

# Where there's smoke, there's fire: The harms of vaping and British Columbia's efforts to tackle this growing issue

**E**-cigarettes, commonly referred to as vapes, entered the Canadian market in 2004. Subsequently, there has been a surge in their use, notably among children and youth. The 2023 BC Adolescent Health Survey revealed that 26% of youth in BC had tried vaping, and 15% had vaped within the past 30 days.<sup>1</sup> Notably, 72% of youth who had vaped started before their 15th birthday.<sup>1</sup> Colorful packaging and dessert-like flavoring accelerated uptake in this younger population.<sup>2</sup>

To counteract these trends and penalize corporations for their role in influencing nicotine addiction in children and youth, the BC government enacted Bill 24, the Vaping Product Damages and Health Care Costs Recovery Act, in December 2025. This legislation enables the provincial government to sue e-cigarette manufacturers to recover public health care costs associated with their products.<sup>3</sup> E-cigarette manufacturers and consumer advocacy groups have openly criticized the Act, arguing that vaping is considered by some to be a method for smoking cessation and a form of harm reduction. Conversely, health care organizations are raising concerns about the cessation efficacy and safety of e-cigarettes. The Canadian Lung Association and the Canadian Thoracic Society report that no vaping product has been approved as a safe and effective smoking cessation aid.<sup>4</sup>

*This article is the opinion of the authors and not necessarily the Council on Health Promotion or Doctors of BC. This article has not been peer reviewed by the BCMJ Editorial Board.*

The Canadian Task Force on Preventive Health Care recommends against the use of e-cigarettes for smoking cessation due to a lack of evidence that they reduce smoking habits, as well as their serious health effects.<sup>5</sup>

Continued research on vaping indicates harmful impacts on cardiovascular and respiratory health, as well as potential carcinogenesis. Cardiovascular effects include increased heart rate, blood pressure, platelet activity, and risk of stroke.<sup>2</sup> Respiratory harms include cytotoxicity, acute and chronic inflammation, impaired immune response, mucociliary dysfunction, oxidative stress, and increased airway hyper-responsiveness.<sup>6</sup> Vaping has been found to be associated with chronic obstructive pulmonary disease,<sup>6</sup> and users also face a 30% increased relative risk of developing asthma.<sup>2</sup> From an oncological perspective, e-cigarettes induce oxidative stress, mitochondrial toxicity, and DNA damage by pathological pathways similar to those of tobacco smoke, including deregulation of cancer-related molecular signaling.<sup>7</sup> Additional harms include periodontal disease, nicotine dependence in nonsmokers, device malfunction burns, and vaping-associated acute lung injury, a syndrome associated with e-cigarettes containing tetrahydrocannabinol.<sup>2</sup>

The solution to the public health challenge posed by vaping will likely require more than what BC's new Act is structured to accomplish. While litigation will play a role in deterring harmful industry practices and recovering health care costs, it should be complemented by proactive, evidence-based interventions, such as

multifaceted educational campaigns that communicate the health risks of vaping. In parallel, regulatory strategies that have proven effective in reducing cigarette use—such as plain packaging, restrictions on product appeal, and prominent health warnings on devices—should be applied to vaping products. Together, legislative and regulatory measures, along with public education, may offer a more comprehensive approach that prioritizes prevention and informed decision making. ■

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## Key points

- Patients with a physical injury from a specific single incident at work (e.g., a fall, being struck by an object) can report it at [www.worksafebc.com/report-injury](http://www.worksafebc.com/report-injury).
- Patients can report other injury types and illnesses by calling 604 231-8888 or 1 888 967-5377.
- Free posters and wallet cards to inform patients about how to report are available at [www.worksafebc.com/report-injury-poster](http://www.worksafebc.com/report-injury-poster).

rooms, and the wallet cards can be given to injured workers who visit for initial treatment. To order, visit [www.worksafebcstore.com](http://www.worksafebcstore.com) (click the Publications tab and then choose either the Posters or the Card category). The poster is also available to download and print at [www.worksafebc.com/report-injury-poster](http://www.worksafebc.com/report-injury-poster). ■

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screening programs, diagnostic services, and regional follow-up. When these functions operate independently, pilots can help address immediate gaps, but integrating them into durable pathways requires coordinated planning across partners.

The experience also highlights the importance of shared direction, clear communication, and coordinated timelines among participating organizations.

Looking ahead, scaling approaches like CanScreen will likely depend on continued provincial engagement, integrated communication pathways, and clear program-level processes to support screening results and follow-up for unattached patients.

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