
**Proposed
New Labelling
Requirements
for Tobacco Products**

Consultation Paper

Our mission is to help the people of Canada
maintain and improve their health.

Health Canada

January 1999

CONSULTATION

Consultation with interested parties is initiated as early as possible in the regulatory process in order to select the most appropriate solutions in response to specific issues. Health Canada is committed to fair and transparent consultation.

This consultation paper is one of the first steps in the development of new labelling regulations under the *Tobacco Act*. The feedback received from stakeholders on this paper will help shape tobacco regulations dealing with labelling. These proposed regulations will appear in the *Canada Gazette*, Part I, where they will be open for comments. Proposed regulations will then be tabled in the House of Commons, as required under the *Tobacco Act*, where the Standing Committee on Health may conduct public hearings, giving stakeholders another opportunity to comment. The regulations in their final form will be published in the *Canada Gazette*, Part II.

You are invited to review and provide comments or suggestions on the labelling requirements presented in this paper. Supporting rationale is also welcome. Written comments should be submitted by **March 12, 1999**, to:

Mr. Luc Ladouceur
Director, Office of Tobacco Control
Health Canada
Brooke Claxton Building
Address Locator 0907D1, Tunney's Pasture
Ottawa, Ontario K1A 0K9
Tel: (613) 941-2423
Fax: (613) 941-1551

If copies of the contributed information are requested under the *Access to Information Act*, personal information will be protected in accordance with the *Privacy Act*, and other information will be subject to the provisions of the *Access to Information Act*. Contributors are requested to identify trade secret, proprietary, commercial, and any other confidential information in submissions, in order to avoid errors when comments are reviewed for possible disclosure. Correspondence intended as private or confidential must be marked as such.

TABLE OF CONTENTS

INTRODUCTION	1
1 – BACKGROUND	2
1.1 Tobacco Use and the Health of Canadians	2
1.2 Costs of Smoking and Revenues From Tobacco Sales	2
1.3 History of Tobacco Labelling Requirements in Canada	3
1.4 Rationale for Mandating Labelling Requirements	5
1.5 International Situation	5
2 – THE TOBACCO ACT AND THE REGULATORY PROCESS	7
2.1 The <i>Tobacco Act</i>	7
2.2 Labelling Regulation-Making Authority	7
2.3 Criteria for Effective Messages	8
2.4 The Regulatory Process	8
3 – RESEARCH FINDINGS	9
3.1 Overview	9
3.2 Label Text	9
3.3 Label Size	11
3.4 Location and Colour	11
3.5 Inserts	12
3.6 Slides	12
4 – PROPOSED REQUIREMENTS	13
4.1 Toxic Emissions and Toxic Constituents	13
4.2 Health Warning Message	14
4.3 Colour and Rotation	15
4.4 Slides, Flip-Top and Inserts	15
4.5 Statement About Not Furnishing Tobacco to Young Persons	16
GLOSSARY	17
ADDITIONAL INFORMATION	18
REFERENCES	19

APPENDIX A - Labelling Requirements in Other Jurisdictions	21
APPENDIX B - Annotated List of Studies	22
APPENDIX C - Examples of Tobacco Product Labels With New Requirements	25

INTRODUCTION

Tobacco use affects the health of almost 50% of Canadians, from the approximately 30% who smoke to the almost 20% more who are exposed to environmental tobacco smoke. In 1991, more than 40,000 Canadians died from diseases related to tobacco use: the delayed consequences of smoking initiated as teenagers in the 1950s and 1960s. It is further estimated that more than 3 million Canadians who currently smoke will die prematurely from diseases such as lung cancer, heart disease and emphysema.

The federal government's health objective for its tobacco control strategy is *to reduce tobacco consumption among Canadians, especially young persons, and the resultant adverse health effects, to the extent possible*. A key component of this strategy is the *Tobacco Act*. Other elements of this strategy include taxation; increased enforcement to ensure compliance with the Act and to deal with smuggling; and educational programs aimed at discouraging **young persons*** from smoking, and encouraging those who have started, to quit.

The purpose of this paper is to elicit comments on proposed new labelling requirements for tobacco products. The results of this consultative process will help shape new labelling regulations under the *Tobacco Act*.

* Terms which appear in the glossary are **bolded** the first time they are used.

1 – BACKGROUND

1.1 Tobacco Use and the Health of Canadians

Between one-third and one-half of Canadians who currently smoke will die prematurely as a result of their tobacco use: more than three million people.¹ In 1991, more than 40,000 Canadians died from diseases related to tobacco use: the delayed consequences of smoking initiated as teenagers in the 1950s and 1960s.^{2,3} The causal link between the use of tobacco and a spectrum of debilitating, often fatal, diseases of the lungs, heart and other organs is sufficiently well understood scientifically that the annual numbers of attributable premature deaths can be estimated, and projected into future years.^{1,2,3} While the death toll will keep rising for some years because it is linked to the prevalence of past smoking, only by reducing tobacco use in the present can we reduce the number who will die from smoking-related illnesses in the future.^{2,3}

By the year 2000, almost as many women as men will die from smoking in this country.² The number of reported cases of lung cancer among women has risen over the past 30 years, due to the increased rate at which young women began smoking in the post-war years.⁴ As it is, lung cancer caused by smoking kills more Canadian women than breast cancer.⁴ In addition, we know now that the major cause of death for smokers — heart disease — is as likely to occur in women smokers as in men who smoke.²

In the 1980s, our understanding of the complex chemical mixture of toxic substances contained in tobacco smoke increased, and a new dimension to the health risks of smoking became apparent: environmental tobacco smoke (ETS).⁵ The link between regular exposure to the smoke from other people's cigarettes and fatal disease initially provoked controversy, but has now been scientifically established.^{6,7} The causal link was first made with lung cancer, but more recent research implicates ETS in heart disease, sudden infant death syndrome and childhood respiratory problems.^{6,7}

1.2 Costs of Smoking and Revenues From Tobacco Sales

Tobacco use costs society in a number of ways. The most recognized are costs to the health care system, and to the families of smokers who must deal with the deaths or illnesses of loved ones. Less recognized are the costs to Canadian businesses: increased absenteeism, increased health care claims, death and disability benefits, lower productivity and the replacement of skilled employees.

A recent study estimated that in 1995, smokers cost their employers, on a per smoker basis, \$2,565 per year.⁸ This figure included \$230 in increased absenteeism, \$2,175 in decreased

productivity (primarily as a result of smoking breaks), \$75 in increased life insurance premiums and \$85 for the creation and maintenance of smoking areas.⁸ In the U.S., cigarette smokers are absent from work an estimated 6.5 days more per year than non-smokers. Smokers also make about six more visits to health care facilities per year than non-smokers. The same study determined that the dependents of smokers make about four more visits to health care facilities per year than those of non-smokers.⁹

Health Canada estimates that the societal costs attributable to smoking in 1993 were \$15 billion: \$3.5 billion were spent on direct health care costs such as hospitalization and physician time; the remaining \$11.5 billion went to lost productivity, including foregone household income.¹⁰

In 1993/94, the fiscal year in which federal and provincial tobacco excise taxes and duties were reduced, the federal revenue from tobacco sales was approximately \$2.57 billion; provincial revenue was approximately \$2.3 billion. In the fiscal year 1996/97, both had decreased: federal revenue was about \$2 billion and provincial revenue, about \$1.9 billion.

1.3 History of Tobacco Labelling Requirements in Canada

Until the late 1980s, no **labelling** requirements developed specifically for **tobacco products** were mandated by law in Canada. However, some manufacturers were following a voluntary labelling code.

In June 1988, the *Tobacco Products Control Act* (TPCA) was passed by Parliament. The TPCA gave the authority to government to regulate the health information printed on tobacco product **packages**. The first regulations, published in the *Canada Gazette* Part II in December 1988, required cigarette manufacturers to display, in rotation, one of four warning messages. The message had to be printed in contrasting colours, on the bottom 20 per cent of the **principal display panel**. In addition, manufacturers were required to print information regarding tar, nicotine and carbon monoxide levels on the package's side panel.

The specific requirement that messages be displayed in “contrasting colours” did not give the expected results: for many cigarette brands, the colour combinations blended into the overall package design and made the message hard to read. In response, new regulations were developed which were to come into effect in June 1991.

These regulations were delayed, partly because of the ongoing legal challenge to the TPCA initiated by the tobacco industry in 1988. Tobacco manufacturers eventually applied to the Supreme Court of Canada for a Stay of the regulations, arguing they would suffer

irreparable financial loss if the changes came into effect. The Court rejected this argument, in 1994, saying:

Any such increase [in the price of cigarettes] would not be excessive and cannot carry much weight when balanced against the undeniable importance of the public interest and in the prevention of the widespread and serious medical problems directly attributable to smoking.¹¹

The new regulations came into effect in September 1994, requiring one of eight health warning messages to be printed at the top of the principal display panel, in black and white. The health message had to occupy 25 per cent of the display panel and be surrounded by a three-millimetre border. In addition, the side panel had to display, in black text on a white background, average levels of tar, nicotine and carbon monoxide found in the smoke produced by one cigarette.

The tobacco industry's legal challenge to the TPCA continued. The industry argued that because messages appearing on their packages could not be attributed to their real author, consumers could infer that the corporations themselves were issuing the warnings. Manufacturers objected both to being forced to say what they did not wish to, and to being required to do so in a way that associated them with the opinion in question. They argued this impaired their freedom of expression more than was required to achieve the legislative goal of the TPCA.

In September 1995, the Supreme Court of Canada struck down many sections of the TPCA, including section 9 (which dealt with labelling), saying:

The government is clearly justified in requiring the appellants to place warnings on tobacco packaging. The question is whether it was necessary to prohibit the appellants from attributing the message to the government and whether it was necessary to prevent the appellants from placing on their packaging any information other than that allowed by the regulations.(...) It was for the government to show that the unattributed warning, as opposed to an attributed warning, was required to achieve its objective of reducing tobacco consumption among those who might read the warning. (...) This it has failed to do.¹²

In response to the Court's decision, the new *Tobacco Act*, which came into force in April 1997, provides for the attribution of health messages.

New tobacco regulations dealing with labelling were proposed in the *Canada Gazette*, Part I, on March 29, 1997. These regulations would have continued the labelling requirements found in the 1994 labelling regulations. However, given the need to better inform consumers about the dangers associated with smoking, Health Canada has undertaken to revise the proposal. The goal is to strengthen the labelling requirements for a larger number of tobacco products. This document constitutes this new proposal.

1.4 Rationale for Mandating Labelling Requirements

In Canada, many products are required to carry information on their labels. The *Consumer Packaging and Labelling Act*, the *Textile Labelling Act*, the *Food and Drugs Act*, and the *Hazardous Products Act* are some of the federal laws that require statements to appear on product labels, informing consumers about their nature, their uses, or any related dangers.

The main goal for requiring information to appear on tobacco product labels is to enhance public awareness about the health hazards associated with the use of tobacco products. Mandating information on labels ensures that important facts and knowledge are relayed directly to users to assist them in their smoking decision.** The information is intended for two target populations: potential smokers (primarily young persons) and smokers trying to quit (most often mature smokers).¹³

Strong health messages and information on toxic **emissions** appearing on labels are a crucial part of any strategy to reduce tobacco use: they provide consumers with health risk information; they form the basis of a health education program; and they show the government's concern regarding the use of harmful products.¹⁴ Health warning messages should be the first thing smokers see when buying cigarettes, and the last thing they see before lighting up.¹⁵

In requiring health warnings to be printed on labels, Health Canada is responding to the needs and wants of consumers. In several recent studies, both smokers and non-smokers indicated that warning messages should appear on tobacco product packaging. For example, in the Youth Smoking Survey of 1994, 85% of young persons who recalled seeing such messages agreed that labels should contain health warnings.¹⁶

1.5 International Situation

Between 1986 and 1995, the World Health Assembly, the governing body of the World Health Organization, passed nine major resolutions concerning tobacco. Of particular interest is resolution WHA39.14, adopted in 1986, which asks all Member States to implement comprehensive tobacco control strategies. Of the nine control strategies mentioned, one calls for the implementation of prominent health warnings.

The World Health Assembly recommends using prominent, detailed, and frequently updated health information on (and possibly in) tobacco packaging and at the point of sale. It also recommends full public disclosure of all toxic substances and additives found in the product or its emissions.

** An Information Sheet on the smoking decision process is available from Health Canada. Please refer to the section entitled "Additional Information."

Governments throughout the world have put in place a variety of requirements for tobacco labelling. For further information on the situation in other jurisdictions, please refer to Appendix A.

2 – THE TOBACCO ACT AND THE REGULATORY PROCESS

2.1 The Tobacco Act

The *Tobacco Act* was introduced in Parliament in December 1996, fifteen months after the Supreme Court of Canada invalidated provisions of the *Tobacco Products Control Act* (TPCA) concerning tobacco product labelling and advertising because they violated the *Canadian Charter of Rights and Freedoms*.

The *Tobacco Act*, which came into force on April 25, 1997, replaced the TPCA and the *Tobacco Sales to Young Persons Act*. The purpose of the *Tobacco Act* is to provide a legislative response to a national public health problem of substantial and pressing concern and, in particular,

- ! to protect the health of Canadians in light of conclusive evidence implicating tobacco use in the incidence of numerous debilitating and fatal diseases;
- ! to protect young persons and others from inducements to use tobacco products and the consequent dependence on them;
- ! to protect the health of young persons by restricting access to tobacco products; and
- ! to enhance public awareness of the health hazards of using tobacco products.

The *Tobacco Act* was amended on December 10, 1998, by Bill C-42, *An Act to amend the Tobacco Act*. This amendment does not modify any provisions dealing with labelling.

2.2 Labelling Regulation-Making Authority

In order to increase public awareness about the health hazards associated with using tobacco products, section 17 of the *Tobacco Act* provides the powers necessary to make labelling regulations. It is reproduced here for your convenience:

17. The Governor in Council may make regulations

- (a) respecting the information that must appear on packages and in leaflets about tobacco products and their emissions and the health hazards and health effects arising from the use of the products and from their emissions;
- (b) prescribing anything that by this Part is to be prescribed; and

(c) generally for carrying out the purposes of this Part. The new Tobacco Labelling Regulations will have to fit within this authority.

2.3 Criteria for Effective Messages

In order to select the most appropriate solutions in response to specific issues, criteria must be defined.

According to Health Canada, information required on labels should be noticeable, believable, relevant and recallable in order to be effective. To be noticed, the information must stand out from its surroundings and be large enough to be read. To be believable, it must be relevant and factual. If information cannot be recalled, it is likely because it was either not noticeable or not believable.¹⁷

In order to be effective, messages must address the concerns of both smokers and potential smokers. These concerns often differ among age groups: young persons are generally more concerned with short-term effects; adult smokers are usually concerned with longer term effects, especially cancer.

One of the biggest challenges in developing health warning messages and toxic emission information is to keep them fresh, so they don't wear out. Research indicates that the best way to keep messages effective is to change them periodically. Simply changing the message content may not prove sufficient. To maximize impact, the format (size, location, colour) may also need to be changed.¹⁸

Stakeholders are invited to comment on these criteria, or to suggest others.

2.4 The Regulatory Process

The federal regulatory process involves several steps. These steps are outlined in Annex 1 of the Health Protection Branch's Information Letter No. 819, of June 10, 1998, entitled *Proposed Tobacco (Reporting) Regulations* (copies available from the Office of Tobacco Control).

For additional information on the federal regulatory process, please visit the Website of the Treasury Board Secretariat's Regulatory Affairs Division:

www.tbs-sct.gc.ca/tb/rad

3 – RESEARCH FINDINGS

3.1 Overview

Labels offer a direct way of communicating information to users and potential users of tobacco products. Warnings on labels have proven to be very effective in conveying health information related to tobacco, rating second only to television as a source of information.¹⁹ Recent studies show that smokers read the health information contained on tobacco product labels 1.7 times per day, and that most find the messages believable.¹⁹ With approximately 6.5 million smokers in Canada, this means messages are read more than 11 million times per day.

Most researchers over the years have focussed on health warning messages, overlooking toxic emission information. Since 1992, Health Canada has studied aspects of both. In 1996, Health Canada began studying toxic emission descriptive statements. Appendix B provides a list of studies conducted on behalf of Health Canada, and includes a short description of the key findings.

Health Canada has also conducted studies on the "how," "what," and "where" of health labels. Approximately 100 focus groups have evaluated different aspects of the labels, including the text (what), size (how), colour (how), location (where) and attribution (what). All of these aspects must work together for the labels to be effective.

3.2 Label Text

Text is the most extensively studied aspect of health labelling. For the purpose of this consultation document, the term text refers to all of the textual information required on or in tobacco product packages, including inserts.

Because the messages on health labels must be relevant and believable to the target audience, a relationship must exist between the message and the concerns of that audience. A 1996 study concluded that:

- 1) there is a direct relationship between the messages remembered and the health concerns of smokers;
- 2) the two most common messages recalled by smokers are "Cigarettes cause cancer" and "Smoking during pregnancy can harm the baby"; and
- 3) the messages act to remind smokers of, and to help them determine the importance of, specific health concerns.¹⁹

Over the years, the public has become increasingly aware of the health hazards associated with using tobacco products. For instance, two surveys were conducted where respondents were asked to identify these hazards: in 1990, 44% of respondents identified lung cancer, 34% identified cancer in general and 1% identified addiction; in 1996, 64% identified lung cancer, 51% identified cancer in general and 26% identified addiction.^{20,21} Health labels almost certainly played a role in increasing the awareness of these hazards, given that these messages were so visible.

In the case of the warnings mandated by the 1994 *Tobacco Products Control Regulations* (TPCR), recall of at least one message had increased from 20% to more than 95%. Some of the messages, however, were recalled less than others, particularly by young persons and francophones.^{19, 22}

The recall rate for these two groups was likely lower because the messages were not relevant to them. In order to increase the relevance of the messages, and therefore to increase the recall rate, a two-phase qualitative study was designed in early 1997. Young persons and Quebec francophones were asked to develop messages that each thought would be effective in their particular demographic group. The second phase tested the messages developed in the first phase: no clear consensus emerged about which messages were the most or least effective.²³

Text is also important when dealing with toxic emission information. In a 1996 survey of 2034 respondents aged 18 and older, the only toxic emissions mentioned by respondents were tar, nicotine and, to a lesser degree, carbon monoxide.²¹ This result suggests that the label is a good vehicle for transmitting health information to smokers and potential smokers, and indicates that it was smokers who recalled this information. The latter is of particular interest as this information is found on the side panel of cigarette packages, hidden from the view of non-smokers at retail outlets.

A 1992 study found that respondents approved of the toxic emission format used prior to the 1989 TPCR.²² At that time, the health warning message and toxic emission (tar and nicotine) information were combined.

A similar result was obtained in the 1996 Environics survey, where most respondents (89%) approved of having cigarette manufacturers list toxic emission information on labels. Participants were shown a card with a list of 15 chemicals present in tobacco smoke and a sentence describing one of the chemicals. Nearly 90% of respondents agreed this statement should be required to appear on cigarette packaging; 76% thought this would be effective in providing information about cigarettes and smoking.²¹

Interestingly, 80% of the more than 400 youth aged 12-17 polled in this survey thought the card listing 15 chemicals and a statement would discourage young non-smokers from starting. In addition, 55% thought this card would discourage smoking among young people who currently smoke.²¹

In a multi-faceted study conducted in 1997, participants were shown a list of 15 toxic substances present in tobacco and tobacco smoke, along with a descriptive statement about each one. Virtually everyone approved of including the list on cigarette labels.²³

In the second phase of the study, participants were shown labels with the toxic emission information and health warning messages displayed in different ways. The different designs included:

- ! a long list of toxic emissions (15 chemicals), a medium list (10 chemicals), a short list (4 chemicals: the 3 already on labels plus a rotated 4th option), or the list as it appears now;
- ! the toxic emission information on the front or the side of the package;
- ! a descriptive statement, or no statement at all, about the toxic emission;
- ! the health warning label on the front of the package, the side of the package, or not at all.

Based on response from participants, the best option would include a list of four chemicals (one rotated), plus a descriptive statement about one of the chemicals.²³

3.3 Label Size

The most compelling studies conducted to determine the adequate size for health information on tobacco products were those conducted by Tandemar in 1992 and 1996, respectively.^{19,22} In both studies, health labels ranging in size from 20 to 35 per cent of the principal display panel were tested. It was concluded on both occasions that the more effective size for the label was 35 per cent of the principal display panel.

Research show that Canadians want more information about tobacco and its adverse health effects. Therefore, increasing the space occupied by the health information on the front panel could help meet this need.

Research into label size is continuing. Studies will be conducted to investigate whether more space is required to effectively display more information.

3.4 Location and Colour

The location and colour of health messages influences the smoker's ability to remember them. One of the challenges in developing health labelling is to make the information stand out from the other information appearing on labels. The most effective way to accomplish this is to ensure the health information is displayed in a prominent location on the label, and that the colours contrast with the surroundings.

A 1992 study examined different combinations of label size, location, colour and text.²² The results indicated that the best location for the label was at the top of the package, with the

text and background shown in black and white. These findings were repeated in a study conducted in 1996.¹⁹

3.5 Inserts

Inserts are small cards containing health information placed inside of tobacco packages. Many people see the use of inserts as a way to increase the amount of information people receive about the hazards associated with tobacco use. Inserts could be used to augment the information appearing on exterior labels.

Few studies have been conducted to determine the effectiveness of using inserts, though research seems to support the concept. One study, conducted for Health Canada in 1992, tested eight different inserts.²² Participants liked the idea of using inserts. However, a literature review conducted at the same time suggested that inserts may not be effective in meeting the government's objective; if Health Canada were to proceed, further testing should be done.²⁴

3.6 Slides

Most cigarette packages sold in Canada have two pieces, a shell and a slide. The slide (the area revealed when the outer shell is removed) could be used to provide information about the hazards of smoking and tobacco smoke. Until recently, no research had been done on the effectiveness or usefulness of printing on this portion of the package.

Health Canada recently conducted a study to investigate the possibility of placing information on the slide portion of the package; participants were very receptive.²⁵

While health-related information has never appeared on the slide portion of the package, tobacco manufacturers have used the area for their own purposes. In the early 1990s, they printed "Tax Protest" messages on the slide, encouraging smokers to detach the message and send it to the Prime Minister to express their disapproval of high tobacco taxes. Manufacturers have also printed calendars on the slide.

4 – PROPOSED REQUIREMENTS

4.1 Toxic Emissions and Toxic Constituents

It is proposed that toxic emission and toxic **constituent** information on nine classes of tobacco products be displayed in black and white, and that the information occupy approximately 60% of the top of the principal display panel. The number of toxic emissions to be displayed would be increased from three to six, for eight of the nine classes of tobacco products. In the case of **smokeless tobacco**, two toxic constituents would be listed.

For cigarettes, cigarette tobacco, tobacco sticks, leaf tobacco, cigars, pipe tobacco, kreteks and bidis, the following six toxic emissions would be displayed:

- CARBON MONOXIDE
- TAR
- NICOTINE
- NITROSAMINES
- HYDROGEN CYANIDE
- 4-AMINOBIHENYL

For smokeless tobacco, the following toxic constituents would be displayed:

- NICOTINE
- NITROSAMINES

In addition, the information provided on the labels would include an explanatory phrase about one (or more) of these substances, as follows:

CARBON MONOXIDE IS A COLOURLESS, ODOURLESS, POISONOUS GAS ALSO FOUND IN AUTOMOBILE EXHAUST

CANCER-CAUSING TAR IS A STICKY, BLACK RESIDUE THAT CONTAINS HUNDREDS OF CHEMICALS

NICOTINE IS THE ACTIVE DRUG IN TOBACCO AND IS ADDICTIVE

NITROSAMINES CAUSE CANCER. THEY ARE THE MOST ACTIVE CANCER-CAUSING AGENT IN TOBACCO

EXPOSURE TO HYDROGEN CYANIDE CAN LEAD TO HEADACHES, DIZZINESS, NAUSEA, VOMITING AND DEATH

4-AMINOBIIPHENYL, A BANNED COMMERCIAL CHEMICAL, CAUSES BLADDER CANCER

As Health Canada gets more information on toxic emissions/constituents, more explanatory phrases would be developed.

4.2 Health Warning Message

It is proposed that the health warning message be moved to the side panel, where the toxic emission information was displayed under the 1994 TPCR.

It is also proposed that new health warning messages be added to the list of messages required under the 1994 TPCR. For cigarettes, cigarette tobacco, tobacco sticks, leaf tobacco, kreteks, and bidis, the messages would be:

NEW MESSAGES

SMOKING CAN CAUSE A SLOW AND PAINFUL DEATH
LESS THAN 30% OF 15 -19 YEAR OLDS SMOKE
45,000 CANADIANS WILL DIE THIS YEAR FROM SMOKING
SMOKING IS A WEAKNESS, NOT A STRENGTH
SMOKING SHORTENS YOUR BREATH AND DECREASES YOUR ENERGY
LEVEL

MODIFIED MESSAGES FROM 1994 TPCR

SMOKING DURING PREGNANCY CAN HARM THE BABY
SMOKING CAN KILL YOU
(TOBACCO PRODUCTS) CAUSE STROKES AND HEART DISEASE
(TOBACCO PRODUCTS) CAUSE CANCER
(TOBACCO PRODUCTS) CAUSE FATAL LUNG DISEASE
TOBACCO SMOKE CAUSES FATAL LUNG DISEASE IN NON-SMOKERS
TOBACCO SMOKE CAN HARM YOUR CHILDREN
(TOBACCO PRODUCTS) ARE ADDICTIVE

Cigar and pipe tobacco health warning messages would be:

THIS PRODUCT CAN CAUSE CANCER

THIS PRODUCT IS NOT A SAFE ALTERNATIVE TO CIGARETTES

The smokeless tobacco health warning message would be:

THIS PRODUCT CAN CAUSE CANCER

The proposed regulations would allow the manufacturer to attribute the health messages to Health Canada. Should the manufacturer choose to do so, the attribution would have to be placed after the message on the label, and in a prescribed form.

Suggestions for more messages, with rationale, are welcome.

4.3 Colour and Rotation

It is proposed that the health warning message and the toxic emission and constituent information be displayed in opposite colour schemes. That is, where the message is in black text on a white background, then the toxic emission and constituent information would appear in white text on a black background, and vice versa. The requirement of the 1994 TPCR that 50% of all packages within a brand family be in one colour format while the other 50% be in the other, would be continued, as would the requirement for equal, or as near to equal as possible, distribution of the health warning messages within a brand family.

It is also proposed that a rotation scheme similar to that of the 1994 TPCR be required. Thus, the health warning messages and toxic emission/constituent information would be displayed concurrently on all brands within a brand family, such that, for every brand, each message and each information would appear on not fewer than a predetermined percentage of the packages produced, based on the total annual production of the brand.

4.4 Slides, Flip-Top and Inserts

To further enhance the amount of information shown, it is proposed that information be included on the inside portion of the package. For two-part packages, information would be printed on the slide portion. For "flip-top" packages, information would be printed inside the cover. An insert would be required in "soft" packages.

Health Canada believes the use of slides will enable us to better inform Canadians. Further work will be done to develop effective messages or images that could appear on the slides.

The information appearing on slides would be more extensive and comprehensive. In order to focus the user's attention, marker words would be used.

4.5 Statement About Not Furnishing Tobacco to Young Persons

The *Tobacco Act* prohibits tobacco products to be furnished to young persons in a public place or in a place to which the public reasonably has access. It is proposed that a statement to that effect be displayed on all tobacco products. Manufacturers would have the option of using one of the following statements:

UNDERAGE FURNISHING IS PROHIBITED IN A PUBLIC PLACE OR IN A PLACE TO WHICH THE PUBLIC REASONABLY HAS ACCESS

UNDERAGE FURNISHING IS PROHIBITED IN A PUBLIC PLACE

UNDERAGE FURNISHING IS PROHIBITED IN A PLACE TO WHICH THE PUBLIC REASONABLY HAS ACCESS

UNDERAGE SALE PROHIBITED

Appendix C shows examples of labels (cigarette package) adhering to the new requirements.

GLOSSARY

Constituent	means an ingredient or a substance that is found in the tobacco product before it is used.
Emission	means a substance that is produced when a tobacco product is used [section 2 of the <i>Tobacco Act</i>].
Labelling	means the act of affixing or marking information on the package of tobacco products.
Package	means the container, receptacle or wrapper in which a tobacco product is sold [section 2 of the <i>Tobacco Act</i>].
Principal display panel	means, (1) where the package has a lid that is visible under customary conditions, the total area of the lid, (2) where the package is tubular shaped, 40% of the curved surface, (3) where the package is a bag with sides of equal dimensions, each side of the bag, and (4) in the case of a rectangular package, each of the two larger side or surface (other than the top or bottom).
Smokeless tobacco	refers to various types of chewing tobacco, including plug and twist tobacco; and snuff.
Tobacco product	means a product composed in whole or in part of tobacco, including tobacco leaves and any extract of tobacco leaves. It includes cigarette papers, tubes and filters but does not include any food, drug or device that contains nicotine to which the Food and Drugs Act applies [section 2 of the <i>Tobacco Act</i>].
Young person	means a person under eighteen years of age [section 2 of the <i>Tobacco Act</i>].

ADDITIONAL INFORMATION

Access to the *Tobacco Act*

The *Tobacco Act* can be found in the *Canada Gazette* Part III (Chapter 13), Vol. 20, No. 2, June 16, 1997, available in the government documents section of most public or university libraries. Copies can also be purchased from Public Works and Government Services Canada - Publishing, telephone: (819) 956-4800.

The *Tobacco Act* can also be downloaded from the Website of the Office of Tobacco Control at: www.hc-sc.gc.ca/otc

Information Sheets

Information Sheets on various topics related to tobacco have been published by Health Canada. These include:

- Questions and answers on tobacco control
- Decision of the Supreme Court of Canada in *RJR-MacDonald v. AGC*
- Deaths in Canada due to smoking
- Economic costs due to smoking
- Youth smoking behaviour and attitudes
- Tobacco Promotion and Youth Smoking
- The smoking decision process and tobacco product promotion
- International tobacco control

These documents are available from the Office of Tobacco Control.

REFERENCES

1. Peto R, Lopez AD, Boreham J, Thun M, Heath Jr C. *Mortality from Smoking in Developed Countries, 1950-2000*. Oxford University Press, Oxford, U.K. 1994.
2. Makomaski-illing EM, Kaiserman MJ. "Mortality Attributable to Tobacco Use in Canada and its Regions, 1991." *Canadian Journal of Public Health* 1995; 86(4):257-265.
3. Ellison LF, Mao Y, Gibbons L. "Projected Smoking-attributable Mortality in Canada, 1991-2000." *Chronic Diseases in Canada* 1995; 16:84-89.
4. National Cancer Institute of Canada. *Canadian Cancer Statistics 1995*. Toronto, Ont. 1995.
5. United States Department of Health and Human Services. *The Health Consequences of Involuntary Smoking. A Report of the Advisory Committee to the Surgeon General*. Department of Health and Human Services, Public Health Service, National Institutes of Health, 1986 (NIH Publication No. 86-2874).
6. United States Department of Health and Human Services. *Reducing the Health Consequences of Smoking: 25 Years of Progress. A Report of the Surgeon General*. Rockville (MD): Public Health Service, Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 1989 (DHHS Pub. No. (CDC) 89-8411).
7. United States Environmental Protection Agency. *Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders*. United States Environmental Protection Agency, Washington, D.C., 1992.
8. The Conference Board of Canada. *Smoking and the Bottom Line: The Costs of Smoking in the Workplace*. Ottawa, January 1997.
9. Bertera RL. "The Effects of Behavioral Risks on Absenteeism and Health-care Costs in the Workplace." *Journal of Occupational Medicine*. 1991; 33:1119-1124.
10. Kaiserman MJ. "The Cost of Smoking in Canada, 1991." *Chronic Diseases in Canada*. 1997;18(1):13-19.
11. Supreme Court of Canada. *RJR-Macdonald Inc. v. Canada (Attorney General)*. March, 1994.

12. Supreme Court of Canada. *RJR-Macdonald Inc. v. Canada (Attorney General)*. September, 1995.
13. D'Avernas J, Schlegel R, Riley B. *An Analysis of the Expected Impacts of Knowledge of Health Risks on Tobacco Use Behaviour*, Ottawa:RBJ Health Management Associates, 1992.
14. Roemer R. *Legislative Action to Combat the World Tobacco Epidemic*, Second Edition. World Health Organization, Geneva, 1993.
15. Kaiserman MJ. "The Effectiveness of Health Warning Messages". *Tobacco Control* 1993;2:267-69.
16. Stephens T, Morin M, (Health Canada). *Youth Smoking Survey, 1994:Technical Report*. Ottawa, Minister of Supply and Services Canada, 1996.
17. Centre for Behavioural Research in Cancer. *Health Warnings and Contents Labelling on Tobacco Products*, Victoria, Australia:1992.
18. Bhalla G, Lastovicka JL. "The impact of changing cigarette warning message content and format". *Advances in Consumer Research* 1984;2:305-310.
19. *Cigarette Packaging Study the Evaluation of New Health Warning Messages*, Tandemar Research Inc. March, 1996.
20. *Awareness of Health Hazards due to Smoking*, Environics Research Group, December, 1990.
21. *Public Attitudes Toward the Listing of Toxic Ingredients on Cigarette Packages: A Survey Report*, Environics Research Group, June, 1996.
22. *Tobacco Health Warning Messages, Inserts and Toxic Constituents Information Study - Final Report*, Toronto:Tandemar Research Inc. 1992.
23. *Public Attitudes Toward Toxic Constituents and Health Warning Labelling on Cigarette Packaging*, Environics Research Group, March 1997.
24. *Final report: opinion. Proposed health care warnings and inserts (as tested in the Tandemar Report)*, MarkeTec Business Consultants Ltd, October, 1992.
25. *Messages on Cigarette Package Slides and Flip-Top, Summary of Ottawa, Toronto and Montreal Focus Groups*, Environics Research Group, December, 1998.

Appendix A

Labelling Requirements in Other Jurisdictions

In 1990, 91 countries had tobacco legislation and 77 mandated health warning messages. Of the latter, 48 countries used a simple "Smoking is Harmful" type of message; 29 used strong or rotating warnings pioneered in Sweden. The latest innovation regarding health warning messages has been the use of pictures along with statements, as done in Iceland. Not as many countries require toxic emission information to be displayed on the label. Canada remains at the forefront on this issue.

The following table shows the amount of space occupied by warning messages on tobacco packages in selected countries around the world.^{***}

As of 1990, 40 countries had requirements for tar and nicotine content labelling. In a recent study, only two out of 45 countries represented (Canada and Australia) required carbon monoxide levels to be reported on the label.^{***}

Country	Warning Size (% of package)
Argentina	3.0
Australia	20.7
Canada	25.0
Denmark	6.8
Finland	8.3
France	4.8
New Zealand	10.7
Norway	2.85
Singapore	14.3
South Africa	12.5
South Korea	14.4
Thailand	17.9
U.S.	5.4

^{***} Aftab M, Kolben D, Lurie P, Wolfe SM. "Double Standards of U.S. Tobacco Companies in International Cigarette Labelling", *Smokescreen*, Public Citizen's Health Research Group, Washington, D.C., September 1998.

Appendix B

Annotated List of Studies

Author, Year	Type and Subject	Key Findings
Tandemar 1992	Qualitative Proposed 1994 regulations. Tested new messages, toxic emissions, and inserts against those appearing under the 1989 TPCR.	<p>The package is an important source of information for consumers.</p> <p>The proposed messages are perceived to be better than the 1989 messages.</p> <p>Facts and statistics were effective in communicating health information.</p> <p>Inserts offer significant amount of information.</p> <p>Participants generally liked inserts.</p>
MarkeTec 1992	Literature Review Review of current (1992) literature and advertising text books.	<p>Do not proceed with the inserts suggested by Tandemar 1992.</p> <p>More research should be conducted if Health Canada decides to proceed with inserts.</p>
Tandemar 1996	Quantitative Tested different aspects of Health Warning Messages: Size: 20%, 27%, 35%; Colour combination: B&W, same colour as package; Position: top, bottom. Sample: 2000 smokers aged 15+ years.	<p>Messages occupying the top 35% of the package, and presented in black and white, are the most likely to be remembered.</p> <p>Cigarette packaging is considered an important resource for information about the health risks associated with smoking.</p>

Author, Year	Type and Subject	Key Findings
Environics 1996*	Qualitative Refining descriptive statements for toxic emissions. Sample: 18 focus groups.	<p>Participants said they were interested in and read labels on a wide variety of products. They were most likely to be looking for information on nutrition, chemicals and additives, and environmental-friendliness.</p> <p>When presented with a list of 15 toxic substances, most participants reacted with surprise. Participants initially criticized the list of toxic substances for not providing enough information. They wanted more information about the amounts of each chemical that are truly dangerous, the effects, and how cigarettes compare to other products currently on the market.</p> <p>Participants supported the idea of including a warning statement with the list of the toxic constituents, explaining the health effects of these chemicals.</p>
Environics 1996	Quantitative Tested general toxic emission information (eg. Would you like more information on cigarette packages?). Sample was given a list to pick between milligrams, micrograms, B&W, red, etc. Sample: 2438 (2034 18+years; 404, 12-17 years).	<p>More than 70% wanted more information about the contents of cigarettes.</p> <p>90% wanted an information statement about toxic emissions.</p> <p>Nearly 80% thought the information would be effective in discouraging youth from starting to smoke.</p>
Environics 1997 (Phase I)	Qualitative Asked target groups to create new health warning messages and to further refine toxic emission statements. Sample: 30 focus groups, mainly young persons.	<p><i>Five messages were developed to be tested in Phase II:</i> Smoking makes your breath smell and your teeth yellow Light up for a slow and painful death 40,000 Canadians will die this year from smoking Smoking is a weakness, not a strength Smoking shortens your breath and decreases your energy level.</p> <p><i>Five descriptive statements to be further tested:</i> Arsenic poisoning can cause stomach and intestinal problems. Nitrosamines cause cancer. They are the most active cancer-causing agent in tobacco smoke. Cancer-causing tar is a sticky, black residue that contains hundreds of chemicals. Exposure to hydrogen cyanide can lead to headaches, dizziness, nausea, vomiting and death. 4-Aminobiphenyl, a banned commercial chemical, causes bladder cancer.</p>

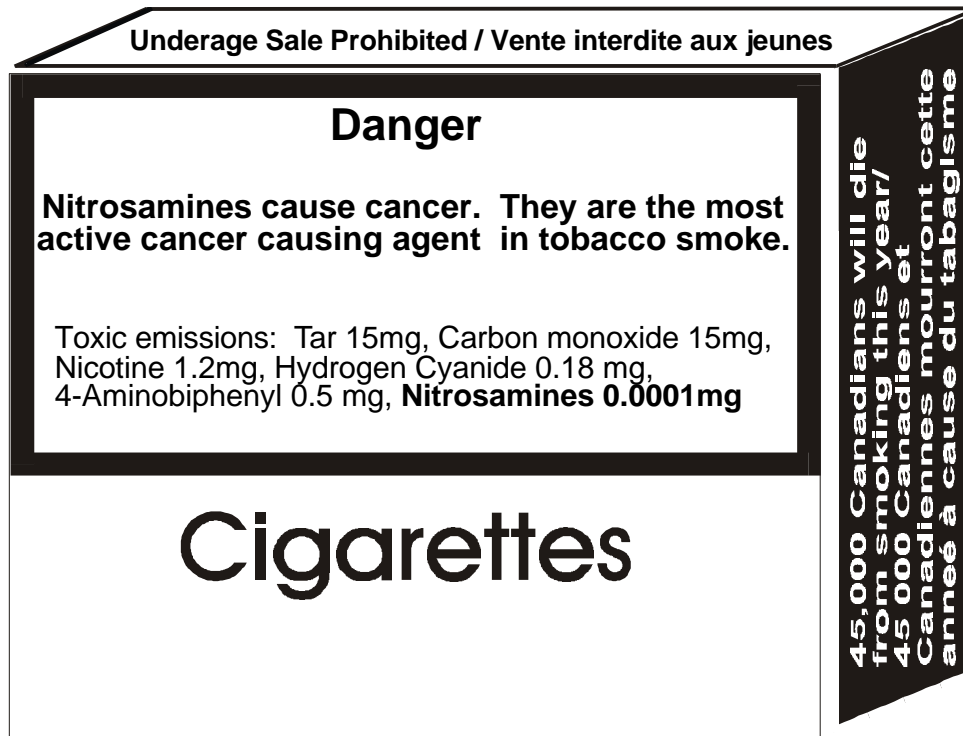
* Public Attitudes Toward the Listing of Toxic Ingredients on Cigarette Packages - Qualitative Research Report, Environics Research Group, April, 1996.

Author, Year	Type and Subject	Key Findings
Environics 1997 (Phase II)	Qualitative Evaluation of health warning messages, toxic emissions and emission statements on packages. Different formats were presented: toxic on front, side, top, bottom; long list, short list, etc. Sample: 30 focus groups. Groups also looked at a health message on an 8.5x11 advertisement. Different symbols used with text incorporated.	No clear consensus emerged about which messages were the most or least effective. When presented with the list of toxic emissions in cigarettes, participants offered diverse responses. Some showed total surprise and disgust. Others were blasé. Regardless of initial response, virtually all participants approved of the idea of including a list of toxic constituents on the cigarette package. Focus group participants of all ages considered the format to be completely ineffective. Principally, the message was seen to be ineffective because it could be easily overlooked.
Environics 1998*	Qualitative Warning Labels on Cigars, Pipes and Chewing Tobacco. Sample: 10 focus groups	There are clear differences between the kinds of strategies that would be most effective with full-sized cigars, cigarillos, pipes and chewing tobacco. Full-sized cigars and pipe tobacco: Warning labels must reflect the fact that these products are used by only a small number of people; messages must be credible, and should focus on informing people, as opposed to scaring them. Chewing tobacco: Because warning labels are often the only source of information on these products, they should be placed in a more conspicuous location on the containers.
Environics 1998	Qualitative Messages on Cigarette Package Slides and Flip-Tops. Sample: 9 focus groups.	When participants viewed the actual mock-ups, they were quite enthusiastic about the idea of placing messages both on the "lip" of the slide and, to an even greater extent, on the flip underneath the lip of the slide. The idea of a 1-800 number of the slide with information on how to quit smoking was very popular. The use of red marker-word such as "caution" alongside the warning label was seen as an improvement.

* Focus Group Report on Warning Labels for Cigars, Pipes and Chewing Tobacco, Environics Research Group, March, 1998.

Appendix C

Examples of Tobacco Product Labels With New Requirements



Slide — Outside

For help to stop smoking
call 1-800-000-000

Besoin d'aide pour cesser
de fumer? Appelez
1-800-000-000

DANGER

4-aminobiphenyl, a banned commercial
chemical causes bladder cancer

Le 4-aminobiphényle, cause le cancer
de la vessie. Son utilisation commerciale
est interdite

For help to stop smoking
call 1-800-000-000

Besoin d'aide pour cesser
de fumer? Appelez
1-800-000-000

Slide — Inside

