

Science and Technology Committee Inquiry into the Impact of social media and screen-use on young people's health

Written evidence from ASH and the UK Centre for Tobacco and Alcohol Studies

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Introduction

1. ASH is a public health charity established by the Royal College of Physicians in 1971 to advocate for policy measures to reduce the harm caused by tobacco. ASH receives funding for its full programme of work from the British Heart Foundation and Cancer Research UK. It has also received project funding from the Department of Health to support tobacco control.
2. The UK Centre for Tobacco & Alcohol Studies (UKCTAS) was created in 2008 and includes research teams in twelve UK universities. It is one of six Public Health Research Centres of Excellence funded by the UK Clinical Research Collaboration via the Medical Research Council.
3. We are submitting evidence to the Inquiry because screen-use by young people exposes them to depictions of smoking which have been found to be a causal factor in smoking initiation, causing significant harm to their health.

Summary and recommendations

4. Although smoking rates in the UK have gone down in recent years, a new analysis by Cancer Research UK of government data shows that between 2014 and 2016 an average of 127,000 children aged 11-15 started smoking each year in the UK.¹ This is equivalent to just under 350 children a day trying smoking for the first time, and research shows that over 60% of those who try smoking go on to become regular smokers.²
5. Over three quarters of smokers aged 16 to 24 in 2014 began smoking before the age of 18³ establishing a lethal and in many cases lifelong addiction while still in childhood. Smoking kills half of all long-term smokers, and reduces life expectancy by one day for every four days of smoking after age 30.^{4 5} Smoking reduces quality of life by causing a wide range of acute and chronic diseases, and exacerbates poverty. Becoming a smoker therefore seriously impairs health and wellbeing.
6. While cigarettes are still legal, because of the lethal impact of smoking it is accepted that tobacco needs to be heavily regulated. Indeed it is the subject of the only international health treaty, the World Health Organisation Framework Convention on Tobacco Control (FCTC)⁶, to which the UK is a party.
7. The UK has implemented a wide range of policy measures required by the FCTC, which have been shown to be effective in reducing smoking prevalence and initiation.⁷
⁸ These include prohibition of all advertising, promotion and sponsorship of tobacco. As a result the only remaining significant source of promotion of smoking is through its depiction in the entertainment media.

8. A causal link has been established between exposure to smoking on screen in the entertainment media and smoking initiation in young people.^{9 10 11} Furthermore it is evident that this effect is dose-related, such that the greater the exposure, the greater the risk of smoking uptake¹¹; and is therefore independent from how smoking is mediated (that is, it is irrelevant whether it is condoned, encouraged or glamourised or not). Smoking imagery on screen therefore seriously impairs the physical development of young people.
9. Yet smoking remains common in entertainment media viewed on screen by young people including prime time TV,^{12 13} videos^{14 15}, and films.^{16 17} A recent survey for ASH found that in all media where questions were asked (TV, films, music videos, computer games and online) 11-18 year olds who had tried smoking were significantly more likely than those who have never smoked to report exposure to smoking imagery.¹⁸
10. The highest level of young people's exposure to smoking imagery was in films, with 81% of 11-15 year olds and 88% of 16-18 year olds reporting seeing smoking. TV was next with 68% of 11-15 year olds and 77% of 16-18 year olds reporting seeing smoking on TV. Yet adults are relatively unconcerned about such exposure with 42% saying that there is the right amount of smoking on TV, 31% saying they don't know, and only 23% saying there is too much. When it comes to adults with children under 18 in their household concern is even lower, with 20% of adults thinking there is too much smoking on TV, and 45% that it is the right amount.¹⁹
11. Over 95% of under 12 year olds watch broadcast TV on a TV set, and this accounts for the majority of their screen-use, with a significant minority watching TV on other devices, mostly tablets.²⁰ 12 to 15 year olds spend more time online than watching TV. However, 91% of 12-15 year olds watch TV on a TV set, on average for over 14 hours a week. Watching on a TV set remains the primary source of viewing, but more than two thirds watch TV on other devices, mostly a tablet or mobile.²⁰ Two thirds of teens use YouTube to watch TV programmes/films compared to 38% of all adults in 2017.²¹ Of the services that require payment (excluding the licence-fee funded iPlayer), Netflix was the most popular among both adults and teens. While 31% of adults claimed to use Netflix, nearly half of all teens said they used it (46%).²¹
12. The relevant regulators are Ofcom (TV and video on demand) and the BBFC (film and videos/DVDs including video games). Ofcom, which has a statutory responsibility to protect the under-18s, has much more stringent rules than the BBFC. However, both regulators appear more concerned about how smoking is depicted, and in particular whether it is glamourised or promoted, than about the amount of the exposure taking place.
13. However, following complaints by ASH, UKCTAS and the general public about the amount of smoking in the last series of the reality TV programme Love Island, we have had very constructive discussions with Ofcom, which are ongoing. We have urged Ofcom to revise the Broadcasting Code section on smoking in the light of the evidence of the causal link between exposure to tobacco use and smoking initiation. Ofcom has agreed to review the evidence we have provided them with and undertake its own analysis of the impact of smoking depictions on young people, preparatory to making any decisions about how to proceed.

14. We are sending the BBFC our Select Committee submission and will be asking for a meeting to discuss the evidence and our recommendations, given that their guidelines should be coming up for review in the near future.²²
15. Our recommendations to the regulators, which we would like to see the Select Committee endorse, are that:
 - Ofcom and the BBFC should monitor youth exposure to depictions of tobacco use on screen in the channels they regulate and publish these data in their annual reviews;
 - Ofcom and the BBFC should revise their guidelines with respect to smoking on screen in entertainment media viewed by under-18s to discourage any depictions of tobacco use; and require action to mitigate any remaining exposure.

Smoking among children and young people is still a significant problem

16. The uptake of smoking among young people remains a significant problem, and if the Government's vision of a "*smokefree generation*"³ is to be realised, this has to be tackled.
17. Following on from the implementation of an increasingly restrictive and comprehensive strategy to drive down smoking prevalence,^{23 7} the rate of child smoking experimentation has fallen significantly. In 2000 45% of 11-15 year olds had ever smoked, by 2006 it had fallen to 39% and by 2016 to 19%.²⁴
18. However, a significant proportion of young people are still taking up smoking. Cancer Research UK has estimated that each year between 2014 and 2016 an average of 127,000 children aged 11-15 started smoking.¹ This is equivalent to just under 350 children a day.
19. Experimentation is strongly linked to becoming a regular smoker. An analysis of data from around the world demonstrates that at least 61 per cent of people who try their first cigarette become, at least temporarily, daily smokers.²
20. In 2016, 7% of 11-15 year olds in England were current cigarette smokers compared to 14% in 2006, the same proportion as in 2000.²⁴ Surveys of smoking in 16-18 year olds also show a declining trend in smoking prevalence, from 25.2% in 2007 to 11.6% in 2017,²⁵ however that still means that more than one in ten of this age group smoke.
21. While Ofcom defines a child as someone under the age of 15, the definition set out in Article 1 of the UN Convention on the Rights of the Child²⁶ (to which the UK is a party) sets the age limit at 18, in line with UK legislation which prohibits the sale of tobacco to anyone under 18. Since most smokers start smoking before age 18, by this definition smoking is predominantly an addiction of childhood.
22. Although smoking rates have fallen considerably in recent years, smoking remains the leading cause of preventable morbidity and premature death in the UK, killing more people than obesity, alcohol, drug misuse, traffic accidents and HIV/Aids put together. Half of all long-term smokers die prematurely as a consequence of their smoking, losing on average ten years of life, and endure many years of disease and disability caused by their smoking.^{4 5}
23. While much of the damage caused by smoking takes years to develop, there are short-term effects too. Young smokers have a lower level of lung function than those

who have never smoked, and smoking reduces the rate of lung growth.¹¹ Smoking during young adult years also harms the health of those exposed involuntarily to smoke, particularly children.

Exposure to depictions of smoking on screen causes harm to young people

24. In 2008 a systematic review by the National Cancer Institute, part of the US Department of Health and Human Services, concluded that the evidence “*indicates a causal relationship between exposure to movie smoking depictions and youth smoking initiation.*”⁹ The US Surgeon General’s report reached the same conclusion in 2012¹⁰, and in 2014 clarified that it was the amount of exposure not the way smoking was depicted which was important.¹¹
25. Research to date has concentrated on exposure to depictions of smoking in films, since this is easier to measure than exposure on TV. However, there is no reason to assume that depictions of smoking on TV have less impact than in cinemas and what research there is supports this conclusion.^{27 28} This is also consistent with the evidence that exposure to tobacco advertising and promotion increases the likelihood that adolescents will start to smoke.²⁹
26. The evidence also supports the conclusion that, for adolescents, there is no safe level of exposure to on-screen smoking; and that the effect of exposure is dose-related, whereby the more smoking imagery a young person is exposed to the more likely it is that he or she will experiment with tobacco. The best predictor of behaviour is the number of exposures, and there is some evidence that the effect is largest among young people who are otherwise at low risk for taking up smoking (for example, those whose parents and siblings don’t smoke).³⁰
27. Epidemiological evidence for causality³¹ involves assembling evidence from a range of independent scientific studies demonstrating that the observed association between exposure and effect is:
 - 1) **Strong**: the exposure should have a quantitatively substantial effect on risk. In the case of smoking in film and smoking uptake this association is strong, with a recent meta-analysis (synthesis of the findings of all studies published to date) demonstrating in 2016 that children with the highest levels (usually the highest quartile) of exposure, followed longitudinally over time after exposure, were over 40% more likely to become smokers than those in the lowest level of exposure.³²
 - 2) **Consistent**: the effect should be seen across multiple studies and methods. This is demonstrated by the meta-analysis above, which used data from all known published studies at the time of writing.
 - 3) **Specific**: The effect should persist after adjusting for other potential causal effects. This is the case in the cited meta-analysis. In particular, it appears that the effect of media exposure is greatest among children with low sensation-seeking, rebelliousness and risk-taking scores.^{30 33}
 - 4) **Temporal**: The exposure should precede change in behavior. Again, the meta-analysis result above was limited to studies in which film exposure occurred before smoking onset.
 - 5) **Biological Gradient**: The greater the exposure, the greater the risk. A biological gradient has also been demonstrated in observational studies.^{30 33}
 - 6) **Plausible**: There should be a rational explanation for the observed association. In this case it is plausible that young people experiment with behaviours they see in adults.

- 7) **Coherent:** The association should fit with the wider evidence on an association. In this case coherence arises from knowledge that young people try behaviours they see in adults.
- 8) **Experimentally reversible:** there is good evidence that children hold more negative perceptions of smoking, and hence are less likely to smoke, if they are shown anti-smoking messages before a film that contains smoking.^{34 35}
- 9) **Analogy:** There should be an analogous association, which in this case would be the effect of tobacco advertising on smoking uptake, for which it is accepted that there is causal dose-response relationship.²⁹

28. In summary this evidence supports the conclusion that, for adolescents, there is no safe level of exposure to on-screen smoking, and that the more smoking a young person is exposed to the more likely they are to take it up. Therefore, reducing exposures of young people to onscreen tobacco incidents could decrease youth rates of smoking initiation.

Young people's exposure to depictions of smoking on screen is significant

29. Surveys show that young people spend considerable amounts of time viewing entertainment media on screen, and increasingly do so online, rather than via broadcast TV.^{20 21} Children are exposed to tobacco use on screen in feature films, music videos, TV programmes, video-on-demand and computer games.^{12 15 16 17 18 36}
30. There is also evidence that parents use TV to keep children entertained with more than a third (36%) of those with children in the household reporting that they use live broadcast TV to keep children entertained and a fifth (22%) reporting that they use pay TV services for this purpose.²¹
31. Surveys also demonstrate that while children and young adults watch less TV than older age groups they still watch a significant amount each day. In 2016 children under 16 watched 101 minutes a day while those aged 16-24 watched 114 minutes a day compared to the average for all age groups of 212 minutes a day. Like adults, children's viewing is concentrated at peak time. The main five PSB channels plus their portfolio channels accounted for over two thirds of TV viewing.²⁰
32. The largest number of children watch TV during family viewing time (6pm-9pm), with 64% of 4-15 year olds' total viewing taking place in adult airtime. The size of the audience peaks between 7pm and 8pm but a significant volume of children continue to watch live TV in the first hour after the watershed (10% of the child population). Perhaps unsurprisingly the most popular programmes among children are largely the same as those for the population as a whole.²⁰
33. An analysis of TV programmes broadcast between 6 and 10pm in 2015 found that 12% of all programmes featured tobacco use, the same as in 2010.^{12 13} Both in 2010 and 2015 the frequency before and after the watershed (21.00 hours) was similar. Only a very small minority of this content is justifiable on historical accuracy or other grounds.
34. This updated an analysis of prime time programmes broadcast from 18.00 to 22.00 during 3 separate weeks in 2010 on the free to air channels BBC1, BBC2, ITV, Channel 4 and Channel 5.¹² The occurrence of tobacco, categorised as actual tobacco use, implied tobacco use, tobacco paraphernalia, other reference to tobacco, tobacco brand appearances or any of these, in all prime time broadcasting on the five most popularly viewed UK television stations during 3 separate weeks in 2010 were

measured by 1-minute interval coding. Youth exposure to tobacco content in the UK was estimated using media viewing figures.

35. Actual tobacco use, predominantly cigarette smoking, occurred in 73 of 613 programmes (12%), particularly in feature films and reality TV. Feature films in cinemas viewed by youth audiences have been shown to contain significant smoking depictions, and feature films are regularly shown on broadcast TV so this is unsurprising, given that a large majority of the most successful feature films contain tobacco imagery.^{17 37} Brand appearances were rare, occurring in only 18 programmes, of which 12 were news or other factual genres, and 6 were episodes of the same British soap opera. Tobacco occurred with similar frequency before as after 21:00, the UK watershed for programmes suitable for youth.
36. The analysis for broadcast TV has been repeated for programmes broadcast in 2015. As before, three separate weeks separated by a four-week gap were analysed.¹³ However, the time the period covered was 21st September to 22nd November, whereas in 2010 the period covered was 19th April to 20th June. As in 2010 12% of programmes contain actual tobacco use, and the frequency before and after the watershed is similar. In 2010 tobacco use was most frequent in feature films and reality TV, while in 2015 it was most frequent in animation, comedy and drama. The type of programmes may not be the same, maybe because of seasonal variation, or changes in programming over the years, but the level of exposure remains unchanged.
37. In 2010 live audience viewing figures for the 18:00–22:00 study period in the under 18-year-old age group collected by the Broadcasters' Audience Research Board (BARB) were obtained from Attentional, a commercial media consultancy firm. Data excluded programmes that began before 18:00, news programmes (because of regional variation) and advertisements or trailers. The estimated number of incidences of exposure of the audience aged less than 18 years for any tobacco, actual tobacco use and tobacco branding were 59 million, 16 million and 3 million, respectively on average per week. Unfortunately funding has not been available to repeat this calculation for the 2015 survey.
38. However, a more recent analysis of smoking on TV was carried out to support complaints by ASH and the University of Nottingham about the amount of smoking in Love Island series 3 in summer 2017 which does contain estimates of exposure. Researchers coded 21 episodes of Love Island and tobacco imagery occurred in 204 (20%) of one-minute coding intervals; the frequency of appearances fell significantly after media criticism. An identifiable cigarette brand, Lucky Strike Double Click, appeared in 16 intervals. The 21 episodes delivered an estimated 559 million gross tobacco impressions to the UK population, predominantly to women, including 47 million to children aged under 16. These impressions included 44 million gross impressions of Lucky Strike branding, of which 4 million were in children aged under 16. This research was recently published.³⁸
39. Furthermore, changes in patterns of viewing may be increasing young people's exposure to smoking over and above that found in the above research, which is limited to broadcast TV. Young people are spending increasing amounts of time viewing subscription video-on-demand services such as Netflix.²⁰ A recent US survey found that smoking features in most of the streaming series most popular with young people shown on Netflix and other on-demand platforms.³⁹ It is noteworthy that the ODPS rules⁴⁰ which govern video-on-demand have no rules on smoking, a loophole which needs addressing.

Depictions of smoking in the entertainment media viewed on-screen have become an increasingly important risk factor for youth initiation

40. In recognition that smoking is uniquely lethal, tobacco and smoking are regulated far more strictly than any other legal consumer product. Since the turn of this century, in line with the recommendations set out in the WHO FCTC, successive government strategies have ratcheted up restrictions on the marketing of tobacco, and smoking prevalence has declined significantly amongst adults and children.⁷
41. Smoking initiation has historically been associated with a wide range of risk factors⁴¹ including depictions of smoking in the media. The implementation of stringent regulation of tobacco and subsequent declines in smoking prevalence have eliminated, or reduced the impact of, many of the other risk factors.
42. For example, adult smoking prevalence in the UK has fallen considerably from 27% in 2000⁴², to only 15.8% in 2016⁴³ so children are far less likely to be exposed to the role model effect of adult smoking. Advertising, promotion and sponsorship have been completely banned since 2005⁴⁴, so children growing up today have never seen tobacco advertisements. They remain, however, frequently exposed to smoking depictions in the entertainment media.^{12 13 14 15 16 17 38 39 45}
43. Set out below are the enhanced tobacco regulations which have reduced the impact of the leading risk factors for smoking initiation since the turn of the twenty-first century^{7 41}:
- 1) Exposure to tobacco marketing and depictions in film, television and other media**
 - All advertising promotion and sponsorship of tobacco products was banned from 2003 onwards because of the evidence that this would lead to a reduction in smoking initiation amongst young people.²⁹ The legislation was implemented from 2003 onwards and by 2005 all sponsorship and brandsharing was also prohibited.
 - Point of sale displays of tobacco packs have been banned in all shops in the UK since April 2015.
 - From May 2017 all cigarette packs on sale in the UK have to have large pictorial health warnings and be a standard muddy green colour with the only branding allowed being the name in a standard font.
 - 2) Ease of obtaining cigarettes**
 - From October 2007 the legal age of sale increased from 16 to 18.
 - From 2013 sales of tobacco from vending machines throughout the UK was banned.
 - Since 2000 illicit trade has declined significantly both for manufactured cigarettes and handrolled tobacco.
 - 3) Parental and sibling smoking**
 - Children growing up in households where parents or siblings smoke are 90% more likely to become smokers themselves.⁴¹
 - The proportion of children under 16 whose parents (one or both) reported being current smokers declined steadily from just under 40% in 2000 to 27.8% in 2012.⁴⁶ Given the continuing decline in smoking rates since 2012 this proportion will have continued to decline (data not yet available for analysis).
 - In 2000 only 20.6% of homes with smoking parents were reported to be smoke-free, compared to 61.3% in 2012.⁴⁶

4) Smoking by friends and peer group members

- Fewer child smokers reduces the likelihood that friends and peer group members smoke. Regular smoking rates among 11-15 year olds have declined from 10% in 2000 to 3% in 2016.
- Ever smoking among 11-15 year olds has declined from 45% in 2000 to 19% in 2016.²⁴

5) Attitudes and behaviours in school environments

- In 1999 a survey by the Health Education Authority found two thirds of schools allowed adults to smoke on their premises.⁴⁷
- The National Healthy Schools programme introduced in 2005, backed up by OFSTED and NICE guidance, recommended prohibiting smoking in school grounds as well as premises and is now widely implemented.⁴⁸
- Smokefree legislation has prohibited smoking inside public places including school premises since 2006/7.

6) Socio-economic status

- There is a strong link between cigarette smoking and socio-economic group. Although smoking rates have declined in all socio-economic groups since 2000, the differential remains. In 2000 27% of the British population smoked.⁴⁹ By 2016, the proportion of the UK population who smoked was only 15.8%, but 25.7% of adults in routine and manual occupations smoked compared to only 10.9% in managerial and professional occupations.⁵⁰

44. Thus there is good evidence that significant numbers of young people continue to take up smoking; that young people exposed to depictions of smoking are more likely to become smokers; and that this risk factor is becoming more significant, particularly among middle class children, as others have declined in importance.

What is the extent of awareness of the risks and how could awareness be increased for particular groups

45. A recent survey for ASH found that 68% of 11-15 year olds and 77% of 16-18 year olds report seeing smoking on TV.⁵¹ The proportion of young people reporting seeing smoking in films is even higher, 81% of 11-15 year olds and 88% of 16-18 year olds. Yet adults are relatively unconcerned about such exposure with 42% saying that there is the right amount of smoking on TV, 31% saying they don't know, and only 23% saying there is too much. When it comes to adults with children under 18 in their household concern is even lower, with 20% of adults with thinking there is too much smoking on TV, and 45% that it is the right amount.⁵²

46. However, there are indications that public concern about the portrayal of smoking on screen is growing, as shown by the complaints about the smoking in the reality TV show *Love Island* in summer 2017, which were widely covered in the media.^{53 54 55 56 57}

47. According to Ofcom it received 133 complaints about this most recent series of *Love Island*, of which 75 related to smoking.⁵⁸ There were also a large number of complaints on twitter such as, *"Disgusted by the constant smoking on #loveisland yuck! How about this week's challenge involves quitting? Bad example and influence"* and *"Sooooo much smoking on Love Island! I'm more shocked by the constant fag in mouth than the bed hopping"*.

48. On 11th October 2017 concerns about the amount of smoking in *Love Island* were raised in the House of Lords and the Government was asked whether they planned to

strengthen the broadcasting code in relation to smoking on reality TV shows, particularly those aimed at young people.⁵⁹

49. To put this in context, public opinion on smoking has evolved over time and continues to evolve. YouGov has carried out annual surveys of public attitudes to smoking for ASH since 2007. Our surveys find that there is strong public support for government intervention on smoking which has grown over time. The proportion of all respondents who think the government is not doing enough to tackle smoking has risen from 29% in 2009 (when we first asked the question) to 39% in 2017. In total in 2017 over three quarters (76%) of adults surveyed support the government's activities to limit smoking or think they could do more, while only 11% believe that the government is doing too much.⁶⁰
50. Back in 2007 when smokefree laws in England came into effect, 78% of all respondents to the survey were in favour of the legislation. In the ten years since, support has grown to 83%, primarily due to an increase in support from smokers from 40% to 55%. The overall change is entirely due to changing attitudes among smokers – support among non-smokers has been stable. This pattern is repeated elsewhere. In 2008, 48% of smokers supported a ban on smoking in cars with children. By the time legislation prohibiting smoking in cars with children under 18 was implemented in October 2015, 74% of smokers expressed support, rising to 82% in 2017.⁶⁰
51. The Select Committee Inquiry has the potential to significantly increase awareness of the risks that exposure to smoking on screen is a causal factor in smoking initiation by young people. Changes in the way smoking on screen is regulated could also help increase awareness as currently the regulators are not sufficiently aware of the risks, and as a result they are not informing consumers of those risks nor are they regulating appropriately.

What measures are being used to mitigate any potential harmful effects, who is responsible and accountable for any such measures

52. Responsibility and accountability for measures to mitigate and minimise the impact of smoking on screen lies with the relevant regulators, the BBFC and Ofcom. However, the causal link between exposure to tobacco use on screen and smoking initiation is not yet well understood by the regulators as shown by the way they regulate.

Ofcom

53. Ofcom is the UK's communications regulator, with powers set out in legislation to regulate the TV, radio and video-on-demand sectors, fixed-line telecoms (phones), mobiles and postal services, plus the airwaves over which wireless devices operate.⁶¹ It is a legislative requirement that material that might seriously impair the physical development of people under eighteen must not be broadcast on television or radio.⁶²
54. The current code was published in 2017⁶³ and is little changed from the original code published in 2005.⁶⁴ It states that:

Ofcom Broadcasting code: Drugs, smoking, solvents and alcohol

"1.10 The use of illegal drugs, the abuse of drugs, smoking, solvent abuse and the misuse of alcohol:

- *must not be featured in programmes made primarily for children unless there is strong editorial justification;*

- *must generally be avoided and in any case must not be condoned, encouraged or glamorised in other programmes broadcast before the watershed (in the case of television), when children are particularly likely to be listening (in the case of radio), or when content is likely to be accessed by children (in the case of BBC ODPS) unless there is editorial justification;*
- *must not be condoned, encouraged or glamorised in other programmes likely to be widely seen, heard or accessed by under-eighteens unless there is editorial justification.”*

55. It is therefore clear that while smoking is included in the Ofcom guidelines as something to be avoided in programmes for the under-18s, the concern is focused on depictions which “*condone, encourage or glamourise smoking*”.

British Board of Film Classification (BBFC)

56. The BBFC is an independent, non-governmental body which classifies cinema films and videos/ DVDs (including video games) since the Video Recordings Act was passed in 1984.⁶⁵ In 2011 following publication of an article demonstrating the link between tobacco use on screen and smoking initiation in the UK⁶⁶, the UK Centre for Tobacco Control Studies called on the British Board of Film Classification (BBFC) and the Government to review their policies on film classification, arguing that under-18s need to be protected from potentially harmful imagery. The BBFC responded that its current guidelines were “*proportionate; take due account of the available evidence of harm; and reflect the clear wishes of the public*”.⁶⁷

57. Smoking remains common in films viewed by young people. For example, James Bond hasn’t smoked in the films since 2002, but only one James Bond film, in 2006, has featured no smoking at all. Although the quantity of smoking has declined over the years the 12A rating of these films combined with their popularity ensures that they remain a significant source of exposure to smoking depictions to a young audience. In 2012 the James Bond film, Skyfall, included a Bond love interest, Severine, who smoked, with the smoking being a strong visual feature (the way she blew the smoke out and the ash on the end of the cigarette was dwelt on).⁶⁸ At the time of its release Skyfall was the highest-grossing film of all time at the British box office.⁶⁹

58. In 2012 academics from the UK Centre for Tobacco and Alcohol Studies wrote to complain to the BBFC about the inclusion of smoking in the film. The response they received from the BBFC showed a complete lack of understanding of how smoking on screen impacts on young people. It stated that, “*While Severine is presented as superficially glamorous, the film reveals quickly that she is an unhappy and tragic victim figure. She has been a prostitute since her early teens (as denoted by her wrist tattoo), is helplessly caught up in the criminal underworld and lives in fear for her life. She is later captured and killed in the film. As such, we did not judge that young women would necessarily identify with her or wish to copy her behavior.*”

59. The BBFC states that²²: “*There are two key principles, laid out in the Guidelines, under which we operate:*

- *to protect children and vulnerable adults from potentially harmful or otherwise unsuitable content*
- *to empower consumers, particularly parents and those with responsibility for children, to make informed viewing decisions.”*

60. The current BBFC guidelines⁷⁰ make minimal reference to smoking, stating that, *“Where smoking, alcohol abuse or substance misuse feature to a significant extent in works that appeal to children, this will normally be indicated in BBFCinsight. Classification decisions will also take into account any promotion or glamourisation of such activities.”*
61. The BBFC guidelines were last revised in 2014 and in the research report it published setting out the results of the public consultation it stated, *“Likewise smoking was not regarded as a classification issue and was never spontaneously mentioned across all of the groups. A number of parents and indeed the teenagers themselves felt that starting smoking was linked more to peer pressure than films and that young people were well aware of the dangers of smoking.”*⁷¹ It is therefore clear that the BBFC does not see it as a primary consideration to take into account the evidence of harm in developing guidelines which protect children from potential harm or otherwise unsuitable content, but only whether or not the public, and in particular parents, are concerned.
62. Furthermore such exposure in films is being subsidised by the British Government. Between 2007 and 2015 UK Film Tax Relief provided subsidies worth an estimated £473 million to at least 90 top-grossing UK or US–UK films with tobacco imagery, with 97% of this granted to films which are youth-rated in the United Kingdom.³⁷
63. The guidelines are usually reviewed every 4-5 years²² and so a review is due this year or next. We would encourage the committee to recommend that the BBFC revise their guidelines in the light of the evidence for a causal link between smoking depiction and uptake in young people.

What measures, controls or regulations are needed; including measures which can mitigate potential harmful effects of on-screen viewing of tobacco use. What monitoring is needed and by whom.

64. As other risk factors decline in importance the representation of smoking on screen including film, TV, music videos, games, and online sources such as youtube have become relatively more significant as a risk factor. Indeed there is some evidence that the effects of such exposures are largest among young people who are low risk for taking up smoking (e.g. whose parents and siblings don't smoke).³⁰
65. Enhanced regulation to protect under 18s is clearly needed and would be in line with recommendations set out in the guidelines to Article 13 of the WHO FCTC.⁷² These cover not just tobacco advertising, promotion and sponsorship, but also the regulation of media depictions of smoking. The guidelines, which the UK has adopted, recommend that parties to the FCTC take action as it is recognised that, *“The depiction of tobacco in entertainment media products, such as films, theatre and games, can strongly influence tobacco use, particularly among young people”*.
66. The guidelines, as well as recommending the prohibition of all tobacco advertising, promotion and sponsorship, include recommendations to regulate depictions of tobacco in the entertainment media. They state that Parties to the Treaty, such as the UK, should:
- prohibit identifiable tobacco brands or brand images;
 - require the display of prescribed anti-tobacco advertisements at the beginning of any entertainment media product that depicts tobacco products, use or images; and

- implement a ratings system to restrict access to minors and prohibit depiction of tobacco products in media aimed at children.
67. In the light of the evidence which is now available, the concerns shown by the public about smoking on TV, and the recommendations in the WHO FCTC guidelines on Article 13, we believe it is time for both the Ofcom and the BBFC guidance to be revised. While there may be occasions where there is editorial justification, for example in showing the dangers of tobacco use, or depicting smoking by a historical figure who actually smoked, given the potential risks such depictions should be strictly limited.
68. Currently the regulators are not monitoring the level of tobacco use young people are exposed to in the channels they regulate. For academics to monitor this is costly and impossible to do in real time. Therefore we recommend that regulators should start monitoring tobacco depictions, together with the level of exposure of under-18s to such depictions and should publish it in their annual reviews. This would help create awareness as well as measure how effective regulations are in limiting youth exposure to smoking.
69. Where smoking is depicted there are measures that can be taken to mitigate the risk which have been proven to be effective both in films and on TV. Research has shown that including anti-tobacco spots before films can neutralise the pro-tobacco influence smoking in the movies has on young audiences.^{34 35 73 74} The same effect has been shown for Broadcast TV in a natural experiment carried out in the US.
70. The 'Fairness Doctrine' applied in the USA in the late 1960s by the Federal Communications Commission resulted in the airing of anti-smoking messages on radio and television from July 1, 1967 to January 1, 1971. While there was no specific formula, in practice TV stations broadcast one anti-smoking public service announcement (PSA) for every 3 cigarette ads that aired. An analysis by the US National Bureau of Economic Research found that the doctrine had a substantial impact in reducing teenage smoking participation rates.⁷⁵
71. In addition, regulators could consider adopting the practice implemented in India, of requiring smoking scenes in television programming, or in films classified as suitable for viewing by children, to display a subtitled health warning while tobacco use is being depicted.
72. We have written to Ofcom to recommend that there be a specific section on smoking, separated out from the other issues covered in 1.10 to read:

Draft revised Ofcom Broadcasting code: Smoking and tobacco use

"The depiction of tobacco products, use or images:

- *must not feature in programmes made primarily for children and young people unless there is a clear educational purpose;*
- *must not feature in other programmes before the watershed, when children are particularly likely to be listening, or when content is likely to be accessed by children or under-eighteen unless there is a strong editorial justification.*
- *If smoking features in any programme likely to be widely seen, heard or accessed by under-eighteens an anti-tobacco advertisement must be displayed at the beginning of the programme and in any advertising breaks."*

73. We have also suggested that in addition to the Broadcasting code the guidance notes would also need revision and could usefully spell out the rationale and context for the revised wording in the code.⁷⁶ Lastly the revised rule should also apply to On-Demand Programme Services (ODPS). Currently the rules for ODPS⁴⁰ have no guidance on smoking which given their growing popularity among young people is a serious loophole in the regulations.

74. We recommend that the BBFC classification guidelines for under-18 viewing for all the media that it regulates should be revised along similar lines.

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