



Tobacco and the Rights of Women and Girls in Canada

In the 21st Century, women and tobacco remains a major global public health issue. Newer ways of consuming nicotine, such as vaping, threaten to create dependence in new generations of girls and young women, with unknown long-term consequences. Research, policy, and programming must accelerate the measurement of sex-and gender-related factors linked to nicotine and tobacco use, and their relation to women’s diseases and chronic conditions. Gender-related factors affect the uptake of tobacco as well as the response to marketing and engagement in tobacco production. Tobacco policies, data collection, and national plans can and should account for sex and gender to create prevention, cessation, and policy initiatives that are gender-sensitive and tailored. Gender transformative tobacco control, that works toward the dual goals of gender equity along with reducing tobacco use, is urgently required.¹

I. Summary

- A. Commercial tobacco use kills about 48,000 Canadians annually—more than all other forms of substance misuse combined and representing about 18% of all deaths. About one million Canadians have died from commercial tobacco use since 2000.²
- B. Commercial tobacco is the world’s leading cause of preventable death and is, therefore, a considerable obstacle to the right that all Canadians have to health.
- C. Tobacco is a human rights issue affecting women’s and girls’ rights and should be considered part of the government’s human rights obligations. Tobacco and the tobacco industry prevent Canadian women and girls from enjoying the highest attainable standard of health.

¹ Key Facts about Women and Tobacco. International Network of Women Against Tobacco, B.C. Centre of Excellence for Women’s Health. 2024 <https://cewh.ca/wp-content/uploads/2024/01/FINAL-INWAT-Key-facts-about-women-and-tobacco.pdf>

² Tobacco and premature death (Canada). Health Canada, 2023-07-22 [Tobacco and premature death - Canada.ca](https://www150.commerce.gc.ca/tobacco-and-premature-death-canada)

- D. Commercial tobacco use also causes inequities that place a disproportionate burden on Indigenous people in Canada. The smoking rate among Indigenous people living on reserves in Canada is exceptionally high. Approximately one-half of First Nations men and women living on reserve in Canada report smoking daily or occasionally^{3,4}, compared with 12% of the overall Canadian population aged 12 and over⁵.

II. Relevant facts and statistics

- A. Women and girls are also exposed to secondhand smoke (SHS), both at home and in public places. A recent study showed that the characteristics of participants exposed to SHS at home were younger women, those with lower educational attainment, lower income, living with a more significant number of people in the household, never smokers, and those with poor knowledge of tobacco adverse health effects.⁶
- B. Smoking during pregnancy is a cause of preterm delivery and impaired fetal growth. According to epidemiological estimates, pregnant women who smoke have almost double the risk of low birth weight and three times the risk of premature birth than pregnant women who do not smoke.⁷ Smoking while pregnant is also associated with an increased risk of sudden infant death syndrome.⁸
- C. The economic cost of smoking in Canada was \$5.4 billion in healthcare costs alone.⁹

³ Chiefs of Ontario and Cancer Care Ontario. Cancer in First Nations in Ontario: Risk Factors and Screening. Toronto, 2016

<https://www.cancercareontario.ca/sites/ccocancercare/files/assets/CCOFNIMRiskFactorsReport2016.pdf>

⁴ First Nations Information Governance Centre, National Report of the First Nations Regional Health Survey Phase 3: The First Nations Regional Health Survey, Phase 3: Volume One, (Ottawa: 2018). 181 pages. December 2018. https://fnigc.ca/wp-content/uploads/2020/09/713c8fd606a8eeb021debc927332938d_FNIGC-RHS-Phase-III-Report1-FINAL-VERSION-Dec.2018.pdf

⁵ Smoking in Canada: What we know. Health Canada 2024-03-01 <https://www.canada.ca/en/health-canada/services/smoking-tobacco/surveys-statistics-research/smoking-what-we-know.html>

⁶ Flor, L.S., Anderson, J.A., Ahmad, N. *et al.* Health effects associated with exposure to secondhand smoke: a Burden of Proof study. *Nat Med* **30**, 149–167 (2024). Available at <https://doi.org/10.1038/s41591-023-02743-4>.

⁷ Information about Aotearoa New Zealand's smoking rates and how they are changing, Smokefree Aotearoa New Zealand, available at <https://www.smokefree.org.nz/smoking-its-effects/facts-figures>.

⁸ Mitchell EA, Thompson JM, Zuccollo J, MacFarlane M, Taylor B, Elder D, Stewart AW, Percival T, Baker N, McDonald GK, Lawton B, Schlaud M, Fleming P. The combination of bed sharing and maternal smoking leads to a greatly increased risk of sudden unexpected death in infancy: the New Zealand SUDI Nationwide Case Control Study. *N Z Med J.* 2017 Jun 2;130(1456):52-64. PMID: 28571049, available at <https://pubmed.ncbi.nlm.nih.gov/28571049/>. See also <https://www.health.govt.nz/system/files/2022-05/sudden-unexpected-death-in-infancy-report-may2022.pdf>.

⁹ Canadian Substance Use Costs and Harms Scientific Working Group. (2023). Canadian substance use costs and harms 2007–2020. (Prepared by the Canadian Institute for Substance Use Research and the Canadian Centre on Substance Use and Addiction.) Ottawa, Ont.: Canadian Centre on Substance Use and Addiction. [Canadian Substance Use Costs and Harms 2007–2020 \(csuch.ca\)](https://www.ccsuch.ca)

- D. Tobacco use also negatively impacts sustainable development and the environment, both of which have obvious negative consequences on the right to health of women and girls.
- E. Families of people who smoke spend resources on cigarettes that could be spent on other household expenses. The added healthcare expenses and lost income from tobacco-induced disease make the financial situation much more dire.
- F. Cigarette butts are the most discarded pieces of waste worldwide and are consistently the most common litter item found on Canadian shorelines. For example, in 2018, over 560,000 cigarette butts were collected during the Great Canadian Shoreline Cleanup.¹⁰
- G. Canada has set a goal of reducing smoking prevalence to 5% or less smoking rate by 2035. This goal is applied to all population groups and reflects a desire to end health inequities caused by smoking.

III. **The Gender Gap**

- A. The gender gap in prevalence of tobacco smoking is smallest among high-income countries, where women have consistently made up a third of all tobacco users since 2000.¹
- B. The gender gap for tobacco use is much narrower for girls aged 13-15. The prevalence rate for tobacco use is 1.8 higher for boys compared to girls. In high-income countries, girls and boys have similar rates of tobacco use but in 28 countries, girls' rates are higher than boys'.¹
- C. Lung cancer is now the most common cause of cancer deaths in women in developed countries.¹
- D. In Canada, the gender gap in smoking has narrowed over time, although smoking among men remains more prevalent. Recently, an increase in both cigarette smoking and nicotine vaping among Canadian adolescents has raised concerns over the relationship between nicotine vaping and tobacco use patterns and dependence among youth.¹¹

¹⁰ Cigarette butts revealed again as top litter item on Canadian shorelines. The Great Canadian Shoreline Cleanup, May 9, 2019. [Cigarette butts revealed again as top litter item on Canadian shorelines - WWF.CA](https://www.wwf.ca/en/newsroom/2019/05/cigarette-butts-revealed-again-as-top-litter-item-on-canadian-shorelines)

¹¹ Sex, Gender, Nicotine and Tobacco. B.C. Centre for Excellence on Women's Health. 2020. https://cewh.ca/wp-content/uploads/2020/05/CEWH-02-IGH-Handout_Tobacco.pdf

III. Key Sex-Related Factors¹¹

- a) Females who smoke cigarettes are more vulnerable to respiratory illnesses, including chronic obstructive pulmonary disease (COPD), with lower levels of cigarette exposure; this is due in part to smaller lungs, airways, and the influence of sex hormones.
- b) Nicotine metabolism is faster in females compared to males, due in part to the impact of ovarian hormones on CYP2A6 - the enzyme activity involved in nicotine metabolism.
- c) Males metabolize nicotine more slowly than females and are more likely to smoke for the reinforcing effects of nicotine.
- d) Nicotine withdrawal is affected by menstrual cycle patterns; withdrawal symptoms tend to be greater during the luteal phase.
- e) Some treatments may be less effective for females, including: nicotine replacement therapy (NRT), regardless of whether or not combined with counselling; and bupropion. In contrast, treatment with varenicline reveals similar or better outcomes among females compared to males.

IV. Key Gender-Related Factors¹¹

- a) Men tend to be more often exposed to secondhand smoke (SHS) at work and women more often in the home.
- b) Girls and women often smoke as a means to control negative mood and emotions.
- c) Women who smoke are more likely to report depression and difficulty in smoking cessation compared to men; this may be due to both social and biological influences, but further research is required.
- d) The tobacco industry has linked smoking with empowerment and sexual attractiveness for women and with strength and masculinity for men. Women are more often concerned that quitting will result in weight gain.
- e) In a study with sexual and gender minority young adults, transgender individuals smoked more per day than cisgender and non-binary individuals.

V. Recent Policy Progress in Canada

Canada has made considerable progress in reducing tobacco use over the past decade, including measures to reduce smoking among women and girls. These measures include:

- Banning flavours in cigarettes and most tobacco products (2015-2017)

- Requiring plain and standardized packaging (2021)
- National ban on slim cigarettes (2021)
- New health warnings and health information, including gender-based warnings and messages (2023)
- Smoking bans in social housing in SK, NT, NU
- Outdoor smoking bans at various public recreation spaces across Canada, with a focus on protecting children and youth
- Comprehensive restrictions on the sale, advertising and promotion of vaping products

VI. Policy omissions

Despite the progress, more action is required to reduce tobacco use among women and girls, including:

- Adopt cross-government guidelines to improve implementation of FCTC Article 5.3 to curb tobacco industry interference with the development of healthy public policy.
- Implement a comprehensive flavour and ingredient ban on all recreational nicotine products, including heated nicotine products.
- Ban tobacco package descriptors like “smooth” and “rich”.
- Implement a national ban on all forms of TAPS, including retail promotions, film, Internet and social media promotions, placements, and endorsements, including gaming and streaming content.
- Implement national price controls, including a ban on all forms of price and volume discounting.
- Increase taxes on all tobacco products to achieve a tax level that represents 75% of the retail price of tobacco as recommended by WHO.
- Provide effective national smoking cessation treatment subsidies that are targeted to low-income Canadians.
- Implement a Canada-wide smoking ban in all public/social housing.
- Implement comprehensive Canada-wide outdoor smoking bans at all recreation spaces and events, including parks, playgrounds, sports fields, stadiums, festivals, performances, and markets, to reduce social modelling to youth.

- Implement more package health warnings focused on curbing tobacco use among women and girls
- Conduct well-financed mass media campaigns focused on reducing tobacco use among women and girls.
- Increase the minimum age of tobacco sales to 21 and phase in a smoke-free generation law that will increase the minimum age of tobacco sales by one year annually.
- Align restrictions on the consumption, sale and marketing of recreational nicotine vaping products (non-medically approved) with those on tobacco products to the greatest possible extent.

VII. Legal obligations

- A. Canada is a Party to the World Health Organization’s Framework Convention on Tobacco Control (FCTC). One hundred eighty-two countries have ratified the FCTC and the European Union, which are obligated to put in place a range of measures to reduce tobacco use. The preamble encourages States Parties “to give priority to the right to protect public health” and to respect the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, as expressed in Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR).¹²
- B. The preamble of the FCTC also includes a statement: “Recalling that the Convention on the Elimination of All Forms of Discrimination against Women, adopted by the United Nations General Assembly on 18 December 1979, provides that States Parties to that Convention shall take appropriate measures to eliminate discrimination against women in the field of health care.”¹³
- C. In the preamble of the FCTC, Parties to the FCTC state that they are “Alarmed by the increase in smoking and other forms of tobacco consumption by women and young girls worldwide and keeping in mind the need for full participation of women at all levels of policy-making and implementation and the need for gender-specific tobacco control strategies.”¹⁴

¹² World Health Organization, Framework Convention on Tobacco Control, Preamble, available at <https://apps.who.int/iris/bitstream/handle/10665/42811/9241591013.pdf;jsessionid=071ADE23A8056EE85BE6820E1A41A74E?sequence=1>.

¹³ Ibid.

¹⁴ Ibid.

VIII. Recommendations

- A. We respectfully encourage the Committee to recognize Canada's progress in reducing overall rates of commercial tobacco use, its global leadership on tobacco control, and its establishment of an ambitious prevalence goal and date.
- B. However, more can be done to reduce tobacco use among women and girls in Canada, including those representing populations with elevated rates of commercial tobacco use.
- C. We respectfully encourage CEDAW to call on the government of Canada to (1) accelerate its implementation of the WHO Framework Convention for Tobacco Control and the FCTC Global Strategy to Accelerate Tobacco Control, specifically measures that can reduce commercial tobacco use among women and girls with elevated rates of commercial tobacco use and (2) to pursue effective evidence-informed measures that are not included in the FCTC treaty as directed in Article 2.1 and as championed by the Government of Canada at the 10th FCTC Conference of the Parties in February 2024.

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