



Health
Canada

Santé
Canada

A Proposal for New Health-Related Information on Tobacco Product Labels

Results of Consultation with Stakeholders

**Tobacco Control Programme
Health Canada**

November 2006

Canada 

Executive Summary

Between August 18 and November 5, 2004, Health Canada solicited comments on a consultation paper, *Building on Success: A Proposal for New Health-Related Information on Tobacco Product Labels*. During the consultation period, 25 submissions were received from a variety of respondents representing non-government organizations, the tobacco industry, government organizations and the public.

Health Canada's proposal for new health-related information on tobacco product labels reflects the Government of Canada's commitment to enhancing public awareness of the health hazards and health effects associated with tobacco use. The proposed changes to the *Tobacco Products Information Regulations*, under the authority of section 17 of the *Tobacco Act*, are intended to build on the success of the current tobacco product labelling requirements by renewing and improving the approach for health warning messages, health information messages and toxic emissions/constituents statements on tobacco product labels.

Most who responded are supportive of Health Canada's broad proposal.

Most (21 of 25) respondents expressed support for the overall regulatory proposal to develop new health-related information on tobacco product labels. The majority also supports the specific proposals for health warnings, health information messages and toxic emissions/constituents statements, but frequently have differing views about proposed options. This is particularly the case when the responses of the tobacco industry are compared with those from the other groups.

Different groups, different interests.

Responses from non-government organizations, government organizations and the public addressed many aspects of the labelling system, with the majority of their comments targeting the approach and content of new health warnings and health information messages. In contrast, comments from the tobacco industry tended to focus more on implementation aspects of the proposed changes, such as space requirements and placement on the package of the new labels. Respondents differed as well in their opinions on the rotation period for health warnings, with non-government and government organizations supporting the proposed two-year rotation, and the tobacco industry favouring a longer (three to four-year) period.

Widespread support for simplified presentation of toxic emissions/constituents.

The majority of respondents who commented on Health Canada's proposal and specific options are greatly in favour of replacing the current information on emissions and constituents, particularly the numerical ranges, with a simplified approach. Most non-government and government respondents generally support the proposal to focus on one of eight substances in each statement, but several disagree with maintaining the range as currently displayed. The interest of the tobacco industry, based on their comments, lies with the accuracy and objectivity of the content of proposed simplified statements. The industry respondents also want to ensure that "tar" continues to be included in toxic emissions statements. Some say they would object to any increase in the required space on the package to display new toxic emissions information.

Table of Contents

Executive Summary	2
Introduction	4
A. About the Consultation Process	4
B. Who Wrote to Us	5
What Respondents Said	6
A. General Support for Health Canada's Proposal	6
B. Health Warnings	7
C. Health Information Messages	13
D. Toxic Emissions Statement – Smoked Tobacco Products	17
E. Toxic Constituents Statement – Smokeless Tobacco Products	20
Appendix: List of Respondents	21

Introduction

The current requirements for tobacco product labels in Canada have been in place since 2000. They are intended to increase awareness of the health hazards and health effects associated with tobacco use. The current approach targets tobacco users with messages that are noticeable, informative and credible. Current messages are applied in three areas of tobacco product labels: health warnings, health information messages and toxic emissions/constituents statements.

On August 18, 2004, Health Canada released the consultation paper, *Building on Success: A Proposal for New Health-Related Information on Tobacco Product Labels*. This consultation document proposed new provisions for the *Tobacco Products Information Regulations* under the authority of section 17 of the *Tobacco Act*. The public and other stakeholders and organizations were invited to provide feedback and comments on the proposals, as well as additional suggestions.

A. About the Consultation Process

In the consultation document, Health Canada proposed changes in all three areas of tobacco product labels to better address the needs of a more varied audience and to ensure labelling continues to be noticeable, informative and credible. In brief, the proposals included in the consultation document are:

Health Warnings — Create some new messages tailored to specific audiences, including adults with low literacy skills, youth, hard-core smokers and people thinking about quitting smoking.

Health Information Messages — Develop new health information messages to be displayed on the *back panel* of the cigarette slide-and-shell pack (or on the *leaflet* in flip-top packaging), and for the upper-slide flap of the package.

Toxic Emissions/Constituents Statements — Replace the current toxic emissions/constituents statements with a series of new statements that each focus on one single substance.

Each proposal was associated with a set of suggested options for new messages or information. The proposals, while presented mainly for cigarette packaging, would be adapted for all tobacco products currently sold in Canada.

This document provides an overview of the comments and suggestions received during the 14-week consultation period, August 18 to November 5, 2004.

B. Who Wrote to Us

Health Canada received 25 responses to the consultation document. For the purpose of this analysis, the respondents have been organized into four main interest groups:

Non-Government Organizations (referred to as Group A throughout this report)

Tobacco Industry (Group B)

Government Organizations (Group C)

The Public (Group D)

A complete list of respondents is included in the Appendix to this report.

Table 1 shows a breakdown of the responses by main interest group and by geographic origin.

Table 1: Number of Submissions Received, by Main Interest (Total of 25 Submissions Received)	
Main Interest Group	Number Received
Non-Government Organizations	9
Tobacco Industry* (including the Specialty Tobacco Industry)	8
Government Organizations	3
The Public	5
Geographic Origin	Number Received
British Columbia	1
Alberta	1
Ontario	13
Québec	8
United States	1
Sweden	1

* Four of the eight tobacco industry respondents provided comments specific to “tobacco products other than cigarettes,” such as cigars and smokeless tobacco. In this analysis, these four respondents are treated as a subgroup of tobacco industry respondents, and are referred to as “specialty tobacco” respondents.

What Respondents Said

Health Canada received a range of responses, including those that relate directly to proposals set out in the consultation document, as well other advice and opinions on labelling and other issues related to tobacco and/or tobacco control. Both the direct responses to proposals and options, as well as broader advice offered to Health Canada, are included in this report.

It should be noted that the views and suggestions submitted by respondents from non-government organizations, government organizations and the public (i.e., Groups A, C and D) are frequently similar and are subsequently clustered together in this report. Comments from tobacco industry respondents (Group B) are most often different from those of other groups; accordingly, they are presented separately here.

A. General Support for Health Canada's Proposal

Overall, the proposal for new health-related information on tobacco product labels was well received among those who responded to the consultation document. Most (21 out of 25) respondents expressed overall support for the broad objective of the regulatory proposal, with some variation in the extent of support. More specifically, the 17 respondents in Groups A, C and D were unanimous in their general support of the initiative and almost all offered suggestions and recommendations for changes to labelling requirements.

Some of these respondents, though supportive of the renewal initiative, did not fully agree with the proposed approaches to achieve new labelling requirements. One such respondent expressed disappointment with the consultation paper as it is considered to have many shortcomings in terms of what it proposes. Another supportive respondent indicated that Canadian health warnings remain a great success and therefore would have preferred to be consulted on legislation to prohibit misleading labels such as "light" and "mild", or to ban tobacco displays at points of sale.

Among the eight tobacco industry respondents (Group B), half expressed varying degrees of support for the overall objective of the proposal. This support tended to be conditional and, in some cases, derived from sharply different reasons than those offered by supportive respondents in the other groups. In particular, some specialty tobacco respondents supported the renewal initiative based on the view that their products carry less risk of adverse health effects than cigarette smoking. Consistent with this view, they expressed a desire for new health warnings to more accurately convey the (ostensibly lower) health risks of their products.

The only two responses that were not supportive of the overall proposal came from members of the tobacco industry (Group B). One questioned the purpose of introducing new health warnings at this time, citing Health Canada’s own findings (presented in the consultation document) that current warnings are working well, that their usefulness has not worn out, and that it appears that the goal of high awareness of the health hazards and effects of tobacco use has been achieved. The other two submissions from Group B neither supported nor objected to the proposed regulatory initiative.

While responses were received on virtually all issue areas discussed in the consultation document, not all issues were addressed by all respondents. Of the 25 respondents who made submissions, 21 commented on the subject of health warnings; 13 expressed their views on health information messages; 11 provided feedback on toxic emissions statements for smoked tobacco products; and 3 commented on toxic constituents statements for smokeless tobacco products.

Table 2 provides a breakdown of the number of respondents according to subject area and stakeholder group.

Table 2: Number of Respondents who Commented, by Issue and Respondent Group					
Issue	Group A	Group B	Group C	Group D	TOTAL
Health Warnings	9	6	3	3	21
Health Information Messages	6	3	2	2	13
Toxic Emissions Statement (Smoked Tobacco Products)	5	4	2	0	11
Toxic Constituents Statement (Smokeless Tobacco Products)	2	0	1	0	3

B. Health Warnings

The consultation paper presented an overall proposal for changing health warnings, as well as six specific options for consideration. The proposal, options and responses are summarized below.

Proposal: Create some messages tailored for varied audiences such as adults with low literacy skills, youth, hard-core smokers and people thinking about quitting smoking.

Almost all (12 of 15) respondents in Groups A, C and D who commented on the proposal for health warnings indicated support for the proposal, while the remaining three respondents expressed conditional support. For example, one respondent in Group A agreed that “it is important for the portfolio of health warnings to offer messages that, although germane to all, may have resonance and applicability to some.” Another respondent from Group C noted that since smoking prevalence is higher among adults with low literacy skills and youth smokers aged 20–24 years, it would seem appropriate to create messages that target these groups in particular.

A respondent from Group A who expressed conditional support for the proposal recommended that messages be tailored to hard-to-reach groups only if Health Canada has evidence that it will result in a net gain to public health. In a similar vein, others cautioned against oversimplifying the messages in an attempt to target some hard-to-reach groups.

Three respondents in Group B expressed their support for the goal of labelling and indicated that they had no objection to the content of new health warnings provided they meet specific criteria such as being accurate, factually sound, appropriate for the type of product, and that they do not contain messages aimed at denormalizing the tobacco industry.

In addition to asking for feedback on the broad proposal about health warnings, Health Canada invited comments on six specific options for improving warnings. The number of responses received for each is presented in Table 3, and is followed by a summary of responses to each of the six options presented for consideration.

Table 3: Number of Responses to Proposed Options for Health Warnings, by Stakeholder Group						
	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
Group A	5	5	7	6	6	4
Group B	1	0	5	1	2	3
Group C	3	3	1	2	1	1
Group D	2	1	0	1	0	0
TOTAL	11	9	13	10	9	8

Option 1: Create messages of encouragement with information on the health benefits of quitting and tips on how to quit smoking.

Nine of the ten respondents from Groups A, C and D who commented on this option agreed with it. One respondent from Group A argued for the use of “encouraging messages” that are effective at generating feelings of efficacy and motivation among smokers with respect to quitting. Similarly, both respondents from Group D offered the view that the new warning labels should aim to build and support smokers’ confidence to quit, as well as communicating information about cessation resources. Another respondent from Group A noted however that, as part of a warning system, the messages should focus on the nature of the risk, magnitude of danger, tobacco risks compared to other risks, and how to control such risks — also, that warnings should not avoid discomforting or difficult messages.

The sole respondent from Group B, citing a number of studies showing that the occasional usage patterns of cigar smokers do not warrant messages about quitting, offered the opinion that the option is not applicable to cigars. It should also be noted that other members of this group commented more generally about health warning messages (as mentioned earlier), indicating that they had no issue with the content of messages, provided the information presented is clear, accurate and factually sound.

Option 2: Design simple but informative messages about toxic emissions/constituents including, for example, the health effects of one of the toxic substances found in tobacco or in tobacco smoke.

The nine respondents in Groups A, C, and D who commented on this proposed option were generally supportive of it. A number spoke strongly about the importance of using plain language in presenting information about tobacco toxic emissions/constituents. Two recommended using an approach whereby the nature and health effects of toxic substances in tobacco are compared with those of other well-known products (that contain the same chemicals). Another Group A respondent recommended that the design of messages about toxic emissions/constituents follow the same principles and concepts underlying the current warnings, (i.e., that they be vivid and graphic, provide information about the magnitude of the harm they cause, and be accompanied by efficacy messages about how to avoid the harm). A further suggestion from a Group A respondent was to place emphasis on increasing public awareness of the harmfulness of inhaling smoke from any source, offering revised wording for the option: “Designing simple but informative messages about the reasons that exposure to smoke is harmful.”

While Group B respondents offered no specific feedback on this option, some provided comments on the issue of toxic emissions/constituents statements on the sides of tobacco packages. Their comments are included in the relevant sections below.

Option 3: Develop 48 warnings, displayed a number at a time, distributed equally among all packages, and changed every two years through rotation.

Respondents from Groups A and C (non-government organizations and government organizations) hold rather different views on this option than tobacco industry respondents (Group B). In general, respondents from Groups A and C favoured the development of 48 warnings, or more in some cases, and advocated frequent rotation (two years or less). In contrast, Group B respondents expressed concern about the proposed number of warnings and preferred a longer rotation cycle (three years or more). Respondents from the public (Group D) did not comment on this proposed option.

Almost all (seven of eight) respondents in Groups A and C were in agreement with developing 48 health warnings, with three recommending no fewer than the current set of 16 messages in any rotation period. A number of Group A respondents proposed that the same or similar messages could appear in more than one rotation period. Others offered that the critical consideration in planning rotation is that, at all times, any set of warnings in use must include some that cover the range of health effects most important for the public to know. Yet another proposed that Health Canada consider which of the current warnings should be retained, with or without some modifications, including warnings that had been previously tested but not used.

Of note, one Group A respondent cautioned against the potential negative effects of having such a large number of warnings — arguing that too many warnings could reduce the visibility of each, rendering them less recognizable and impeding the potential for cross-marketing (i.e., linking the warnings to tobacco control mass media activities). The same respondent also cautioned that the difficulties and costs of implementing a rotation of 48 warnings could favour the illicit tobacco trade — which is not concerned with labelling requirements — and the bigger tobacco companies, to the detriment of the smaller manufacturers.

Tobacco industry comments on this option mainly discussed the potential logistical issues and costs of implementing frequent rotation of the health warnings. One respondent indicated that having fewer messages displayed in the same period but changing the messages more often could present production problems for their printing suppliers. That respondent was of the opinion that more frequent rotation could diminish the effectiveness of health warnings. Another Group B respondent indicated a preference for continuing to display 16 health warnings for a fixed period of time, noting that this would be consistent with the current set up of printing equipment. Similarly, another respondent recommended that “any rotation should be implemented to minimize operational and obsolescence costs.”

Accordingly, two Group B respondents proposed longer rotation periods of three or four years, along with a one year phase-in period between rotations in order to allow for time to use existing stocks and to implement the next set of health warnings.

One specialty tobacco respondent commented that, based on research findings, there was no need to increase the number of health warnings for cigars. Another indicated that, since it could be difficult or impossible for the specialty market to comply with the proposed requirement, regulatory exemptions be considered in order to ensure “more accountable/manageable requirements for health warnings/health information (number and rotation) for specialty tobacco products with less than 5% of the Canadian market share for any general product group.”

Option 4: Combine health warnings with messages about the benefits of quitting, tips on how to quit or messages of encouragement for those thinking of quitting.

Virtually all (eight of nine) respondents in Groups A, C and D who commented on this option expressed support for it. A Group A respondent submitted that the option is in keeping with current research and theoretical work in health risk communication and social psychology, and urged Health Canada to find ways to make efficacy messages, quitting information and the benefits of quitting more prominent than they are now. Another offered that tips for quitting should continue to be part of the overall messaging system.

The single Group A respondent who did not support Option 4 specifically recommended against using the main exterior warnings to provide quitting information — arguing that potential smokers, as one of the prime audiences for the warnings, need risk information rather than quitting information. The respondent recommended that quitting information be limited to a small box, in the lower part of the principal display surface, listing a 1-800 number for cessation assistance.

As previously indicated, Group B respondents expressed no concern about the content of health warnings. Of note, one specialty tobacco respondent proposed potential health warnings for smokeless tobacco products that would include a 1-800 number and a web address for cessation assistance.

Option 5: Continue to require that messages occupy 50% of the principal display surfaces on most smoked products.

Two of the seven respondents in Groups A and C who commented on this option agreed with it as stated. The other five recommended that the health warnings should occupy more than 50% of the principal display surfaces, with suggestions ranging from 60%–100%. One respondent stated that there is virtually unanimous support among

experts for the notion that the larger the label, “the more salient and noticeable it will be and, thus, the greater the likelihood that individuals will pay attention to it and be influenced by it.”

In contrast, Group B respondents were generally not in favour of increasing the size of the health warnings. Reflecting the general comments of Group B on this option, one respondent indicated that his/her organization would object to any increase in the size of health warnings in excess of 50% and any changes to the placement of the warning on the package. Moreover, a couple of respondents offered a reminder of the ongoing constitutional challenge which they brought about against the current size requirement of 50%.

Option 6: Expand the requirements to 30% of the principal display surfaces for cigars, pipe tobacco, water pipe tobacco products and all types of smokeless tobacco products.

Respondents from non-government organizations (Group A) who commented on this option were generally in favour of increasing the size of health warnings on specialty tobacco products. One proposed that cigars and pipe tobacco be subject to the same standard as cigarettes in terms of minimum size of health warnings, while another recommended a size of no less than 50% of the principal display surfaces for cigars, pipe tobacco and water pipe tobacco products. A third respondent offered that a requirement for warning messages to occupy 60%–100% of the principal display surfaces should be applied to all tobacco products. Finally, one respondent in Group A and another in Group C expressed support for the proposed option as stated.

Group B respondents held sharply different views on this proposed option than their counterparts in Group A, as they did not support an increase in the size of health warnings on specialty tobacco products. More specifically, one requested that Health Canada consider mandating requirements similar to those of the European Union – that is, health warnings occupying no more than 30% of the principal display surface of specialty product packaging. Another pointed out that there may be logistical issues in accommodating the increased size on some of the packages on cigars and pipe tobacco, while another indicated that this option was not applicable to cigars and submitted that the current size of health warning messages on these products largely satisfy the 30% requirement as presented by the World Health Organization’s Framework Convention on Tobacco Control. Finally, one offered the view that health warning regulations and related requirements “must apply uniformly and simultaneously to all tobacco products manufactured or sold in Canada,” irrespective of market share, type or origin of the product.

Additional advice about health warnings...

Respondents offered a range of views and advice for Health Canada about future handling of health warnings. Many focused on the content, position and presentation of warnings on packaging, including:

- Expand the scope of health warnings to include other diseases and conditions for which there are currently no warnings, particularly those that have been identified more recently, and include information on physical, mental and social well-being. One respondent recommended developing an adult-oriented warning to remind them not to supply minors with tobacco products or encourage them to smoke.
- Include testimonials from people affected by tobacco use and real life stories of people who have died due to smoking; explore the use of a more narrative (story) approach in developing new warnings; use warnings sponsored by credible sources; and consider using audio chips in packaging (similar to a greeting card approach) to present warnings and information.
- Include warnings on other components of the package (foil wrap, the inside of the outer shell) and on packages of cigarette tubes, filters, paper, as well as on cigarettes themselves. Make them attractive and attention-grabbing by enlarging the font, varying font sizes, adding colour, texture and pop-up features.

Other advice went beyond content or presentation issues, with several respondents recommending that a multi-media approach be implemented by integrating warnings and health messages with Health Canada's mass media initiatives. Another asked that warnings be linked with other tobacco control policies, such as smoke-free legislation.

C. Health Information Messages

The consultation paper presented an overall proposal for changing health information messages, along with five specific options for consideration. The proposal, options and responses are summarized below.

Proposal: Develop new health information messages for the back panel of the cigarette slide-and-shell pack, or for the leaflet, and for the upper slide flap of the package.

A total of 13 respondents from all groups submitted comments and suggestions specific or related to Health Canada's proposal and suggested options for new health

information messages. The nine respondents from non-government organizations (Group A), government organizations (Group C) and the public (Group D) expressed varying degrees of support for the objective of revamping the health information messages in order to make them more effective in attracting attention and providing smokers with useful tobacco cessation information that is easier to read.

Several Group A respondents offered advice. Two recommended that pictures be added to the health information messages in order to stimulate reader interest. They also recommended that soft packs be no longer exempted from the requirement to have a health information package insert. Another proposed that a more varied approach than the current one be adopted by using the inside of the package to provide testimonials, stories, quizzes and other emotive and affective messages, as well as to promote contests and other incentives to encourage cessation. Several from this group advised that more of the available interior package space be used to provide additional information.

The three respondents from the tobacco industry (Group B) who commented on this proposal voiced no objections to developing new health information messages. However, they did express concern about possible changes in the placement of and/or an increase in size of the messages. One recommended that current requirements be maintained, saying that his/her organization would object to any new requirement which would necessitate package design changes. Another advised that new messaging should not infringe upon trademarks or packaging any more than necessary. A third responded with the comment that the proposal appears to further “expropriate” packaging space for health information messages without justification.

Table 4 shows the number of responses received according to proposed options for health information messages and stakeholder group.

Table 4: Number of Responses to Proposed Options for Health Information Messages, by Stakeholder Group					
	Option 1	Option 2	Option 3	Option 4	Option 5
Group A	3	2	6	4	5
Group B	0	0	1	2	0
Group C	2	1	2	1	2
Group D	0	0	2	1	1
TOTAL	5	3	11	8	8

Option 1: Develop new health information messages that are brief and clear, and which provide information that is more easily read and recalled than the current messages.

The five respondents in Groups A and C who commented on this option were supportive of it. One, however, cautioned against what he/she considers to be an unnecessary focus on smokers' "recall" of messages as a measure of effectiveness. Rather, for this respondent, the objective should be to develop new health information messages that "are vivid and engaging, providing information in ways that result in greater impact than the current health information messages," further advising that such impact should be assessed not only by recall, but by other goals of the messages. Another noted that not all messages needed to be simplified — arguing that the current system is very effective, and simplified messages might dilute the overall effectiveness and might have an uncertain effect on the very audiences targeted by simplification. A system relying on both approaches was recommended.

Respondents from Groups B (tobacco industry) and D (the public) did not comment on this option.

Option 2: Develop new health information messages that are presented in larger type, so they are more easily read and recalled.

Two of the three respondents from Groups A and C who provided comments on this option expressed clear support for it. The third, although not objecting, noted that similar to the previous option, the proposal to print in large type to aid recall "may work against the need to have more information (and higher impact)."

No comments were received from respondents in Groups B (tobacco industry) and D (the public).

Option 3: Develop new health information messages that are more positive and action-oriented in nature, telling people they can quit and where to get information (e.g., 1-800 number, website, health professional).

The 10 respondents in Groups A, C and D commenting on this option fully embraced it. For example, one Group C submission noted that, since most smokers consider quitting at some point (and think about it before taking action), presenting useful, pertinent information about cessation on the package would be useful. These supportive respondents also agreed that the information could appear in the form of quitting tips, a 1-800 number or a website to find more information about quitting. Three, however, offered the reminder that smokers interested in quitting must be able to access the

relevant information and assistance quickly on the publicized quit line or website in order for those resources to be effective.

The single Group B respondent who commented on this option indicated support for Health Canada's mandate to provide accurate and relevant information about quitting and where to get help.

Option 4: Develop health information messages that are more noticeable — for example, the health information message currently on the back panel could move to the upper slide flap.

All six respondents in Groups A, C and D who commented on this option recognized the need for health information messages that are more noticeable. Three offered feedback on the example presented in this option (e.g., to move the health information message from the back panel to the upper slide flap). One recommended not moving the message, in order to devote the upper slide flap to creating interest in a subject and then “directing that interest elsewhere on the package, probably to the back of the slide.” Another questioned the usefulness of the move suggested in Option 4, recommending that research be carried out to determine the best position for health information messages. A third respondent offered the opinion that information on tobacco addiction and cessation be located on the package itself, rather than the upper slide flap.

Of note, one respondent questioned whether the health information messages should always be confined to the inside of the package, suggesting that the positioning supported an “artificial and unnecessary distinction,” hindering Health Canada's ability to combine warnings with efficacy messages. The same respondent noted that, to allow for greater impact and coherence of the health information system, information on quitting could sometimes be put on the outside of the package and the warnings on the inside.

Two respondents from Group B commented on and expressed disagreement with the example to move the health information message currently on the back panel to the upper slide flap — pointing out that it is unclear how the relatively small space on the upper slide flap could accommodate the health information currently on the back of the slide.

Option 5: Include other information of use to smokers (e.g., a “quitting” schedule with a clear message about quitting) on the back panel of the sliding pack or on the leaflet.

Of the eight responses to Option 5, respondents in Groups A, C and D were generally supportive of providing other information of use to smokers. However, two of them

expressed mitigated support for the “quitting schedule” example presented in this option. Both of these respondents acknowledged its potential usefulness, but expressed skepticism as to whether such information would make the best use of the space. One asked that an attempt be made to weigh the number of smokers who would use a schedule on a cigarette pack “against the benefit that might be gained from having some other content in that location.”

No comments were received from Group B (tobacco industry) respondents.

Other advice about health information messages...

Respondents offered several suggestions as to how health information messages could be improved. One advised that the inside of the package could be used more effectively – specifically, for presenting detailed health information. The use of testimonials from real people affected by tobacco use was suggested as well for health information messages. Another suggestion focussed on enhancing the visibility of the included web address by moving it from the bottom to somewhere towards the top of the health information message.

D. Toxic Emissions Statements – Smoked Tobacco Products

The consultation paper presented an overall proposal for toxic emissions statements (for smoked tobacco products) as well as two specific options for consideration. The proposal, options and responses are summarized below.

Proposal: For smoked products, replace the current toxic emissions statements with a series of new statements.

The seven respondents from Groups A and C who addressed this proposal were unanimous in their support for replacing the current toxic emissions statement. Echoing a view expressed by many, one respondent noted that the current toxic emissions information, as presented in numerical format, is uninformative and confusing at best, and at worst is misleading. Another, also reflecting the general view of these respondents, recommended that new toxic emissions statements should take a more descriptive form by focusing on educating the public about the nature of a toxic substance, the magnitude of the danger it represents, and the ever-present health risk that exposure to tobacco smoke poses.

Four respondents from the tobacco industry (Group B) commented on this proposal – with three neither supporting nor objecting to it. With regard to the content of the new statements, one respondent wanted to clarify that the proposed statements would not

be, in fact, health warnings disguised as toxic emission information, and voiced no concrete objection — “provided that the information is meaningful, accurate and relevant to smoke emissions.” Similarly, another Group B respondent maintained that, in crafting the new statements, “all information should be objective and fairly presented, and have a reasonable scientific basis relating to the quantities of constituents that may be present in cigarette smoke.”

Of note, two of the four Group B respondents indicated that they would object to any increase in the package area required to display the new information. One of them would object to any change in placement on the package. The fourth respondent in this group expressed the view that the proposal and options for toxic emissions statements were not applicable to cigars.

No comments were received from the public (Group D).

Table 5 shows a breakdown of the number of responses received from each respondent group on the two options for toxic emissions statements for smoked products.

Table 5: Responses to Proposed Options for Toxic Emissions Statements (Smoked Tobacco Products)		
	Option 1	Option 2
Group A	5	0
Group B	4	2
Group C	1	0
Group D	0	0
TOTAL	10	2

Option 1: A series of new toxic emissions statements that each focus on one of eight substances (e.g., nicotine, carbon monoxide, formaldehyde, acetone, hydrogen, hydrogen cyanide, benzene, toluene, benzo[a]pyrene) and present clear and concise information about that substance, its health effects and the range as currently displayed.

The six submissions from Groups A and C commenting on this option were supportive of it — four respondents recommended removal of the range of toxic emissions, while a fifth recommended eliminating the list of substances and their ranges. One Group A respondent questioned the logic behind the choice of substances identified, wondering if

they are the most harmful (on a unit basis), or responsible for most of the harm from cigarette smoke, or the most familiar substances. In a similar vein, a Group C respondent asked whether a great deal of effort should be made to inform smokers about tobacco toxic substances other than tar and nicotine.

Two of the four respondents in Group B commenting on this option expressed concern with respect to the elimination of tar from the list of substances — one asking that Health Canada maintain the currently mandated tar listing, suggesting that removing tar from the list could confuse consumers and possibly lead them to believe that it had been removed from the product. Another found the proposed option unclear as to whether Health Canada intended to remove tar from the list of emissions, and asked for clarification and for justification, if the proposal is to remove tar from the list.

Option 2: A series of new toxic emissions statements that are equally distributed amongst packages, in the same way as the current health warning messages.

Only two Group B respondents offered specific comments on this proposed option. One of the respondents noted that “in order to achieve equal distribution within an acceptable tolerance range, the number of toxic emissions statements must be relational to the number of health warnings.” As such, a relation of 8:8 or 8:16 was recommended. Speaking more generally, the other respondent pointed to the very high number of possible permutations in a rotation system involving 48 health warnings, coupled with a number of health information messages and toxic emissions statements. For this respondent, this is an essential issue to be considered when developing the new labelling requirements.

Other advice about toxic emissions/constituents statements...

Suggestions that supplemented option-specific advice were also offered by respondents. Two respondents advised, for example, that Health Canada make use of descriptive comparisons with other commonly known uses or products to explain the toxic contents of tobacco to the public. One also recommended that thematic references to toxic substances and the diseases they cause be repeated in broadcast and print media campaigns. A final suggestion was to use a single message that simply lists 40 or so chemicals in tobacco smoke, ideally accompanied by an image illustrative of chemicals. It should be noted that not all of these additional suggestions were specific to cigarette smoke emissions — some were clearly intended to apply to toxic constituents in smokeless tobacco as well.

E. Toxic Constituents Statement – Smokeless Tobacco Products

Again, the consultation paper presented an overall proposal for changing toxic constituents statements (smokeless tobacco products) as well as two specific options for consideration.

Proposal: For smokeless tobacco products, intended to be either sniffed, sucked or chewed, replace the current toxic constituents statement with a series of new statements.

The proposal and options for new toxic constituents statements for smokeless tobacco products generated very few comments. Although some of the feedback received on statements for smoked products was also meant to apply to smokeless products (e.g., remove numerical ranges), only two respondents in Group A and one in Group C provided specific comments on the toxic constituents proposal and options. The main concern of respondents was the communication of meaningful information to the public on the toxic constituents and their amount in tobacco products.

Option 1: For smokeless tobacco products, require a series of toxic constituent statements that each focus on one of three substances or classes of substance (nicotine, lead, nitrosamines) that present clear and concise information about the substance and its effects, and the amount present in the product as currently displayed.

Option 2: For smokeless tobacco products, require a statement about the product's carbohydrate contents to better inform users about the high sugar content of some smokeless tobacco products.

No comments were received on Option 1. Only one respondent (Group A) commented on Option 2, recommending that a statement about sugar content in smokeless tobacco “needs to be affective, effective and accompanied by a graphic image of dental damage due to prolonged use of this high-sugar, high-nicotine product.”

Appendix: List of Respondents

Group A: Non-Government Organizations

1. AMD (Age-related Macular Degeneration) Alliance International
2. Canadian Cancer Society
3. Canadian Medical Association
4. Heart and Stroke Foundation of Canada
5. Info-tabac
6. ITS — Institute for Tobacco Studies
7. Non-Smokers' Rights Association
8. Physicians for a Smoke-Free Canada
9. University of Waterloo

Group B: Tobacco Industry

1. Casa Cubana
2. Imperial Tobacco Canada Limited
3. JTI-Macdonald Corp.
4. National Smokeless Tobacco Co.
5. Ontario Flue-Cured Tobacco Growers' Marketing Board
6. Rothmans, Benson & Hedges Inc.
7. Small Guys Tobacco Group
8. Swedish Match North America Inc.

Group C: Government Organizations

1. Gouvernement du Québec
2. Health Canada
3. L'Institut national de santé publique du Québec

Group D: The Public

1. Individuals (5)