Challenging public health acceptability of current international standards on tobacco products: paving the way for strengthened cooperation

As tobacco control efforts gain worldwide momentum, policy makers, scientists, and public health advocates are focusing on the development of an appropriate set of international standards to regulate tobacco products. Often forming the technical basis of national regulations, international standards for tobacco have a widespread impact on growers, manufacturers, and consumers.

Established in 1947, the International Organization for Standardization (ISO) is a global federation of national standards bodies from 130 countries with a mission “to facilitate trade, exchange and technology transfer through . . . improved health, safety and environmental protection, and reduction of waste . . . .” Over the past two decades, ISO has developed 36 standards under technical committee 126 related to tobacco and tobacco products. The published standards range in scope from “Sampling of batches of raw material” to “Routine analytical cigarette-smoking machine—definitions and standard conditions.”

In recent years, one of ISO’s most widely used tobacco standards has come under fire. It is now recognised that ISO’s routine analytical smoking machine used to measure, regulate, and label tobacco products does not accurately determine a smoker’s intake. In fact, Bates and colleagues argue that current ISO tests act to legitimise “the false claims of low tar cigarettes.” Development of novel tobacco products, such as RJ Reynolds’ Eclipse cigarette, also point to the urgent need to evaluate the true effect of emerging technologies. As a critical step in the development of the Framework Convention on Tobacco Control (FCTC) of the World Health Organization (WHO), a key conference on “Advancing knowledge on regulating tobacco products” concludes that ISO and the US Federal Trade Commission (FTC) tests are not intended to assess the biological or epidemiological impact of tobacco products. It challenges ISO to “ensure that its members recognize and adhere to the principle that ISO/FTC measurements and methods are used to monitor performance and not health impacts of tobacco product.”

Clearly, ISO is not fulfilling its pledge to improve health in the area of tobacco and tobacco products, as stated in its mission “to facilitate trade . . . through . . . improved health.” This commentary explains why ISO has been unable to create international standards on tobacco which address public health concerns, and explores alternative structures for tobacco standards development.

What went wrong?

ISO’s standards development process—The tobacco industry has dominated the process of international tobacco standardisation, not only because of the industry’s might and tactics but also because of the way in which ISO develops standards. ISO standards are developed on the principles of market relevance, voluntary participation by major stakeholders, and industry wide usage. Standards are initiated when an industry sector expresses the need for a standard to a national standards body. When the need is formally agreed upon by ISO members, the work item is incorporated into the programme of work of an appropriate technical committee or subcommittee.

Drafting, negotiations, and voting—At the preparatory stage, representatives from industry, government, non-governmental organisations, consumer groups, and research institutions from member countries and external liaison organisations are, in principle, invited to participate in the technical work. Once a draft standard has been developed by the members of the technical committee and its working groups, national standards bodies and external parties then participate in the negotiations. It is the responsibility of each national standards body to ensure that its delegation represents a concerted national view at the technical committee discussions. In the end, the final draft international standard is passed with a 75% majority of all ISO members who vote.

Multinational companies dominate the process—In the case of tobacco, ISO’s process of standards development has become vulnerable to the influence of the tobacco industry. In a recent issue of ISO’s Bulletin, Linda Lusby, chair of the Standards Council of Canada, admits that “multinational companies play a large role in ISO and IEC, while small businesses, governments, non-governmental organizations and consumers are often excluded due to the cost of participation.” ISO standards are privately funded to ensure that governments do not control the standards development process. Hence, only those participants, including technical experts, with the means of volunteering their time and travel expenses may contribute to the development process.

Tobacco companies host technical committee meetings—Multinational companies also procure more control and influence by hosting technical committee and subcommittee
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PLAN 1(A): WIDEN SCOPE FOR ISO’S TOBACCO STANDARDISATION.

The first option is to continue developing international tobacco standards under ISO’s technical committee 126. Keeping the current structure has the advantage of an established mechanism for tobacco standards development, the involvement and support of national standards bodies, and existing policy committees experienced in issues such as developing country matters. Yet, certain improvements such as an amendment to the scope to accommodate greater participation by public health interests at committee meetings are in order. The current scope of the technical committee reads:

Standardization of terminology; methods of test; methods of expression of results (analytical, statistical, etc); specifications concerning as appropriate: tobacco crops and unmanufactured tobacco; manufactured tobacco products; tobacco smoke, including questions of handling, storage, packaging and transport.11

As the final report from the Oslo conference noted, there is a need for standards that measure “the biological or epidemiological impact of tobacco products.”12 Thus, the first step to improving ISO’s ability to respond to health and safety needs is to initiate an amendment to the scope.

PLAN 1(B): INCREASE PUBLIC HEALTH PARTICIPATION AT ISO’S TECHNICAL COMMITTEE MEETINGS

What ought to be done now?

It is evident that changes need to be made in the way that ISO develops international standards on tobacco. While awareness of public health issues should be raised in general, specific and immediate action could already be taken in the area of tobacco standardization. Several examples of alternative structures, which would permit public health and other non-industry voices to be better heard, are explored.

PLAN 2: MORE BALANCE BETWEEN ISO AND WHO VIA A MEMORANDUM OF UNDERSTANDING.

The second alternative structure involves a more equal collaboration between ISO and WHO. In the past, ISO has signed “memoranda of understanding” with international standardizing bodies, such as the International Telecommunication Union, International Electrotechnical Committee, and United Nations Economic Commission for Europe in the area of electronic business.13

Under a memorandum of understanding, the members are expected to “undertake a review of their standardization activities and develop a joint, coordinated programme for standards development and publication which will benefit the market place.”14 Since a memorandum of understanding is open to international
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ISO comes to a standstill.

explored if collaboration between WHO and tobacco products. This option should be union, to be responsible for the testing of independent group, such as the Consumer another alternative is to request an development. While increased collaboration would “adopt standards for the regulation of the contents of tobacco products, including standards for testing and measurement, design, manufacturing and processing . . .” (WHO 2000, unpublished document A/FC/TC/WG2/3). If the framework convention along with the product regulatory component becomes a binding agreement within the next few years, this international treaty may be used to highlight public health issues related to tobacco standardisation at ISO. Another development that may serve to strengthen cooperation between public health advocates and standards developers is the recently convened scientific advisory committee on tobacco product regulation (SACTPR). As an international expert group created under WHO authority, its mission is to “guide international policy development with respect to product regulation and facilitate access to scientific information needed for tobacco regulation” (WHO 2000, unpublished document A/FC/TC/WG2/2 Add. 1). The SACTPR could also undertake a review of existing tobacco standards and provide technical expertise in future standards development. While increased collaboration between ISO and WHO would improve public health acceptability of tobacco standards, another alternative is to request an independent group, such as the Consumer Union, to be responsible for the testing of tobacco products. This option should be explored if collaboration between WHO and ISO comes to a standstill.

Conclusion

Concerned with ISO’s existing standards on tobacco, many countries are beginning to develop their own set of standards. Yet, the need to develop and harmonise a new generation of tobacco standards and to combat industry arguments in the process remains unchanged. These suggested alternatives, each with a varying degree of involvement from industry and public health advocates, present an opportunity to rectify the unacceptable way in which tobacco standards are being developed now. In the meantime, the public health community must be proactive, more than ever before, in challenging the existing tobacco standards development process.

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