

The federal government's senseless policy change on tobacco warning labels

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Tobacco control is an area where government policy initiatives are uniquely effective in yielding widespread public health benefits. A decade ago, Canada led the world in enacting tough and effective tobacco policy regulations, particularly regarding warning labels on tobacco products. Since then, 38 other countries have implemented similar programs and many have far more stringent requirements.

However, rather than moving Canada further ahead, the federal government now seems poised to abandon this legacy. In late September, Health Canada abruptly announced at a closed-door meeting with provincial and territorial representatives that it was suspending plans to move forward with larger and more graphic warning labels as well as a prominently displayed toll-free number for a quit-smoking line. Instead, the federal government's tobacco policy will now focus on fighting contraband cigarettes.

Warning labels are an effective, inexpensive communication strategy. After television, labels are the most important source of information for smokers and nonsmokers alike about the adverse health consequences of smoking.¹ Moreover, the "dose" of information increases in proportion to the amount of tobacco consumed: the more often smokers reach for a cigarette, the more often they see and are influenced by the warnings. And the tobacco industry is made to pay for it. Since Health Canada abandoned mass media campaigns against tobacco years ago, warning labels constitute the federal government's only remaining smoking-related mass communication initiative.

Warning labels make smokers substantially more likely to notice and read messages about adverse consequences of smoking, to think about these consequences and about quitting, to forgo a cigarette they were about to smoke, and to try to avoid seeing the labels.² These cognitive and behavioural effects are in turn associated with increased rates of quitting smoking.³ Label messages also inform smokers about effective strategies to help them quit. Regulations governing the size and location of warning labels limit the tobacco industry's ability to use labelling to providing misleading information and minimize the risks of smoking. Perhaps most important, warning labels effectively deter nonsmokers from starting to smoke and are a key medium for such messages for vulnerable children and youth.²

The larger and more striking the labels, the more effective they are. Larger text messages are more successful than smaller ones, and pictorial warnings are the most effective.¹ For this reason, guidelines issued by the international Framework Convention on Tobacco Control advocate large pictorial

warning labels.² Canada was the first country to implement labelling regulations consistent with these guidelines. The effect on Canadian smokers has been rapid and striking. For example, knowledge of specific health consequences of smoking is twice as high among Canadian smokers compared with their counterparts in the US and UK, where warning labels do not meet the guidelines.¹

The tobacco industry has argued that the existing warning labels are sufficient, but as usual, they ignore clear evidence to the contrary. Although warning labels are effective, they lose their effect over time and with repeated exposure. Countries such as Thailand and Uruguay have refreshed their labels three or four times in the past five years. Canada's labels have remained unchanged for a decade. In fact, after years of research and millions of taxpayer dollars, Health Canada has failed to change a single label.

The Harper government's sudden policy shift is ill-conceived. At a minimum, the shift is wasting years of work and taxpayer dollars. Without warning labels, smoking rates will rise and eventually result in increased smoking-related illness and death. Certainly, the problem of contraband must be addressed. However, there is no obvious reason why fighting contraband should stop the government from proceeding with new warning labels that have already been developed and extensively researched.

In the absence of a logical explanation, Canadians should be forgiven for questioning the government's motives. Many have speculated that the government has caved in to the tobacco industry,⁴ that undoubtedly sees new and larger warning labels as a potential threat to its markets and bottom line. In the past, tobacco companies have spared no expense to lobby and mount legal challenges to reverse government anti-tobacco policy. Others may see the policy shift as another example of the Harper government's ignoring public health to focus on a law-and-order agenda.

The federal Minister of Health has previously shown leadership in getting tobacco control legislation passed through Parliament. Her leadership is needed again. Minister Aglukkaq must take action to ensure that the new warning labels go forward without further delay. She should commit Health Canada to an ongoing process of regular and timely renewal of the labels, given the clear evidence that this is necessary. She should also give careful consideration to the initiatives of other countries that have surpassed Canada's lead in fighting tobacco consumption, such as Australia's recent decision to require plain packaging of cigarettes.⁵

We should all be outraged about the suspension of efforts to renew tobacco warning labels. Few people — even in

government — would likely dispute the great importance and high incidence of the often gruesome consequences of smoking illustrated on cigarette packages. Let us therefore hope that our elected federal officials hear and heed the many Canadians whom their senseless policy shift has disappointed and angered.

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PRISTIQ is indicated for the symptomatic relief of major depressive disorder. The short-term efficacy of PRISTIQ (desvenlafaxine succinate extended-release tablets) has been demonstrated in placebo-controlled trials of up to 8 weeks.

The most commonly observed adverse events associated with the use of PRISTIQ (at an incidence $\geq 5\%$ and at least twice the rate of placebo) were nausea (22%), dizziness (13%), hyperhidrosis (10%), constipation (9%), and decreased appetite (5%).

PRISTIQ is not indicated for use in children under the age of 18. PRISTIQ is contraindicated in patients taking monoamine oxidase inhibitors (MAOIs, including linezolid, an antibiotic) or in patients who have taken MAOIs within the preceding 14 days due to risk of serious, sometimes fatal, drug interactions with selective serotonin reuptake inhibitor (SSRI) or serotonin norepinephrine reuptake inhibitor (SNRI) treatment or with other serotonergic drugs. These interactions have been associated with symptoms that include tremor, myoclonus, diaphoresis, nausea, vomiting, flushing, dizziness, hyperthermia with features resembling neuroleptic malignant syndrome, seizures, rigidity, autonomic instability with possible rapid fluctuations of vital signs, and mental status changes that include extreme agitation progressing to delirium and coma. Based on the half-life of desvenlafaxine succinate, at least 7 days should be allowed after stopping desvenlafaxine succinate and before starting an MAOI.

PRISTIQ is contraindicated in patients demonstrating hypersensitivity to desvenlafaxine succinate extended-release, venlafaxine hydrochloride or to any excipients in the desvenlafaxine formulation. Concomitant use of PRISTIQ with products containing venlafaxine is not recommended.



Recent analyses of placebo-controlled clinical trial safety databases from selective serotonin reuptake inhibitors (SSRIs) and other newer antidepressants suggest that use of these drugs in patients under the age of 18 may be associated with behavioural and emotional changes, including an increased risk of suicide ideation and behaviour over that of placebo.


The small denominators in the clinical trial database, as well as the variability in placebo rates, preclude reliable conclusions on the relative safety profiles among the drugs in the class. There are clinical trial and post-marketing reports with SSRIs and other newer antidepressants, in both pediatrics and adults, of severe agitation-type events that include: akathisia, agitation, disinhibition, emotional lability, hostility, aggression and depersonalization. In some cases, the events occurred within several weeks of starting treatment.


Rigorous clinical monitoring for suicide ideation or other indicators of potential for suicide behaviour is advised in patients of all ages, especially when initiating therapy or during any change in dose or dosage regimen. This includes monitoring for agitation-type emotional and behavioural changes.

Patients currently taking PRISTIQ should NOT be discontinued abruptly, due to risk of discontinuation symptoms. At the time that a medical decision is made to discontinue an SSRI or other newer antidepressant drug, a gradual reduction in the dose, rather than an abrupt cessation is recommended.

Reference: 1. Wyeth Canada. PRISTIQ Product Monograph, August 2009. Product Monograph available upon request.

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