

Tobacco Package Warnings

In 2020, the U.S. Food and Drug Administration revised the American tobacco package warning system. Due to the serious flaws in these warnings, we have posted Gar Mahood's 2012 critique of the Canadian warnings enacted by the Stephen Harper government. An analysis of the US warnings will follow.

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Briefing Note for the Canadian Media: What the government didn't tell you about Canada's new tobacco warnings

Documents obtained under the *Access to Information Act* reveal flaws in new warning system

A few days ago, all cigarette and cigar packages were required by law to carry new warnings. Why are these reforms so important, even for non-smoking Canadians? Because with over 1.5 billion packs in circulation every year, packages emerging from pockets and purses 20 times a day, sitting on coffee tables in front of non-smoking spouses and kids, these warnings constitute Canada's most viewed and most valuable public education system about the country's No. 1 cause of preventable illness and death.

With each pack creating a mini-billboard each time it is seen, the tobacco package puts tens of billions of risk advertisements or impressions into the market every year. No other product warning system has this kind of reach.

Whether due to a desire to prevent illness or to reduce health care costs servicing smokers, we all should have an interest in the effectiveness of these messages. One way or another, we all pay for the predatory marketing of the tobacco industry.

And so it has been with interest that we have watched Health Minister Leona Aglukkaq's various announcements about Canada's "new, larger health warning messages" on cigarette and cigar packages. The revamped labels increase the size of the warnings from 50 to 75 percent of the major faces of the packages. But there has been more political spin than real leadership in the revamped warnings and in her news releases and photo ops.

A few days ago, the Minister once again trumpeted their implementation as breath-taking change and took credit for the very reforms that she had earlier decided to shelve. After all, two years ago, we learned from leaks that the Minister's commitment to new warnings was suspect. At a meeting of the federal and provincial health ministers in September 2010, she told her disappointed provincial counterparts that she did not intend to proceed with the revised warnings in the foreseeable future. After six years of development and millions of dollars invested, she

was not committed to replace 10 year-old stale warnings. Can anyone imagine a private sector advertiser who is seriously interested in getting a message out running the same advertising campaign for over a decade?

It was only after four months of pummelling in the press, after an editorial in the *Canadian Medical Association Journal* called the shelving decision “senseless” and after a devastating TV exposé linking tobacco lobbyists to the sidelined warnings, that Minister Aglukkaq was pressed to announce that the warnings would proceed. Skepticism would therefore be justified when observers evaluate the reluctantly-produced new warning system.

Now, thanks to documents obtained under the *Access to Information Act* (ATI), a picture emerges that differs from the “world leader” rhetoric. Until now, health officials who advised the Minister on the design of a new warning system were bound by confidentiality agreements and could not reveal what advice was given and what was ignored. But with the ATI documents in hand, Canadians can now be told why there may have been a reluctance to table the revisions. The previously secret documents show that the Minister ignored much of the near unanimous expert advice received in departmental consultations with the health community.

The much heralded new system is, at best, a mixed bag. At its worst, given the glacial speed that Health Canada moves and the likelihood we will be stuck with these warnings for another decade, and given the 37,000 deaths a year attributable to the tobacco industry, the opportunities for serious package reform lost in this round could lead to thousands of entirely preventable tobacco deaths in the future.

Why a mixed bag? Because when the Aglukkaq messages are compared with both the world precedent-setting warnings approved by Health Minister Mary Collins in 1994 and Canada’s landmark warnings introduced by Health Minister Allan Rock in 2000, public health has lost nearly as much as it has gained. The language of the system has been weakened, critical warnings either dropped or not selected, and the variety of messages significantly reduced.

In fairness, Minister Aglukkaq deserves praise for larger warnings, for the toll-free smoking quit line and website and for several hard-hitting graphics, especially the late Barb Tarbox-featured warnings. Tarbox’s courageous, public-spirited decision to allow herself to be photographed in the final stages of lung cancer has led to two valuable warnings.

Why are the new warnings often weaker and less effective than their predecessors? An ATI document from 2009 signed by nearly all of the health officials in the consultations, several of whom are internationally recognized experts in tobacco warning systems, spelled out the problems in the changes then being proposed. The critique made clear that a comprehensive system is much more than sixteen pictures on the major faces of packages. Other factors will also determine its effectiveness, among them the headline of the warning and explanatory text, the choice of the risks selected for attention, where the messages appear – outside or inside the package – how they are presented graphically and how often the messages are rotated.

Moreover, do the tobacco risk messages meet the minimal standards for warnings that producers of other products face? Common law requires manufacturers to warn of both the nature of a risk (e.g. lung cancer) and the magnitude of the danger (e.g. if you get lung cancer, nearly nine times out of ten, you die). Any warning system produced should satisfy the minimal requirements of common law. Here, the Aglukkaq warnings have serious flaws.

Many ignore the advice of the experts and fail to protect the breakthroughs of the 1994 and 2000 innovations. For example, the most serious risk related to tobacco use is death. Thirty percent of all cancer and heart disease mortality is caused by tobacco. Yet, unlike earlier warnings, nine of the sixteen new messages, including the cancer and heart disease warnings, fail to warn of the most serious risk, death.

Historically, the tobacco industry has feared the warning of addiction above all other warnings. The new addiction warning is decidedly weaker than its predecessors and actually creates fear of the use of nicotine replacement therapy to help cessation, products provinces are now funding.

One precedent set in the 1994 system was the revelation of the risk of death from second-hand smoke (SHS), a message that greatly upsets Big Tobacco. Neither of the two new SHS warnings mentions this risk.

A warning about first-hand smoking during pregnancy should be a core message. There is a warning about the effect of SHS on the fetus but the critical warning about smoking while pregnant has been dropped. Also, killed was the landmark impotence warning that countered the industry's equation of smoking with male virility.

The interior package warning system was another world precedent in the 2000 system. The interior system was important because it gave Health Canada an opportunity to add information about risks that it could not place on the exterior of the package. It also allowed the system's designers to introduce an element of surprise to the messaging that created curiosity and interest. A smoker could refuse to take a package at point of purchase that had an exterior warning he/she disliked. For example, many males would not accept a package with the impotence warning in the 2000 system. But they could not avoid disturbing messages inside the package. Those were always a surprise.

In the 2000 system, there were 16 rotating messages inside the package. Nine provided advice on how to quit smoking and seven contained interesting, more detailed risk messages. The experts advised the Minister to retain the interior warnings because they added information that the smoker should receive and because a mix of risk and cessation messages would create greater interest.

Flying in the face of the advice to maintain variety, the Minister reduced the inside messages from sixteen to eight and eliminated the seven interior risk messages altogether. Gone are the

detailed messages from 2000 about “brain injury” (stroke), chronic bronchitis and other lung diseases, pregnancy, “crib deaths,” and chances of survival from lung cancer. All interior messages will now be about smoking cessation. But the lack of variety will make them easier to dismiss.

Canadian cigarettes are sold in two types of packages. For flip-top boxes, the interior messages are printed on disposable inserts. With shell and slide packs, packages that have a moveable element that slides inside the shell to expose the cigarettes, these messages are printed on the slide of the box.

The disease prevention advantage of the shell and slide package is the fact that the interior messages remain for the life of the package, to be seen at least 20 times. In contrast, any message on an insert is viewed once and then, often, becomes litter. Contrary to the advice of the experts, Health Canada failed to make the shell and slide package mandatory for all cigarettes. Ignoring this advice allows the industry to continue to shift its customers to greater flip-top box use and a weakening of the interior message system.

The Minister also failed to produce a breast cancer warning which the critique says “should be at the top of the list of suggested new warnings.” Although no precise mortality estimates exist for breast cancer caused by direct smoking or by second-hand smoke, there is now ample evidence to justify such a warning.^{1,2}

As those in the consultations pointed out, there is stronger evidence and justification for a breast cancer warning in the revised system than there was for the impotence warning in the 2000 iteration. A question then arises, “don’t women deserve the same quality of information about risks as men?”

In 2009, the critics wrote, “Health Canada’s health warning message systems of 1994 and 2000 introduced about a dozen valuable world precedents for tobacco control ... for inexplicable reasons, the proposed warnings fail to protect some of these precedents and, in various ways, elements of the new messages take us back a decade or more.” There were insufficient changes between that 2009 assessment and the finalization of the warnings in 2011 to suggest that that the critique was off the mark. With the previously secret advice now on the public record, Canadians can now ask Minister Aglukkaq why.

About the author

Garfield Mahood has led initiatives to improve Canadian tobacco warnings for over two decades. He is an Officer of the Order of Canada.

Notes (not intended for publication)

1. “Active smoking and second-hand smoke linked to breast cancer,” University of Toronto Dalla Lana School of Public Health news release, April 23, 2009 announcing the report, *Canadian Expert Panel on Tobacco Smoke and Breast Cancer Risk*. Ontario Tobacco Research Unit, April 2009.
2. André Picard, “Smoking – even second-hand – increases breast cancer risk,” *The Globe and Mail*, April 24, 2009.