequency	Respondent age group
Canadian Community Health Survey (CCHS)	2001, 2003, 2005, 2007 to 2023 and onwards	Initially every two years, annual since 2007	12 years and older from 2001 to 2022 18 years and older from 2023 onwards

Table C-7: PHAC and Health Canada tobacco-related budget and expenditures from 2021-2022 to 2023-2024

Fiscal Year	Health Canada					PHAC
2021-2022	CSCB	ROEB	CPAB	Internal Services	OIA	HCCF
Planned (\$)	27,921,361	4,070,996	1,000,000	5,474,203	383,868	4,436,886
Actual (\$)	26,138,949	4,696,698	1,918,105	5,474,203	388,868	4,805,038
2022-2023	CSCB	ROEB	CPAB	Internal Services	OIA	HCCF
Planned (\$)	30,034,919	4,071,050	1,000,000	5,457,917	514,001	4,444,371
Actual (\$)	29,665,476	5,205,234	1,559,939	5,457,917	514,903	4,502,531
2023-2024	CSCB	ROEB	CPAB	Internal Services	OIA	HCCF
Planned (\$)	27,950,928	4,071,050	1,000,000	5,457,917	689,745	4,444,371
Actual (\$)	31,054,508	5,895,049	1,536,178	5,457,917	689,745	4,259,494

Endnotes

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¹² Stich, C., Lasnier, B., & Lo, E. (2021). Improving smoking cessation support for Quebec's smokers: An evaluation of Quebec's telephone quitline. Health Promotion and



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