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Consulting Consumers on Self-Care Product Labelling: A Report on What We Heard

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Executive Summary

Through its Self-Care Framework (SCF) initiative, Health Canada is looking to update its approach to regulating self-care products, which include cosmetics, natural health products and non-prescription drugs.

Through Phase I of the SCF initiative, Health Canada will introduce, for consultation, proposed amendments to the Natural Health Products Regulations to improve the labelling of natural health products (NHPs), including: a facts table and requirements for risk information, which will be clearly displayed and expressed in plain language. The use of 'plain language' ensures that information on

labels can be easily read and understood by the target audience and that the format or presentation of labels does not impede comprehension. These changes are intended to better support consumers in selecting and safely using a product:

- A minimum font size
- Appropriate contrast
- Placement of key regulatory information in a table with standardized headings
- Modern contact information

Labels are an important tool to assist Canadians in making informed decisions when using health products such as self-care products. The label is the first point of interaction between the consumer and the self-care product, and conveys key information, including: medicinal ingredients, warnings, directions for use, non-medicinal ingredients and who to contact in the event that something goes wrong. It is important that this information is legible, discernable and in plain language to support informed product choice and use, including supporting comparative choices between products.

To support the development of Health Canada's Phase I regulatory proposal to improve NHP labelling, Health Canada undertook various types of consultation across all stakeholder groups, including consumers. The focus of Health Canada's consumer engagement was to seek feedback on:

- What are their behaviours when it comes to reading labels?
- What are some of the present limitations?
- What are their reactions when presented with different types of labels?
- What are the most important aspects of the product label?
- What they thought of having certain information removed, including being placed on a URL?
- What other improvements would they recommend, including any presentation changes for the required information on labels?

Consumer consultations were conducted as four two-hour engagement sessions hosted across the country with a cross-section of the Canadian public.

This Report on **What We Heard** further describes the consumer consultations and the following key findings:

- All consumer participants read labels of self-care products, whether regularly or occasionally, to learn more about the product they are choosing to buy or using
 - They are most likely to read the labels at point of purchase
 - Labels are read for a variety of reasons, depending on each circumstance, need, product, product type, or individual interest
 - Participants are most likely to read labels of products they haven't used before or that they haven't used recently, but this is not necessarily the only time or circumstance when they read labels
- There is key information on the label that is important to participants
 - Warnings, ingredients and dosage information were most often selected as the most important label elements to read
- However, this does not mean that there is support for removing other information (that may be of secondary importance) from the label:
 - Non-medicinal ingredients listed on the labels or "other ingredients" were seen as useful information, although they are rarely the first label element to be looked at and are rarely seen as the most important element. Participants with allergies and most others preferred to keep this information on the label.
- There was support for online product information to be used as a supplement to the on-label information, rather than as a replacement
 - Universal support was received on Health Canada's attribution to online information.

- There is a sense that current labels are not always easy to read, which is mainly due to font size being too small, or poor colour-contrast
 - When shown two different mock-ups of labels, a regular 6-point font was preferred over a condensed 6-point font
 - Black text on a white background was preferred over other colour combinations
 - Information presented in a standardized format rather than a non-standardized format was preferred to increase ease of reading, meaning that the use of consistent headings assisted in the comprehension of information conveyed on the product label
- Prior to being engaged on the initiative, participants were not aware of Health Canada's proposed Self-Care Framework initiative
 - Following the session, a presentation with an outline of the initiative was well received and seen as informative
 - There was a sense that due to the discussion and the information provided, participants would have a heightened awareness of self-care product labels and would be more likely to read them, or to read them more carefully in the future

Introduction

Background

Currently, three different sets of regulations apply to self-care products, each with different requirements and oversight. This inconsistent approach makes it difficult for consumers to make informed choices. For example, a consumer looking to purchase a sunscreen would find various options on the store shelf that look very similar, are used for the same purpose, and are conveniently located beside each other. However, depending on the use, ingredients, and the claims made, a sunscreen can be regulated as a natural health product (NHP), a non-prescription medication [commonly referred to

as an over-the-counter (OTC) drug], or a cosmetic. As a result, label information is presented in various formats which makes it difficult for consumers, patients, and health professionals to locate, read and compare important safety information.

Health Canada is in the process of updating its approach to regulating self-care products. The updates will be done in phases:

- Phase I -Introduce, for consultation, targeted amendments to the Natural Health Products Regulations to improve the labelling of natural health products.
 - This includes a facts table, requirements for risk information, which will be clearly displayed and expressed in plain language; and
 - These changes are intended to better support consumers in selecting and safely using a product.
- Phase II -Introduce, for consultation, targeted amendments to the Food and Drug Regulations to introduce a risk-based approach to the regulatory oversight of non-prescription drugs.
 - These include expedited pathways for lower-risk products.
 - These changes are intended to align the oversight for non-prescription drugs with other self-care products of comparable level of risk.
- Phase III- Introduce, for consultation, regulatory amendments to address:
 - evidence standards for similar health claims;
 - extending risk-based regulatory oversight to natural health products and cosmetics; and
 - seeking additional powers for Health Canada, such as the ability to require a recall or label change for all self-care products.

Prior to formal consultation through Canada Gazette, Part I, Health Canada engages stakeholders on the development of proposed regulatory changes. The feedback described in this Report provides Health Canada with important information about consumer perspectives and behaviours in selecting and using NHPs, which

helps support the proposed regulatory changes for NHP labelling in Phase I.

Objectives

The objective of the Phase I initiative is to require the display of NHP labelling information in a standardized, easy-to-read format in order to enhance their safe and effective use. The proposed labelling changes are intended to help consumers make better informed decisions about their health and the health of their families.

Understanding consumer perspectives and behaviours on the use of labels informs the development of proposed regulatory changes.

Overview of the Consultation Strategy

Background and Overall Objective

This consultation supports the development of Phase I of the Self-Care Framework. It is intended that the findings of these consumer sessions will inform the policy-making on Phase I, as well as some other aspects of the Framework's implementation, including operational, transitional, and educational elements.

The overall objective of the sessions was for Health Canada to ensure that the Department's proposed approach to improving the labeling of NHPs is consumer-focused.

Method and Participants

Four consumer engagement sessions were held in July 2018 across Canada. In total, 39 consumers participated, as follows:

City: Halifax, Nova Scotia

Date: July 10, 2018

Number of participants: 10

City: Toronto, Ontario

Date: July 12, 2018

Number of participants: 11

City: Vancouver, British Columbia

Date: July 17, 2018

Number of participants: 10

City: Montreal, Quebec

Date: July 19, 2018

Number of participants: 8

Health Canada engaged the support of a third-party to assure that these sessions were methodologically sound and to assure neutrality. All sessions were two-hours in length and started at 6:00PM. Participants received an honorarium as a token of appreciation for their time. Sessions were audio-recorded with the consent of the respondents and a note-taker was present.

The sessions were held in a focus-group format with round-tables led by a neutral facilitator that followed a pre-established interview guide regarding exploring the consumer perceptions of NHP labelling. Only the facilitator and an assistant were present in the room during the session. The note taker(s) were behind a two-way mirror to assure anonymity and to reduce any interference on the responses.

The participants were all eighteen years of age and older. Each group included a mix of gender, ages, household incomes and education levels.

Following the pre-established guide, participant consumers were asked general questions about their use of labels, building to comparative feedback on a variety of pre-established samples of products that were or were not standardized. No reference to Health Canada's proposal was mentioned until the end of the session, and

only for the purpose of seeing whether or not they had heard about the initiative.

What We Heard

Below is a summary of what was heard during the consumer engagement sessions. Each session was broken down into five topics, which are outlined below in separate sections. Each section includes the specific objectives, as well as a brief description of the activity and material used.

Section I: Using Product Labels

Objective: To consult and better understand how consumers use labels to inform decisions when selecting and using a self-care product.

- Output: Participants will identify how much and how often self-care product labels are used in product selection.

Key Highlights:

- All participants read self-care product labels, and many do so quite regularly
- Participants indicated they read labels of self-care products to learn more about the product they are choosing or using
- They read them most often at point of purchase
- There is key information on the label that is important to them (see Section II)
- Labels are read for a variety of reasons, depending on each circumstance, need, product, product type, or individual interest
- They are most likely to read labels of products they haven't used before or that they haven't used recently, but this is not necessarily the only time or circumstance when labels are read.

Why, What and When

Participants were shown a number of examples of self-care products that are commonly used. A whole-group discussion was held about why and when they may read the labels of these products, and what information they are looking for.

Participants listed a number of reasons why they read product labels:

1. To compare two or more products:

- To see "which one is better"
- For price information
- For different versions of the same product or brand, such as the dosage or ingredients in a "normal strength" vs. "extra strength" option
- For ingredients in generic vs. brand products
- If advertised as "new/improved" or "extra strength"
- For ingredients in products used for the same result or treatment, or
- For ingredients of a "regular" product vs. a "natural" or "organic" option.

2. To find out what is in the product:

- While this is most often about the active ingredients, some also look at other ingredients/additives.
- Participants read ingredients to see whether it contains ingredients they want to take, or conversely, to see whether it contains ingredients they want to avoid.

3. To find out whether it will be effective for their symptoms or intended use/result:

- They look for this information at the pharmacy or drugstore when purchasing a product, or at home when using a product they may already have but not use regularly.

4. To learn about product use:

- Appropriate dosage

- Appropriate frequency of use
- How to take it (e.g., empty stomach, with food)
- To check for warnings and/or contraindications, or when not to use a product:
 - Use during pregnancy or nursing
 - Use with alcohol
 - Use while driving (drowsy/non-drowsy)
 - Drug interactions
- How to administer to others, whether children or others in their care.

5. To find out about side effects or adverse reactions:

- To check for their particular allergies or sensitivities to products and ingredients or for general information on potential side effects.

6. To find out other information of importance about a product, for example:

- Whether a product is natural or organic
- Whether a product is tested on animals
- Best-before date (or expiration)
- Information on clinical trials
- General curiosity
- Country of origin.

7. When a particular product is brought to their attention, for example:

- When getting advice or other word-of-mouth information from others on products that they want to check out for themselves
- When a product or ingredient is in the news, or they see something about it online, whether that is a positive or negative mention
- When a product is advertised.

These last set of reasons, (item 7 above) were also mentioned when asked what would make them more likely to read a label that they

would perhaps otherwise not read. A few participants also mentioned that they took a course at a grocery store about reading labels in general, which prompted them to read labels on self-care products more often or more closely.

All discussion participants have read self-care product labels, and many do so quite regularly.

Participants said that they are more likely to read labels when looking for a new product they have never used before, compared to when buying or using a familiar product. However, there are some triggers or instances that participants said would make them likely to read the label on a product they have used in the past. For example:

- When using a product they have at home but that they don't use very often;
- When a circumstance has changed. This could be that their personal circumstance has changed, such as they are taking other medications, have developed allergies, the child who is getting the product is now older, etc.;
- When a product packaging or label has changed, which serves as reference point to more clearly scrutinize the product to determine if there is new information (e.g. ingredients).

Some participants indicated that they read labels at every purchase for certain products even if they are familiar with them. This is most commonly done because they feel that ingredients tend to change over time or because new products enter the market that they would like to compare with their usual product.

Moreover, participants indicated that the category or type of product also dictates whether a label is read. For example:

- Labels for over-the-counter (OTC) medications are more often read than those of cosmetics
- Labels for well-known, "trusted" brands or widely used products are not as often read
- Labels for products that are used every day, such as toothpaste, lipstick, and other cosmetic-like NHPs that were seen as safe, as

not read as often as those for products that are not used as often or were seen to be less safe.

Besides reading labels, participants also indicated that pharmacists are an important source of information for OTC medications; this gives a sense of security or certainty that the correct product is being bought.

Unprompted, some participants mentioned issues they have with reading labels due to small fonts, lack of colour contrast, or other readability or clarity issues, such as the wording not being in plain language, causing them not to understand the ingredients or terminology. Some indicated that addressing these elements would make them more likely to read a label and less likely to ask a pharmacist for information.

A few participants mentioned that the English and French content is not always the same, with French translation not always being clear or accurate.

Also unprompted, some participants discussed that they also looked online for product information. This is done more often for products that are not necessarily used in acute situations, but for which there is more time to decide, such as supplements or cosmetics. Some also look online for ingredients and do more research on those that could potentially be harmful.

How Often and To What Extent

After a general discussion, participants were asked to use the "first of five" approach to show to what extent they look at or read a label. A show of 0 fingers meant they usually don't look at the label at all, 1 meant they quickly glance at it, all the way to 5 fingers meaning they usually read the entire or complete labels carefully. Answers were discussed.

The "first of five" exercises revealed that before purchasing a product, many participants ranked their label-reading habits on the moderate to higher end of the scale, most often showing three, four or five fingers.

Participants said the reasons for high rankings included:

- Habit, or general feeling that that's "the best things to do" for their health or that of their children
- They look for specific information and end up reading most of the label
- To make sure it is the right product for their symptoms or for their situation (e.g., need to be able to take it while driving, or during the day without getting drowsy)
- To ensure safety by looking for allergy information, ingredients they may have sensitivities for, as well as by looking at the expiry date.

Participants who gave more moderate to low rankings gave a number of reasons for this, including:

- They may sense a product is "safe" or "trusted" because they are familiar with the product because of previous usage, it is popular, widely used, or recommended by a friend or a family member
- They don't have any allergies or haven't experienced adverse reactions to similar products
- They only give it a cursory glance as a refresher (for example on dosage/usage) or to see if any key information has changed since they last bought or used it
- They may only look at one or two pieces of information briefly, such as expiry date, but will not look at ingredients.

Participants again indicated that they are more likely to review the information for OTC medications and somewhat less so for other products such as cosmetics or cosmetic-like NHPs that are every-day products, such as lipstick or toothpaste.

A second "first of five" exercise showed that for future uses of a product, label-reading is generally more limited, with most participants showing zero, one or two fingers.

Participants said this was because:

- They simply remember the information and feel they know the product

- It was enough to have a quick glance as a "refresher" (on dosage, use) or to make sure nothing has changed since it was purchased or used last
- They would only look for particular information, for example if their health status has changed, or to compare their "usual" product to a new one that they may be less familiar with.

As was seen with the initial-use (or "before they use a product" section) comments, participants indicated that for products used infrequently e.g., cosmetic facewash, and in particular for OTCs e.g. anti-nausea or allergy medication, labels are more likely to be read again, and more in-depth, even when they are familiar to them. There was also some unprompted discussion about what would happen if the product had changed, with some participants admitting they would likely not notice it, unless the package had changed, prompting them to be more likely to look again.

Section II: Reading Product Labels

A. Importance of Label Information

Objective: To consult and better understand how consumers use labels to inform decisions when selecting and using a self-care product.

- Output: Stakeholders will prioritize a list of the information they use when selecting and using a self-care product.

Key Highlight:

- Warnings, ingredients and dosage information were most often selected as the most important label elements for participants to read

Participants were given handouts with a mock-up of information typically found on an NHP label. They were also given three sticky notes and asked to individually think about what information they may look for when selecting a self-care product and to write down their top

three most important information elements. After this individual exercise, all sticky notes were combined on a wall, sorted and themed by participants to reveal which information elements the group had identified as most important.

Findings revealed that participants look at labeling information somewhat differently. While this exercise did not show one clear winner, some top information elements were brought forward by participants:

- Warnings was mentioned often, but received a mix of #1, 2, and 3 rankings;
- Ingredients made the top three just slightly less often than for warnings, but was more likely to be ranked #1;
- Dosage was also important, receiving several mentions and often a #2 ranking;
- Directions was also mentioned often, but more likely received #2 and #3 rankings;
- Of secondary importance were Expiry date and Quantity/amount in the bottle;
- Other elements such as the lot number, storage temperature, "also contains" and the intact seal were in the top three less frequently.

B. Label Design

Objective: To involve **consumers** on specific attributes of a facts table on a product label.

- Output: Stakeholders will provide feedback on the usability and the legibility of current product labels
- Output: Stakeholders will provide feedback on the use of various font types and sizes on self-care product labels
- Output: Stakeholders will provide feedback on comparability of proposed NHP labeling to OTC labelling

Key Highlights:

- A regular 6-point font was preferred over a condensed 6-point font
- Black text on a white background was preferred over other colour combinations
- A standardized layout of information increased readability.

Participants were given handouts with two sets of label designs with facts tables. In the first set, example A had 6-point regular (100%) font and example B had 6-point 85% condensed font. In the second set, example C was a marketed product label with white, 3-point font on a red background with no facts table and all capital letters for headings, and example D was a label with black, 6-point font on a white background in a facts table format. Participants were asked to fill out a short questionnaire on overall readability, font, layout and suggested changes.

Overall Readability

Most participants indicated that the label with the regular 100% (non-condensed) 6-point font (Label A) was generally easier to read than the label with the 85% condensed font (Label B).

Some also indicated that the standardization and size of the font (6 point with 85% compression) were seen as an improvement when compared to the expectation of a presently marketed product though Label B was seen as less optimal than Label A, while at the same time, there was some sense, particularly among older participants, that both options were not easy to read and would be more legible with a larger font.

There was nearly a consensus that the label with the black font on a white background (Label D) was easier to read than the label with a smaller white font on a red background (Label C).

Readability was almost always related to font and contrast.

Font

Most participants indicated that the label with the regular 100% (non-condensed) 6-point font (Label A) was preferred over the label with the 85% condensed font (Label B). The font size and type on label A were mostly seen as "just right" while those on Label B were more likely to be seen as "too crowded" or "too small." Some felt that both labels were smaller than desired, while others felt that they were both ok and represented improvements from the currently marketed products.

The Label C, which had smaller and white font on a red background, was widely viewed as too small, too crowded, and not having enough contrast to read clearly. A few participants commented favourably on the all caps used in the headings on Label C.

Unprompted, there was some discussion about making fonts bigger, and how much or how much less information would fit on a label. Participants understood that this was a trade-off. Also discussed unprompted was what Health Canada would mandate to be on labels, and that would dictate the amount of information required, along with the font size (in order to fit all information on a label).

6-point font, black and white contrast and a standardize format were preferred by participants

Layout

Participants preferred the standardized table layout used in Labels A, B and D over the currently-used layout in Label C. They said that all the information on those labels was laid out so that it was easily found and read under the various headings.

There was some debate about whether it would be better to display the English and French text next to each other (with "/" in between) or whether it was best in two separate tables. Participants were split on this.

Overall Preference (Readability, Font, Layout)

Participants clearly preferred Labels A and D over Labels B and C for a multitude of reasons such as readability, font size, and layout.

Suggested Changes

Participants made a number of suggestions that they felt would make labels easier to read, and therefore more likely to be read. These included:

- To move some pieces of information, for example "product facts" and "Questions?" somewhere else, to make more room on the label, facilitating a larger font:
 - There was some discussion about whether "other ingredients" could be moved to, for example, the side or inside of a package to make more room; however, there was no consensus on whether this was a good idea, and after some discussion, most tended to prefer the information to appear on the physical product label.
 - It was suggested that adding a QR code that would lead to additional online information might be beneficial. However, the pros and cons of this approach were debated, as this was said to not be ideal for all Canadians (e.g., elderly who do not typically go online, those without a smart phone or data plan that would allow for a QR code to be used in a store). Therefore, a QR code was mostly seen as a nice additional option, but not as a replacement or way to take other information off the label.
- To give more emphasis to the headings, for example by using a different font colour. This would make them stand out more, and it would make the label generally more attractive and "less boring" and therefore more likely to be read.
- Bolding or using a different colour font some important or key terms, such as the warning messages.
- To use plain language that would be easily understood. (for example: "contra-indication" = "do not use if...")

A few participants felt that in general, labels were "boring" or "formal", and that the proposed standardization would make them even more so. This would generally not entice those few participants to read labels, and they felt that they could be "spruced up" a bit by for example using some colour or "more interesting" design elements.

However, it was also quickly said that this should not come at the cost of legibility or clarity, and because of this, others countered that standardized and plainer would be more beneficial overall.

Participants were then shown mock-ups of two similar products, one of which an OTC and the other an NHP. The OTC product displayed its current label, using new Health Canada guidelines for plain language labelling, while the NHP label was mocked-up using the same table style and layout, with the same 6-point black font on a white background. Comparability of the two products was discussed with the group.

Most participants said that at first glance, the layouts increased their ability to compare the two products.

However, upon closer reading, it was noticed and mentioned that since the headings were not the same for the two products, comparability was not as optimal as they might have expected. Once it was explained that one product was an OTC and the other an NHP, and that this was the reason for the difference, participants were generally clearer on why the labels could not have the same content. However, participants felt that to be truly comparable, having the same format but not the same information on both was still not optimal. Some cautioned that consumers might try to compare "apples and oranges" (i.e., an OTC and an NHP) without knowing this, since the labels looked the same. Others felt that other indicators on the packaging would make this clear. In particular, this related to the use of the title ("drug facts table" versus the use of "product facts table") and the ingredient information ("active/inactive ingredients" versus "medicinal/non-medicinal ingredients").

C. Label Ingredient Information

Objective: To involve consumers on specific attributes of a facts table on a product label.

- Output: Stakeholders will provide feedback on ingredients on label.

Key Highlights:

- In general, the non-medicinal ingredients listed on the labels were seen as useful, even though they are generally not the first piece of information looked at on a label, nor the most important element;
- The preference was to keep the list of non-medicinal ingredients on the label and not move it elsewhere.

Attention was given to the same mock-up of information typically found on NHP labels that were used for the Reading Product Labels exercise. Participants were asked to look specifically at the section that showed "other ingredients" and a whole group discussion was held about these elements of the label.

Non-medicinal Ingredients

Participants said that that non-medicinal ingredients, or the information in the section labeled as "also contains" was very useful:

- Most importantly, in the case of allergies or sensitivities
- For people with health issues that required them to be more cautious of certain ingredients (high cholesterol, high blood pressure)
- To see whether a product is vegetable based or includes other ingredients they don't want to take, for example due to religious beliefs
- To check whether it contains ingredients that may be banned in other jurisdictions
- As a general reference, followed by an online search to find out more about unfamiliar ingredients
- To get a sense of whether the ingredients are (truly) natural (i.e., if ingredients have long, scientific or chemical-sounding names, it is often interpreted as not natural, not healthy or not "good for you" i.e., "that it is just a fancy word for sugar")
- To get a sense of how "good" the product is (i.e., the more non-medicinal ingredients or "fillers," the more likely this is to raise a red flag - less is seen as better)

- There was also some sense that just having this information displayed on the label gives peace of mind, even if it isn't read. They may need it at a later date and it signals disclosure and the fact that a manufacturer has nothing to hide.

There was some general discussion about moving information off the label to make more room and to allow for a larger font. While some initially supported this, the non-medicinal ingredients were not seen as the best fit for this. Participants generally did not feel that moving this information off the label was a good idea. Reasons for this opinion included:

- This information is simply seen as too important in the purchase-decision process for those with allergies
- It would not be easily accessible at point-of-sale when a decision has to be made. This was said both of moving the information online ("not everyone has access to a phone to look up the information in a store") and of the information being inside a package or on a peel-off label. Finding this information at home once a product is bought is seen as "too late" and "inconvenient"
- In the case of an insert or peel off, if read at home, a product may not be returnable once opened, or it would be a hassle to return
- The information may be thrown out and not accessible at a later time if needed
- Moving the information online would require more effort or could be seen as a chore to participants
- Online information is not universally accessible, and arguably the least accessible to those who may need it most (i.e. elderly, marginalized consumers)

Allergens

Participants said that allergens are not always easily recognized on current labels. Given the importance of this information, some suggested that they should be emphasized by clearly indicating which ingredients could be potential allergens:

- By highlighting or bolding them
- By devising pictograms for certain allergens for easy recognition (although it was also understood that if a product contained many allergens, this could take up a lot of room on a label).

Information on allergens was seen as being key on labels and has been gaining importance due to the higher levels of awareness about allergic reactions and sensitivities in recent years. The larger discussion on the non-medicinal ingredients listed showed that there was not much support for moving this information off the label.

Section III: Selecting and Using Products

Objective: To involve consumers on the location of information

- Output: Stakeholders will provide feedback on what information is needed to select a self-care product at the point of purchase and what information is needed to use the self-care product safely.

Objective: To consult involve consumers on information needs when selecting and safely using a self-care product

- Output: Stakeholders will provide feedback on what types of information made available via URL.

Key Highlights:

- There is not much support for removing any information provided in the mock-ups off the label, for various reasons.

- Online information is supported, however, primarily as a supplement to the on-label information, rather than as a replacement.
- A Health Canada attribution to online information receives universal support.

A. Essential Labelling Information

Ingredient information on the label is essential.

Using the same mock-up of information typically found on an NHP product label, participants used dot stickers in three different colours to identify the information needed to purchase a product, and whether some information could be moved off the label:

- Green = essential to have on the label
- Yellow = nice-to-haves
- Red = can be moved elsewhere

This colour-coding exercise revealed that for the most part, participants want the current information to remain on the label:

- Participants indicated overwhelmingly that the ingredients information are seen as essential
- The "Warnings" and "Directions" are essential
- The quantity of Tablets and the Expiry Date are essential
- For non-medicinal ingredients:
 - While most feel that the "Other Ingredients" are essential, there are some who say it is nice-to-have
 - For the "Also Contains" section the same is true, with most feeling it is essential but a fairly substantial minority saying this is a nice-to-have
- Participants are split on brand name; leaning towards essential but with fair numbers also saying it is nice-to-have or something that can be moved
- The package seal information is mostly seen as a nice-to-have, with a fair number also saying it could be moved elsewhere

- For the most part, the NPN or natural product number and Lot are seen as non-essential and that they could be moved elsewhere.

B. Online Product Information

A general discussion was held on reading product information online. Following that, a mocked-up webpage or URL with a Canadian Drug Facts Table and image of the product were shown to participants for comments. The webpage included a Health Canada attribution.

Online Resources

Most participants had looked up information about a self-care product online in the past before making a purchase decision, while fewer had done so after purchasing a product. Again, this is particularly true for unfamiliar products. While some participants had done so only occasionally, others had done so more regularly.

Reasons for consulting online resources are in some cases the same or similar to the reasons why participants may read labels in a store, for example:

- To look for product information such as contraindications, side effects, efficacy, dosage, etc.
- To compare brands or prices
- To see how "natural" products are.

However, participants also mentioned additional reasons for going online:

- To read reviews
- To check if there is any additional information about side effects that is not on the package
- To do additional research, for example about clinical trials or on whether an ingredient or product has previously or in another jurisdiction been listed as carcinogenic, other studies, or to find out about the manufacturer or company selling the product
- To check on claims made in a commercial

- To buy products that are only available online
- To read more information about a product that has been in the news (which could be out of general curiosity, rather than with the intent to make a purchase decision).

Those who have never or only very rarely looked up information online tended to say they generally have no interest in doing so, or no time, and say that it is not a necessity since they find the information they need on the package or label. There was also a sense among the participants that they look for information (only) at the point of sale.

While online resources may be used, as was seen by the earlier exercise, participants were not very keen on moving (key) information off the package to online. If anything, online information was expected to duplicate what was on the label, and provide additional information over and above what was currently on the label.

Online Mock-up

Participants said that the URL as mocked up was useful. The main reasons for this included:

- That it could be consulted if a package or insert was thrown out or lost, which was noted as often the case
- That it could contain additional information not on a label.

A few participants also commented, unprompted, that they like the simple and clean look and feel.

However, most participants assumed that online information about all products would be on a central (Health Canada) website, which would facilitate comparison, and would give them confidence that the information was unbiased. When it was explained that these URLs would be on manufacturers' sites, it was generally still seen as useful, although not as universally accepted.

Participants said that the Health Canada attribution is very important, and is seen as a consumer protection measure as it indicates that the information has been reviewed, is neutral, and can be trusted. Some

went as far as to call it "fundamental" or "essential." This is especially true if this information is on the manufacturer's website.

Section IV: Regulating Self-Care Products in Canada - Awareness

Objective: To inform stakeholders of the updated approach to regulating self-care products in Canada

- Outcome: Stakeholders will have a baseline understanding of self-care products, how they are regulated and what the changes are that Health Canada is proposing.
- Outcome: Health Canada will be able to assess consumer awareness of the updated approach to regulating self-care products in Canada.

Key Highlights:

- There was no pre-discussion among participants about the current Health Canada initiative on self-care product labeling changes.
- The information presented on this topic was well-received and seen as informative.

As a closing discussion, participants discussed recent Health Canada initiatives they may have heard of, including those related to self-care product labeling. A short presentation about the self-care framework was given. Participants also had the opportunity to ask questions for clarification.

Only a handful of participants had some awareness of Health Canada initiatives. Product recalls were mentioned, as was an unspecified policy related to homeopathic products. Participants were not aware of any (proposed) changes to health product labeling, including OTCs and NHPs.

After a short presentation on this topic, participants confirmed that there was no awareness. Participants indicated after the presentation, as well as in the session evaluation that they appreciated the

information provided that it was informative and gave them a good general understanding of the topic. Moreover, as a result of the discussion and the presentation, they would be more likely to pay attention to labeling of their self-care products in the future.

Conclusion

Session participants made it clear that self-care product labels are important to them and are being read when making purchasing decisions and when using these products. While frequency of reading, thoroughness of reading and the reasons why they are read vary from individual to individual, from product to product, and from circumstance to circumstance, the information contained on labels is key to ensuring that they right decisions are being made when choosing self-care products.

While a certain hierarchy was revealed in terms of importance of certain information, with Warnings, Ingredients and Dosage information in particular often cited as most important, there was a clear sense among participants that the information currently on labels is appropriate. There was support for online product information to be used as a supplement to the on-label information, rather than as a replacement. Health Canada endorsement of online information would go a far way in ensuring that the information is seen as accurate and unbiased.

Legibility, in terms of font size, font colour and label layout, is important, and while the proposed 6-point font (black, on a white background) was generally well-received, there were still those who found it too small. The idea of streamlining the label layout and design into a table was also supported.