LETTERS TO THE EDITOR

Letters intended for publication should be a maximum of 500 words, 10 references, and one table or figure, and should be sent to the editor at the address given on the inside front cover. Those responding to articles or correspondence published in the journal should be received within six weeks of publication.

Whose standard is it, anyway?

EDITOR—In their recent article in Tobacco Control Bialous and Yach create the impression that international standards for the machine smoking of cigarettes were foisted on the smoking public unilaterally by the tobacco industry by its influence on the International Organization for Standardisation (ISO) through control of CORESTA (Centre de Co-operation pour les Recherches Scientifiques au Tabac). They also allege, inter alia, that tobacco industry has, through CORESTA, changed the methodology in order to produce lower smoke yield values to get round the European “tar” ceiling directives, and (2) misled the public by developing low “tar” cigarettes to cheat the smoking machine, and then makes unjustified health claims about them. (“Standards” are documented agreements containing technical specifications or concise criteria to be used consistently as rules guidelines.)

In their article, Bialous and Yach concentrated predominantly on a few highly selective quotes from internal tobacco company documents. They appear not to have consulted much of the very large volume of scientific literature published on the subject. When this information is taken into account it becomes obvious that the very narrow and restricted literature base of Bialous and Yach’s analysis has resulted in them making factual errors, drawing wrong conclusions and writing inaccurate statements on many aspects of the subject.

A review of the published literature on the subject shows clearly that the broad facts are as follows:

1. Tobacco industry, through its CORESTA (Cooperation Centre for Scientific Research Relative to Tobacco) is an organisation devoted entirely to issues related to tobacco science. Those issues range from plant breeding and good agricultural practices to technological aspects of manufacturing and analytical determination of smoke yields. That the majority of worldwide tobacco science expertise resides within the tobacco industry should come as no surprise to anyone (as would be true for most industries facing technical challenges). That many of these experts find themselves involved in CORESTA and International Organization for Standardization (ISO) standards is no surprise; it is, however, unsettling that those who choose to continue to smoke that “lower” “tar” cigarettes generally obtain a reduction in smoke delivery.

2. Health authorities have consistently advised smokers to quit, but for those who choose to continue to smoke that they should smoke “lower” “tar” cigarettes, e.g. g

3. The tobacco industry has responded to these health authorities by developing cigarettes with lower “tar” but has also followed public health advice by not advertising lower “tar” cigarettes as safe cigarettes.

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Bialous SA, Yach D. Whose standard is it, anyway?—The tobacco industry determines the international organization for standardization (ISO) standards for tobacco and tobacco products. Tobacco Control 2001;10:96–104.


Environ—In a recent article, Bialous and Yach attempt “to describe the extent of the tobacco industry involvement in establishing international standards for tobacco and tobacco products.” They assert that “it is clear that the tobacco industry, through [CORESTA], play a major role in determining the scientific evidence and suggesting the standards that are eventually developed as international standards.” Finally, they conclude that “ISO’s tobacco and tobacco products standards are not adequate to guide tobacco products regulatory policies, and no health claims can be made based on [these] standards.” Moreover, along the way, these authors seem to suggest that CORESTA’s involvement in the standards setting process and offer some examples that, they believe, support a contention that is in fact untrue.

CORESTA (Cooperation Centre for Scientific Research Relative to Tobacco) is an organisation devoted entirely to issues related to tobacco science. Those issues range from plant breeding and good agricultural practices to technological aspects of manufacturing and analytical determination of smoke yields. That the majority of worldwide tobacco science expertise resides within the tobacco industry should come as no surprise to anyone (as would be true for most industries facing technical challenges). That many of these experts find themselves involved in CORESTA and International Organization for Standardization (ISO) standards is no surprise; it is, however, unsettling that those who choose to continue to smoke that “lower” “tar” cigarettes generally obtain a reduction in smoke delivery.

1 Bialous SA, Yach D. Whose standard is it, anyway?—The tobacco industry determines the international organization for standardization (ISO) standards for tobacco and tobacco products. Tobacco Control 2001;10:96–104.


5 CORESTA’s recommended Method No. 10: Machine smoking of cigarettes, determination of crude and dry smoke condensate. CORESTA Inf Bull No 1 1989:23–33.


International Standard) will be published as an international standard with no changes other than editorial. What Bialous and Yach apparently fail to appreciate is that ISO's tobacco and tobacco products standards are "the gold standard of measurement methods and ISO standards onward from ISO either directly or through one of ISO's member bodies. ISO does have a liaison member status with ISO, but does not work with any of ISO's member bodies.

Lastly, Bialous and Yach assert "CORESTA resists any interference with its process, decisions, and make efforts to keep overall control of the situation and the outcomes of ISO meetings". Offered as support is a matter concerning updates to the ISO smoking methods. Again, an egregious mischaracterisation has resulted. A CORESTA working group and the British Standards Institution (BSI) independently prepared editorial commentary on similar issues within the text of the ISO smoking methods. Wishing to defer to the ISO process, CORESTA postponed an update to the existing CORESTA methods, instead wishing to wait for ISO to finish their deliberations.

Examples of improperity, Bialous and Yach offer examples that do not support their contention. Rather to the contrary, these examples serve as testament to the propriety of the CORESTA-ISO relationship. CORESTA has had a continued relationship with all parties with an interest in tobacco related morbidity and mortality. Indeed, a 1977 British American Tobacco (BAT) document states: "Work in this area should be directed towards providing consumer reassurance about cigarettes and the smoking habit. This can be provided in different ways, for example, by claiming low deliveries, by the perception of low deliveries, and by the perception of "mildness". Furthermore, advertising for low delivery or traditional brands should be constructed in ways so as not to provoke anxiety about health, but also allow the smoker to feel assured about the habit and confident in maintaining it over time."

We do not suggest "impropriety in CORESTA's involvement" since, as per the ISO, it is defining the tobacco industry is entitled to participate in the process. However, we question the adequacy of having tobacco interests being the sole provider of scientific evidence in the area of tobacco products standards. We question CORESTA's involvement as much as the lack of involvement from other interested parties (for example, health and consumer groups) as well as whether or not the ISO is fulfilling its aim of protecting the health and safety of consumers of tobacco products.

Mr Jacob’s assertion that the “majority of worldwide tobacco science expertise resides within the tobacco industry should come as surprise to no one” is correct. However, recent litigation has shown that this expertise has not been used to benefit the health and safety of the consumer of tobacco products. It is also no surprise that many of the tobacco industry experts “find themselves involved in CORESTA and ISO TC-126 activities”, but it is unacceptable that these experts are the only ones participating in these activities.

As for the three specific areas of criticism in Mr Jacob’s letter:

1. From the description of the ISO standards approval process, the majority of work is done at the Technical Committee (TC) level, and final approval of a DIS (Draft International Standard) is by the TC as well. In the case of TC 126, with a majority of members representing the tobacco industry, and CORESTA being the organisation conducting the work on the proposed standards, amendments are referred back to the TC and to CORESTA. In the example offered, ISO document 34 1999/5 in our paper describes some of these comments and how they represent the tobacco industry’s perspective.

2. Blows (2003) works with ISO without any influence or control. Our conclusion that CORESTA works with ISO either directly or through one of ISO’s members bodies ... "emphasises the great overlap among the people (and interests) who are members of CORESTA, TC 126 and those involved with research at member bodies such as British Standards Institution (BSI) and American National Standards Institution (ANSI). Although no official relation between CORESTA and ISO’s member bodies exists, it is clear that efforts are often agreed upon. In the example provided, at a CORESTA Scientific Committee meeting on a method for environmental tobacco smoke (ETS) determination was sent to ISO via ANSI. (An unquoted example, from reference 45, states that CORESTA had prepared a draft standard on ambient air to be submitted at BSI)."

3. We saw no evidence that CORESTA accepts others’ input in preparing standards forwarded to ISO, but it is clear that it wants to maintain “CORESTA stands: no closer or identical”. The following quote from the same document addresses how CORESTA planned to deal outside participation (by partipation in the validation stage, not in the development, of a measurement method).

We appreciate the opportunity to address these comments, and Mr Jacob’s offer for a continued dialogue in the area of standardisation of tobacco products.

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11 Short PL. Smoking and health item 7: the effect on marketing. 14 April 1977. BAT Co Minnesota Tobacco Control Exhibit 10,885.
daily smokers to have a strong intention to quit smoking can also be a long term behaviour. However, intermittent smokers perceive quitting as not being very difficult. However, there are no studies concerning the prevalence of the desire to stop smoking among intermittent compared to daily smokers.

The public health survey in Malmö 1994 is a cross sectional study. A total of 5600 individuals born in 1913, 1923, 1933, 1943, 1953, 1963, 1968, and 1973 were randomly selected from the general Malmö population and interviewed by a postal questionnaire in the spring of 1994. In each age group, 700 participants (350 men and 350 women) were interviewed. The participation rate was 71%. The desire to stop smoking item, "Do you want to stop smoking?", had two alternative answers, “yes” and “no”. The desire to stop smoking, it is subjective and the perception of health. However, this fact would probably not bias the systematic tests (results only presented in text). The proportions of daily and intermittent smokers that report a desire to stop smoking were also calculated with t-tests (results only presented in text). The proportions of daily and intermittent smokers that express desire to stop smoking was only 20.4% of male and 14.3% of female intermittent smokers that expressed a desire to stop smoking (p < 0.001). The proportion of daily smokers was 24.5% among men and 23.7% among women (p < 0.001). Men were more likely to give any reason to quit smoking. They are also more likely to actively start the process of smoking cessation. Intermittent smokers probably also suffer less severe withdrawal symptoms during cessation attempts than do daily smokers and, therefore, have a greater potential for success. Intermittent smokers perceive quitting as not being very difficult. However, there are no studies concerning the prevalence of the desire to stop smoking among intermittent compared to daily smokers.

### Table 1

<table>
<thead>
<tr>
<th>Country of origin</th>
<th>Daily smokers</th>
<th></th>
<th>Intermittent smokers</th>
<th></th>
</tr>
</thead>
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<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>OR (95% CI)</td>
<td>n</td>
</tr>
<tr>
<td><strong>Year of birth</strong></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>1973</td>
<td>85</td>
<td>62.4</td>
<td>1.0</td>
<td>55</td>
</tr>
<tr>
<td>1968</td>
<td>107</td>
<td>65.4</td>
<td>1.1 (0.6 to 2.1)</td>
<td>59</td>
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<tr>
<td>1963</td>
<td>113</td>
<td>76.1</td>
<td>1.9 (1.04 to 3.6)</td>
<td>51</td>
</tr>
<tr>
<td>1953</td>
<td>152</td>
<td>73.7</td>
<td>1.7 (0.96 to 3.0)</td>
<td>32</td>
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<tr>
<td>1943</td>
<td>150</td>
<td>62.7</td>
<td>1.0 (0.6 to 1.8)</td>
<td>21</td>
</tr>
<tr>
<td>1933</td>
<td>110</td>
<td>64.5</td>
<td>1.1 (0.6 to 2.0)</td>
<td>13</td>
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<tr>
<td>1923</td>
<td>101</td>
<td>50.5</td>
<td>0.6 (0.3 to 1.1)</td>
<td>9</td>
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<td>1913</td>
<td>49</td>
<td>28.6</td>
<td>0.2 (0.1 to 0.5)</td>
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<td></td>
<td>25</td>
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<td>62.5</td>
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<tr>
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<td>64</td>
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<tr>
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<tr>
<td><strong>Education</strong></td>
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<td>&gt; 12 years</td>
<td>201</td>
<td>65.2</td>
<td>1.0</td>
<td>101</td>
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<tr>
<td>10–12 years</td>
<td>168</td>
<td>70.2</td>
<td>1.3 (0.8 to 2.0)</td>
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<tr>
<td>&lt; 9 years</td>
<td>428</td>
<td>61.0</td>
<td>0.8 (0.6 to 1.2)</td>
<td>60</td>
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<td>200</td>
<td>66.4</td>
<td>0.7 (0.4 to 1.2)</td>
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</tr>
<tr>
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<td>19</td>
<td></td>
<td></td>
<td>28</td>
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<td><strong>Snuff user</strong></td>
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<td></td>
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<td></td>
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<tr>
<td>No</td>
<td>701</td>
<td>63.1</td>
<td>1.0</td>
<td>175</td>
</tr>
<tr>
<td>Yes</td>
<td>35</td>
<td>74.3</td>
<td>1.7 (0.8 to 3.7)</td>
<td>53</td>
</tr>
<tr>
<td><strong>Missing</strong></td>
<td>44</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>880</td>
<td></td>
<td></td>
<td>272</td>
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</tbody>
</table>

### Letters, Book

Intermittent smokers among both men and women. There is also the possibility of bias from self reported data. Although self reporting of desire to stop smoking is the only conceivable way to assess desire to stop smoking, it is subjective and may even reflect a person’s general perception of health. However, this fact would probably not bias the systematic results. The proportion of daily smokers that express a desire to stop smoking is very similar to the results of other studies. The results may seem surprising, given the fact that other studies have reported that some intermittent smokers may be former regular smokers in the process of smoking cessation, and that these studies have also reported a stronger intention to quit and a greater likelihood of having recently attempted to quit among intermittent smokers. However, the prevalence of the intermittent desire to stop smoking seems to be much lower among intermittent than among daily smokers, and this finding strengthens the conclusion of other studies that a substantial fraction of all intermittent smokers are long term intermittent smokers and others are in the uptake phase of smoking. The conclusion that a higher proportion of daily smokers than intermittent smokers report a desire to stop smoking was only 20.4% of male and 14.3% of female intermittent smokers that expressed a desire to stop smoking (p < 0.001) when comparing daily and intermittent smokers among both men and women. Pomerleau and Pomerleau have stressed that nicotine has a variety of effects that may be directly reinforcing, even in the absence of dependence. Specific benefits of smoking...
have been documented in cognitive and psychomotor performance. Smoking of intermittent smokers may be motivated by these effects.

The results further support the notion that intermittent smokers are a specific group of smokers with smoking cessation characteristics that differ from the characteristics of daily smokers.

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On-line teen smoking cessation: what’s porn got to do with it?

Editor—As part of our research on adolescente smoking cessation, we searched the internet for on-line support for teen smoking cessation. We searched google.com using the words teen quit smoking (without quotation marks) which resulted in hundreds of potential links. In order to narrow the search to more specific tobacco-related sites, we used an advanced exact-phrase search of the key words “teen quit smoking” (with quotation marks) on the same search engine. To our amazement, seven out of the total 20 sites (35%) were teen pornography sites. The phrase “teen quit smoking” was deliberately placed among the descriptors for each of these seven pornography links. On further review of several of these same sites we found that the on-line smoking cessation material or links to actual cessation sites. Although we are unsure why this phrase would be placed among the descriptors for pornography sites, it raises concerns about a teenager’s ability to find legitimate on-line cessation support. This unexpected placement of “teen quit smoking” potentially encourages teenagers to access on-line pornography, an activity that certainly would be discouraged by many proponents of teen smoking cessation. Fortunately, the same search strategies did not yield the same results with other popular internet search engines. Health educators need to be aware of this potential problem, as more and more teenagers are encouraged to access the internet for on-line smoking cessation support and other health related information.

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Smoking in movies in 2000 exceeded rates in the 1960s

Editor—Smoking in movies has been linked to increased smoking among teens. We have previously published data from 1960 through 1997 that shows that smoking fell from the 1960s through the 1980s, then increased during the 1990s. We used the internet search engines (a sample of random sample of five of the top 20 grossing US films each year) to extend the data set through 2000 (fig 1).

We conducted a regression analysis of these data by fitting a quadratic equation in time to the amount of tobacco use per hour. The equation, smoke/hour = 1.00 + 0.01 (± 0.19) (p = 0.04) year + 0.0124 (± 0.0044, p = 0.006) year2, confirms that, after falling during the early part of this period, smoking
Figure 1 Frequency of tobacco use (events per hour) in a random sample of top grossing films from 1960 through 2000. The films were watched in five minute intervals and each use of tobacco in a given interval was counted as a single event. The total number of events was then divided by the duration of the film.

is now increasing significantly. Based on this regression equation, on average there were 7.3 instances of tobacco use per hour in films in 1960 compared with 10.9 in 2000. The messages continue to reflect tobacco industry marketing themes of glamour, rebelliousness, and independence, rather than the realities of addiction, suffering, and death.

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BOOK

Book reviews and books of interest to “Tobacco Control” should be sent to the editor at the address given on the inside back cover.

Smoke in their eyes


There have been memorable dates, both glorious and infamous, that have defined tobacco control. There have been memorable dates, both glorious and infamous, that have defined tobacco control. There have been memorable dates, both glorious and infamous, that have defined tobacco control.

At its core, Smoke in their eyes pits Myers against Stanton Glantz, University of California professor of medicine and lead author of The cigarette papers. For Pertschuk, the plausible, if arguable benefits of the McCain bill could have been realised if not for the schism clearing former allies into hostile camps. According to Pertschuk, great public health gains could have been realised had Glantz and his zealous followers not framed the debate to suit their purposes.

As a behind-the-scenes look at the personalities and polemics of both advocacy groups and political agencies, the book is a rousing success. Though there are few felicitous literary passages, Pertschuk has obtained detailed accounts from former Surgeon General C. Everett Koop, former head of the Food and Drug Administration David Kessler, and other principal players, with the glaring exception of Glantz. The book’s central failing, however, is Pertschuk’s unwillingness or inability to focus on Myers’s secret, unilateral decision to attend that first Virginia meeting.

Myers was like Caesar crossing the Rubicon, with just a slight difference or two. Firstly, the general neglected to tell the troops he’d crowned himself emperor. Then, he realised he didn’t know the way to the river’s edge. Those failings are paramount. Myers’ good intentions should not be doubted, but he paved the path to acrimonious, rancorous debate. The Center for Tobacco-Free Kids was not a well established entity in 1997 and many former allies felt betrayed by Myers’ “lone ranger” tactics. Once turned off, they could not easily be convinced to follow Myers anywhere, as demonstrated by the caustic, pitched battles between the rival ENACT and Save Lives, Not Tobacco coalitions.

The what-could-have-beens of the McCain bill are still being debated. The USA is again playing a negative role on the global tobacco stage; this time with respect to the Framework Convention on Tobacco Control. What is certain is that the tobacco industry knew what it wanted back in 1997 and still knows what it wants today.

Philosopher Isaiah Berlin famously borrowed the dictum of the Greek poet Archilochus, who wrote: “The fox knows many things, but the hedgehog knows one big thing.” The tobacco industry is a huge, knowing hedgehog. Michael Pertschuk’s insight and intellect help explain how the tobacco control movement has outfoxed itself recently, but his Manichean dichotomy of Myers-good, Glantz-bad does the movement a disservice. The hedgehog rolls along. The fox needs a new game plan.

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