

Commentary on

Building on Success:
*A Proposal for New Health-related Information
on Tobacco Product Labels –*

*A Consultation Paper of August 2004 from the Tobacco Control
Programme of Health Canada*

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INTRODUCTION

This paper is the response of Physicians for a Smoke-Free Canada to the proposals for issued by Health Canada in August 2004 – “A Proposal for New Health-related Information on Tobacco Product Labels”.

We congratulate Health Canada for assembling a thoughtful, well-structured, well-researched and well-presented consultation paper. We believe that it will form the basis for significant improvements to our already very good Canadian system of health warnings on tobacco product packaging.

We will present our comments on this consultation paper in the form of (a) a general reflection on the importance of health warnings and the manner in which they contribute to public health and comments on each section of Chapter 4 and (b) answers to each of the questions asked in the same chapter of the consultation paper.

Our comments are based on an extensive body of research which is identified in the attached bibliography. We have drawn particularly on work conducted by researchers based at the University of Waterloo and research commissioned by Health Canada. We have drawn on this research for both primary and secondary research. The talents of these research teams have provided Health Canada with the evidence it needs to further improve the tobacco health warning system pioneered in Canada and emulated in several countries around the world.

WHY CIGARETTE WARNING LABELS CONTINUE TO BE A UNIQUELY EFFICIENT PUBLIC HEALTH MEASURE:

Public health messages and warnings printed on cigarette packages provide “just-in-time” delivery to the smoker at the time of smoking. They are repeated and reinforced through more than 6,000 messages per year to the average smoker. The costs of printing and delivering the message is appropriately borne by the manufacturer.

Cigarette warnings labels are highly credible medium for public health education on tobacco issues, and warning messages outperform mass media and advertising for “recall” of the message.

Canadian smokers have responded well to each of the sequential Canadian innovations in health warning messages, citing these messages as motivation to quit and support to remain abstinent.

Although smokers are aware that tobacco use is harmful, they remain largely unaware of the severity and likelihood of the risks associated with smoking. Most especially, they fail to make a connection between the “objective” knowledge of harm and their “subjective” experience of feeling at risk.

HOW TOBACCO HEALTH WARNINGS WORK

Cigarette warning labels work best when they improve smokers’ understanding of the health consequences of smoking, including both the risk and the severity of the risk, especially when they present the information in a way which engages the smoker, is personal and salient to the smoker’s experience, and in a way which motivates the smoker to take health protective behaviours.

Warning labels can only work, therefore, if smokers are able to process the information contained in them. Processing requires them to notice the information, think about it, mentally organize it and relate it to their pre-existing knowledge. Smokers who read and thought about the warnings in greater depth are significantly more likely to report a positive impact from the labels, and there is a positive association between the time spent reading and attending to cigarette warning labels and recall of their content.

Smokers are better able to cognitively process information in warning labels when the warnings provide specific, unambiguous information with expanded explanation (and not general messages like “smoking is harmful”). The ability to process is also enhanced when the information is presented in a way that evokes an emotional reaction, and when the warnings are vivid (with graphics), and noticeable (large, and prominently displayed).

Smokers are more likely to engage in health protective behaviours (like quitting smoking) as a result of being provided with this information if they believe they are capable of successfully executing the behaviour.

Imagery and pictures in cigarette warning labels work well, even when they are ‘gruesome’ and have ‘fear appeal’. The research listed in the bibliography has observed that these warnings increase social pressure to quit (and the most ‘gruesome’ are the most likely to increase pressure to quit). Research showing that imagery increases the perception of likelihood of occurrence of disease can be translated to cigarette warnings to infer that graphic labels help bridge the gap between smoker’s objective knowledge of risks and their subjective estimation of their own likelihood of becoming ill. Graphic imagery helps augment the text by increasing the vividness of the messages.

Fear appeals can be highly effective when they combine credibility (if attributed to government, the information comes from a credible source) with efficacy messages (they explain how the threat can be reduced). Smokers who reported negative reactions in response to the new Canadian health warning messages were more likely to have tried quitting, or to report that they were more likely to quit .

There is little evidence of any adverse outcomes for cigarette warnings labels.

THE CHALLENGE OF LOW LITERACY SMOKERS

Health Canada and Communications Canada laudably undertook a review of the benefits of the current cigarette warning system to Canadians who experience ‘low-literacy’. Literacy, in the sense applied in this study is not simply the achievement of a ‘reading level’, but a level of mastery of all the cognitive processes involved in reading, writing, language and listening. These processes include the ability to understand and interpret printed matter, written texts, and to understand and decode the values that shape our reading of these texts, their accompanying visual elements and mathematical symbols.

Health Canada should give a high level of priority concern to low-literate smokers. Half of Canadians are low-literate (about a quarter are at very low levels of literacy). The overlap between low literate groups and communities and groups and communities with high levels of smoking prevalence is distressingly high (including the unemployed, the poor, seasonal workers, Atlantic Canadians,

Francophones outside of Quebec, immigrants, First Nations communities). These Canadians smoke more and are more likely to experience barriers to quitting in the form of low self-efficacy and self-esteem, less self-confidence, more fatalistic, low levels of motivation.

Health Canada's research into this group revealed that low-literate smokers rejected health warnings because they were not able to cognitively process the information. This group of smokers often assigned a meaning to the illustrations on the warnings that was inaccurate or vague. They were not able to benefit from cognitive processing, as noted above, whereby they noticed the information, thought about it, mentally organized it and relate it to their pre-existing knowledge. Instead, these smokers scanned the (but did not read) the message, took the meaning from the image, assigned their own meaning to content they did not understand, applied a generic message which was not relevant to them or which did not motivate them to increase their knowledge or change their behaviour. The messages failed, the researchers found, because they were too complex and abstract, too difficult to decode, involved a knowledge of scientific concepts that was not present, relied on a relationship between present and future. The images illustrated the text, but they did not independently convey the text.

Of most interest to the development of new health warning messages was the conclusion of these researchers that the foundation of the messages was wrong. They considered that it was impossible to communicate health risks to a less-literate audience using health warning messages that are based solely on the ability to reason and establish a relationship between pieces of information. It was the reliance of the warnings on a cognitive learning style that failed the smokers, and which fed into a "permanent learning gap" whereby less-literate smokers found their readiness to reject the communication was reinforced by the continued presentation of cognitively-based communications.

A better approach, the researchers suggest, did not lie in dumming down the messages. Even if presented in plain language with appropriate illustrations, the warnings would not achieve their goal. They felt that the warning messages needed to be combined with or complemented with another means of communication, such as symbols, testimonials, messages attributed to non-government sources.

These alternative approaches are not based on cognitive processing, but on learning styles founded in experience and emotion. For low literate smokers, it would appear that more effective messages are those that are more affective.

KEY PRINCIPLES FOR FUTURE HEALTH WARNING REFORMS

Employ "gain frame" messaging

- communicate the benefits of taking protective health measures (like quitting, smoking outside, etc)

Expand the definition of 'health' in 'health warning' and 'health information' messages.

- Using the World Health Organization definition of health ("Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"), cigarette health warning and information messages could be developed to communicate on a broader range of

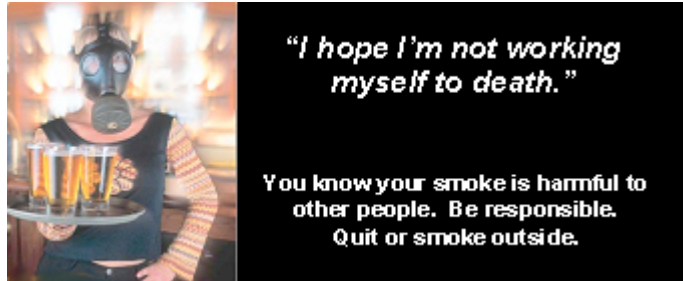
health effects, such as wrinkles, sports performance, social approval, mental health, emotional well-being, etc.

Respond to the needs of low-literacy smokers

- This does not mean ‘dumming down’ health messages, but by helping them overcome the cognitive barriers that block their benefiting equally from these package requirements.

Use value-based messaging

- Appeal to smokers’ values and the underlying rationale to those values in communicating health risks and efficacy messages.
- Cigarette warning messages can be used to increase the cognitive dissonance among smokers between what they are doing (smoking) and what they value (family health, positive role modelling, fiscal prudence, etc).



Leverage and integrate cigarette labeling with other health initiatives

- Integrate health warning message regulations with other health promotion and tobacco reduction strategies – such as restrictions on smoking in public, mass media campaigns, retail signage, etc.

REACTIONS TO SPECIFIC HEALTH CANADA PROPOSALS

The proposal on health warnings is sound and one that we generally support.

Proposals:

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

Developing 48 warnings, displayed a number at a time, distributed equally among all packages, and changed every two years through rotation

Response:

We find the proposal to develop a “bank” of 48 warnings particularly creative and a good way to deal with the problem of the long time and great difficulty involved in changing regulations.

This “bank” can be viewed as portfolio of mature public health assets, ready for circulation when needed. Like any investment portfolio, these assets should be developed to manage risks in a integrated and comprehensive way: “blue chip” warnings should be developed that will reliably inform core health concerns (i.e. lung cancer, heart disease, secondhand smoke); “high risk/high yield” warnings could be developed to communicate new information (premature aging, sports performance) and “venture capital” warnings could be developed to communicate in innovative ways or to the specific audiences mentioned above (low-literacy, sub-cultures). Like any manager of a balanced

portfolio, Health Canada should not evaluate different types of warnings in identical manners: each would be expected to provide a different public health yield.

It does not make sense to confine the portfolio manager to “equal distribution” or changing “every two years.” Some warnings may be needed only for a short time to provide the expected return: others may be required to be displayed for a much longer period, or in greater proportion. Nor does it make sense to limit the portfolio manager to a finite number of investments: if 48 messages is enough, then it is a good number: but if 78 or 148 or any number between or higher is judged effective, then that should be the number that is chosen.

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

Developing a minimum of 48 warnings, displayed a number at a time, distributed appropriately among all packages, and changed no less frequently than every two years through rotation

Proposals:

Creating messages of encouragement with information on the health benefits of quitting and tips on how to quit smoking

Response:

There is a subtle but important difference between a “message of encouragement” and an “encouraging message.” Succeeding in the first requires only the good will and dedication of the messenger to develop a message which meets some criteria of “encouragement.” Success in the second requires more – it demands that the messenger develops a message which actually results in encouragement.

“Encouraging messages,” the research suggests” are those which generate feelings of efficacy and motivation. The research also points to large communities of smokers who continue to suffer from discouragement about smoking and/or lack of self-efficacy with respect to quitting. We would suggest that Health Canada reword this goal as follows:

Proposed revision: *Creating messages that result in smokers being encouraged about, motivated to, and confident about, quitting.*

Proposals:

Designing 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

Response:

There are significant problems with the toxic emissions/constituent element of the package warning system, but these problems should not be the ‘tail’ that wags the dog of the warning that appears on the principal display space.

Over several decades, the toxic constituent label has provided misinformation to smokers and has fed public misperceptions about the relationship between the values of toxic emissions on the packages and the level of harm that results from the absorption of these toxins. Many smokers continue to

believe that smoking cigarettes with lower machine readings of toxic emissions is less harmful than smoking regular cigarettes.

Tobacco companies fostered the belief that low yields were less harmful. They began voluntarily printing machine yields of tar and nicotine on their packages in 1972.

To its credit, Health Canada has been a pioneer in trying to address and overcome these problems, most notably by demanding the reporting of 'maximum' emission levels and a broader range of toxic constituents. The apparent expectation on the part of Health Canada was that that knowledge about the quantities and qualities of some of the better known harmful compounds – benzene and hydrogen cyanide - would enhance smoker's knowledge and encourage health protective behaviour. Health Canada's own evaluative reports suggest that this has not been as successful as other components of the health warning system.

Using the highly visible space on the front of the package to repeat information that has failed to sway smokers when it was printed on the side panel is akin to a foreign tourist shouting at a waiter who fails to understand his bungled syntax. Increasing the volume does not remedy the communication problem, it worsens it.

There remain significant gaps in public understanding about the harmfulness of exposure to smoke, whether the smoke originates in barbeques, marijuana cigarettes, bonfires or other sources. Cigarettes are now the primary source of indoor exposure to smoke (in a different history or geography, cooking fires were more often a source of exposure to cancer and heart disease causing chemicals). The cigarette package is a good place to enhance public awareness of the harmfulness of inhaling smoke – whatever the source.

Proposed revision: *Designing simple but informative messages about the reasons that exposure to smoke is harmful*

Proposals:

Continuing to require that messages occupy 50% of the principal display surfaces on most smoked products

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

Response:

There is no reason to limit the size of the warnings to 50%. There is strong evidence that larger warnings are more effective, and that plain packaging (or 100% health warnings) may be the most effective.

Health Canada should optimize the size of the health warning to the public health impact within the constraints imposed on it. It should make those constraints publicly known. Given the increased openness and transparency of government (several cabinet documents having been made public in recent weeks, for example), safeguarding legal opinions from outside scrutiny is no longer appropriate or justified, in our view.

There is no justification for different rules for cigars, pipe tobacco, water pipe tobacco and other forms of tobacco products. If it is the opinion of Health Canada (within its strategy of harm reduction) that these products are less harmful, then it should say so openly: communicating that the products are less harmful by providing separate and lesser regulatory standards is not, in our view, intellectually honest or justified by scientific evidence.-

All the scientific evidence on size of warnings points in one direction – size matters – the bigger the better. We would, therefore, encourage Health Canada to increase the size of the warning to 60% to 100% of each of the two largest display panels on all tobacco products.

Proposed revision: *Requiring that messages occupy 60 to 100% of the principal display surfaces on all tobacco products.*

Question:

Do you see any benefits of developing messages aimed at particular audiences?

Answer:

Yes. Some warnings could be targeted to particular groups, while other could have general application. However, the total effect should be a balanced set of warnings that is aimed at the population in general and all target groups in particular. See references to portfolio above.

Question:

What do you think about including some messages about the benefits of quitting or with tips on how to quit smoking?

Answer:

Yes, there most definitely should be messages in this regard. They should also feature a web address and a 1-800 quit line that people could call for more information and assistance. The 42 proposed new warnings in the European Union provide some examples of how quitting smoking messages could be constructed. They may serve as a source of inspiration.
(<http://europa.eu.int/comm/mediatheque/photo/EN.zip>)

Question:

Can you suggest another way of presenting health warnings to smokers and potential smokers, or users of other tobacco products that would make them aware of the health impacts of tobacco use?

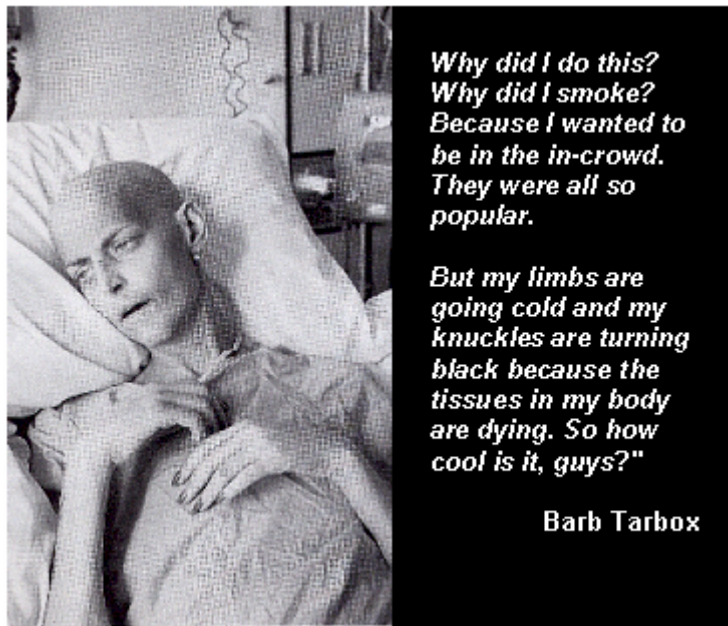
Answer:

We would very much favour an integrated, comprehensive approach to health warnings, where warnings on packages were just one part of integrated multi-media strategies. For example, a health message on a package could show a picture of Heather Crowe and a short testimonial from her on the dangers of second-hand smoke. It could be accompanied by point-of-purchase displays, electronic and print media messages that reinforce the same theme. Other comprehensive multi-media strategies could also be undertaken simultaneously, based on other themes.

We believe that in designing both health warnings and health information messages, particular heed should be paid to the lessons to be learned from the research carried out among less literate smokers. Some of these lessons learned are evident in the proposals that have been made. Additional features of both warnings and health information messages that would increase their effectiveness among the less literate include:

- Greater use of affective messages, designed to provoke emotional responses.
- Use of pictures and symbols that are easily identifiable by all. Eschew the use of images of unidentifiable body parts.
- Use more testimonials from real people with real illnesses, like Heather Crowe.
- Have more warnings sponsored by or endorsed by credible sources (Cancer Society, Canadian Medical Association, Canadian Dental Association, etc., as appropriate)

Using both sides of the slide provides greater scope for messages, including the use of the flip-side to provide text in the other language, or to amplify a message with more pictures or text.



HEALTH INFORMATION MESSAGES

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 that:

- *Are brief and clear, providing information that is more easily read and recalled than the current health information messages*
- *Are presented in larger type, so they are more easily read and recalled*
- *Are more positive and action-oriented in nature, telling people that they can quit and where to get information (namely, 1-800 number, Web site, health professional)*
- *Are more noticeable; for example, additional health information could be provided on more noticeable parts of the package, such as the upper slide flap.*
- *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*

Questions:

What are the benefits and/or strengths of the options presented above?

What do you think about modifying the information presented and focusing on where to go for information about quitting?

Do you have suggestions for other ways of improving the health information messages?

Response and answers

Most smokers attempt to quit on their own and want information on quitting. The cigarette package is the ideal place to provide this information. Information on quitting could appear on the package in a number of forms: restricting it to the “inside” of the package is an artificial and unnecessary distinction and hinders the ability of Health Canada to combine “warnings” with “efficacy” messages. For example, it would be possible to put efficacy messages on the outside of some packages, and warnings on the inside, and to rotate the location of the type of message to allow for greater impact and coherence between components of the health information system.

The relative weakness of the current inside-package system allows Health Canada to consider more radical and substantial changes. Among those we propose are:

- using the back panel to provide testimonials, stories, quizzes and other more emotive and affective messages delivered to smokers
- using the inside of the package (currently unprinted) to provide supplementary information
- use the inside and back panel to experiment with different modalities of communication with smokers (i.e. packages could be used for pre-stamped survey instruments providing Health Canada or other agencies with information on smokers attitudes, concerns, ideas, etc., or to promote Quit and Win contests or other quitting incentives, etc).

The proposals put unnecessary focus, in our view, on smokers “recall” of messages: recall is an interim measure of the more important goals of knowledge and impact. The goal of the legislation which provides statutory authority to these regulations is broader than merely ‘providing information’¹ –

¹ The goal of the Tobacco Act, 1997, is stated in clause 4 :

The purpose of this Act is to provide a legislative response to a national public health problem of substantial and pressing concern and, in particular,
 (a) *to protect the health of Canadians in light of conclusive evidence implicating tobacco use in the incidence of numerous debilitating and fatal diseases;*
 (b) *to protect young persons and others from inducements to use tobacco products and the consequent dependence on them;*
 (c) *to protect the health of young persons by restricting access to tobacco products; and*
 (d) *to enhance public awareness of the health hazards of using tobacco products.*

it also aims to protect young persons and others from inducements to use tobacco products. The attainment of these other components of the purpose of the act can be assessed not only by recall, but by other elements of the 'impact' of the warning.

This is not a semantic difference. A health warning message might be well recalled, but have very little impact on actually protecting young persons and others from inducements to use tobacco products. While it is unlikely that message with high impact will not also have high recall, it is important to assess health warning messages against all components of their purpose. Similarly, the proposal to print in large type (in order to aide recall) may work against the need to have more information (and higher impact). We would suggest rewording the proposal as follows:

Proposed revision: *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 that:*

- *Are vivid and engaging, providing information in ways that result in greater impact than the current health information messages*
 - *Are, at least on occasion, 'gain-framed' and action-oriented in nature, increasing the efficacy of smokers to quit, and facilitating their access to support for quitting (such as 1-800 number, Web site, health professional)*
 - *Use areas of the package that have not yet been used to communicate information (i.e. inside of the package).*
 - *Include other information likely to increase smokers engagement with quitting and efficacy in quitting (a "quitting" schedule with a clear message about quitting)*
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TOXIC CONSTITUENT PANEL

Proposal

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

- *Each focus on one of eight substances (e.g. nicotine, carbon monoxide, formaldehyde, acetone, 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*
- *Are equally distributed amongst packages, in the same way as the current health warning messages*

For smokeless tobacco products intended to be either sniffed, sucked or chewed, 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 health effects, and the amount present in the product as currently displayed*
- *A statement about the product's carbohydrate contents, to better inform users about the high sugar content of some smokeless tobacco products.*

Questions:

What are the benefits of the proposed changes?

See our response to the proposal to include “*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*”: above

It bears repetition that there should be no numerical information for smoked products and we urge Health Canada to eliminate all numerical information about yields. At best, it is uninformative and confusing; at worst, it is misleading. We urge Health Canada to adopt the recommendation of the 2001 International Expert Panel on Cigarette Descriptors and remove all numerical information about yields of toxic substances from packages. We note that the TOBREG committee of the World Health Organization has recently discussed the importance of moving away from ISO based methods altogether.

The focus on individual components of tobacco smoke or cigarette design has, in our view, led to false and harmful impressions about the value of eliminating or reducing these constituents. For example, the vilification of additives in cigarettes has allowed cigarette manufacturers to promote their products as “additive-free” (Canadian Classics is a brand which is marketed in this manner). Even though there is no evidence that these cigarettes are less harmful, there are at least some smokers who are under that false impression. In the United States, the identification of tobacco specific nitrosamines as “the most harmful” components of cigarettes has led to some manufacturers developing and marketing “tsna-reduced” cigarette brands. Whether or not cigarettes should have lower levels of TSNAs is a question separate to the usefulness of their being marketed as – explicitly or implicitly- less harmful. .

At a minimum, the logic behind the choice of compounds for identification and explanation on cigarette packages should be reviewed. Are the eight substances identified because they are the most harmful substances on a gram-per-gram basis, or because they are responsible for most of the harms of cigarette smoke, or because they are the most familiar?

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.

Question

The proposal would eliminate the need to list all six toxic emissions and their ranges on every package. Do you have any concerns with eliminating the list?

To the contrary, we would be very concerned if the list were not eliminated. The new proposal (and our revised proposal to seek to impact people’s understanding of the harmfulness of smoke) is much more consistent with both the theory and findings of communications research.

Question

Can you suggest other ways for presenting toxic emissions/constituents information on packaging that would be noticeable and useful to tobacco users?

Simple, clear information about the substance can be presented on the outside of the package. More detailed information about the toxic effects of the product can be presented on the inside of the same package. When needed, the health warning on the outside could also present some information about the same toxic substance.

In keeping with our suggestion that more comprehensive communication strategies be adopted, thematic reference to toxic substances and the diseases they cause could be repeated in broadcast and print media campaigns.

The inside of the outer shell can be used to present additional health information (the example below is taken from the Surgeon General's report)

Smoking causes cancer in organs throughout your body.

Throat
Mouth
Larynx (Voice Box)
Esophagus
Lung
Leukemia (Blood)
Stomach
Kidney
Pancreas
Bladder
Cervix

Facts You Should Know

Cigarette smoking causes most cases of lung cancer. Smokers are about 20 times more likely to develop lung cancer than nonsmokers. Smoking causes about 90 percent of lung cancer deaths in men and almost 80 percent in women.	Certain agents in tobacco smoke can damage important genes that control the growth of cells and lead to cancer. Smoking low-tar cigarettes does not reduce your risk for cancer.
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OTHER PROPOSALS, ADVICE AND COMMENTS

Question 1. Missing information

Is there anything not included in our proposals that would help make the labelling more noticeable, informative and credible?

We are concerned that the scope of the health warnings needs to be expanded to cover other disease and conditions for which there are currently no warnings. The 2004 US Surgeon-General's report (http://www.cdc.gov/tobacco/sgr/sgr_2004/pdf/executivesummary.pdf) list 29 diseases that are caused by tobacco and many more that may be caused by tobacco. The warnings need to cover many more of these diseases; particularly those that have been so identified more recently, such as diseases of the eye, deafness, general ill health and premature ageing. In addition, health information that is not disease-based (including information regarding physical, mental and social well-being) and which is likely to achieve the purpose of the Tobacco Act should be considered.

Question 2. Additional proposals or considerations...

We are open to ideas that would help smokers and potential smokers understand the health hazards associated with tobacco use and see that quitting is both possible and has health benefits.

As part of a multi-media approach to health communication, we urge you to consider new ideas and new technologies for health warnings. These could include:

- Warnings that are large, but of varying size, shape and colour. Using bright, attention-getting day-glow colours could also be considered.
- Audio warning on packages or cartons in the form of pressure-activated micro-chips are not beyond the realm of possibility and could be considered as supplementary information to some of the warnings printed on the packages.
- Including messages on other components of the package (foil wrap, the inside of the outer shell)
- Moving to standardized packaging of cigarettes, including a new package format that would help disentangle cigarettes from learned associations between the package and positive images of smoking. The government's authority under the Tobacco Act to prescribe the package size and shape could be clarified, the health impact of exercising that authority could be researched.
- Creating feed-back mechanisms for smokers (listing phone numbers where they can participate in electronic surveys, get more information, register for text-messages)

Material from Health Canada's web-site could be communicated through inside-package messaging.

Put your doctor at the centre of your plan to quit smoking this year



There are strategies you can use to finally quit.
Talk to your physician and join the thousands of people who have stopped smoking this year.

Ask. Discuss. Plan. Quit.

Question 3. General support for or disagreement with Health Canada's proposals...

Even if you don't have other suggestions or ideas, we'd like to know if you generally support our approach to changing tobacco labelling. Let us know what you think.

We generally favour Health Canada's approach. Where we have specific disagreements or suggestions for improvement, they have been so indicated. We look forward to the opportunity to comment on specific proposals from Health Canada in the very near future.

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