

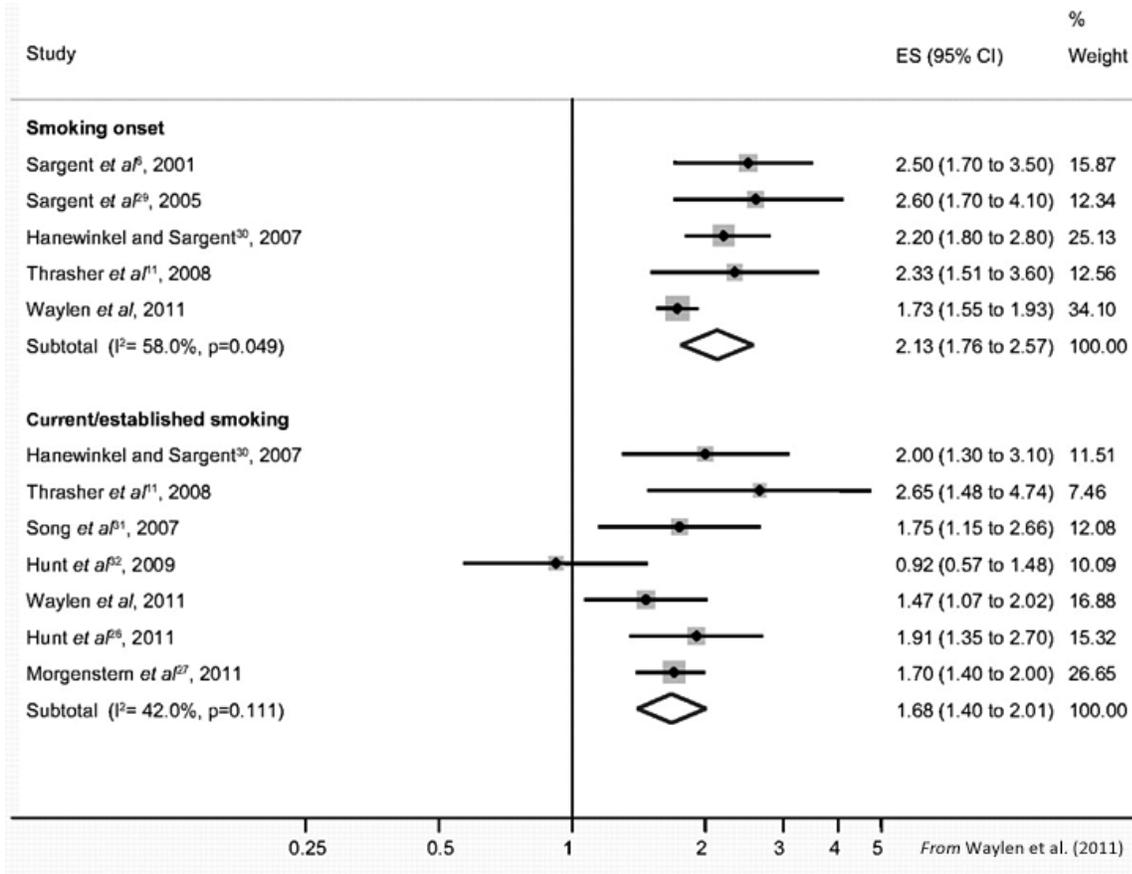
EC State aid for films and tobacco use among young people

Our submission to the European Commission's 2011 public consultation on State aid for audiovisual works considers these subsidies from a public health perspective. Specifically, it highlights the very important fact that subsidies by European governments to the US and EU domestic film industries indirectly promote youth smoking. We recommend that EC should ensure that, if they are continued, member state film subsidy programmes be harmonised with public health goals by making films with tobacco imagery ineligible for public subsidies.

1. Exposure to on-screen smoking recruits new adolescent smokers

More than two dozen epidemiological (population-based) and experimental studies on four continents have established that exposure to on-screen smoking is strongly associated with adolescents starting to smoke and progressing to regular, addicted smoking. The US National Cancer Institute after reviewing the literature, concluded that that the exposure causes adolescents to smoke,¹ a conclusion supported by the World Health Organization² and US Centers for Disease Control and Prevention,^{3,4} among others. Since then, the evidence has continued to build supporting this conclusion.^{5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27}

In particular, to investigate whether this causal relationship holds across European cultural contexts, a cross-sectional survey of more than 16,500 students (mean age, 13 years) in Germany, Iceland, Italy, the Netherlands, Poland and Scotland has been conducted. This study found that after adjusting for other factors affecting adolescent tobacco use, including age and peer smoking behavior, adolescents who had seen the most on-screen smoking were 1.7 times (95%CI 1.4 to 2.0) more likely to have ever smoked than those adolescents who had seen the least.²⁸ These results are largely consistent across the countries studied and congruent with other studies of tens of thousands of Mexican, New Zealand, Indian and US adolescents (a meta-analysis of all previous study findings by Waylen et al presented below shows that youth heavily exposed to smoking in films are twice as likely to have ever tried smoking).



These findings confirm what the tobacco industry has known for many decades: the presence of tobacco imagery in movies promotes smoking. From the advent of “talking pictures” in 1927 into the early 1950s, tobacco companies spent millions of dollars to buy brand endorsements from movie stars, brokered by the Hollywood studios that held them under contract, then paid for major movie studios’ national advertising in newspapers, magazines and on radio.²⁹After 1970, when tobacco advertising was banned from the US airwaves, major tobacco companies launched systematic product placement campaigns, touching hundreds of mainstream films, including multinational productions.³⁰

2. Policy responses to on-screen smoking

Film ratings

Signatories to the WHO Framework Convention on Tobacco Control, an international health treaty, undertake to ban tobacco advertising, promotion and sponsorship under Article 13. The guidelines adopted for implementing Article 13 include:

Parties should undertake particular measures concerning the depiction of tobacco in entertainment media products, including requiring certification

that no benefits have been received for any tobacco depictions, prohibiting the use of identifiable brands or imagery, requiring anti-tobacco advertisements and implementing a ratings or classification system that takes tobacco depictions into account.³¹

In its more detailed report on policy responses to on-screen smoking, WHO recommends that future films with tobacco content be assigned an “adult” (e.g., “18”) rating, “with the possible exception of movies that reflect the dangers and consequences of tobacco use or depict smoking by an actual historical figure who smoked.”³² However, no government or film classification body has yet implemented the adult rating.

Film subsidies

Beyond continuing to allow rating systems that certify large numbers of films with tobacco use as appropriate for children, many European Union governments go further by indirectly promoting smoking to youth through the provision of generous subsidies to the domestic and US movie industries. Government support (‘State aid’) for film and television production currently makes no distinction between projects whose tobacco content plays an important role in recruiting adolescents to smoke and those that do not.

The World Health Organization states that State aid programs “should be amended to make film and television projects with tobacco imagery or reference ineligible for public subsidy.” It notes that “Public subsidy of media productions known to promote youth smoking initiation is counter to WHO FCTC [Framework Convention on Tobacco Control] Article 13 and its guidelines. Public support for and policies favouring media producers, whether the rationale is cultural conservation or commercial competition, should be harmonized with the fundamental public health imperative to protect populations from tobacco promotion and with Article 13 of the WHO FCTC.”³³

A recent study of Canada, UK and US public policy toward on-screen smoking estimated that, in the UK from 2003 to 2009, £338 million (€387 million) in Film Tax Credits were routed to British productions of US-developed “British” films with tobacco imagery, almost all age-classified for adolescents and children. In Canada, in the fiscal year 2008-9, an estimated CDN\$ 32 million (€ 23.5 million) subsidized US studio production of films with smoking, classified for adolescents. In the United States, in 2010, states awarded an estimated US\$ 288 million (€ 210 million) to top-grossing films with smoking, US\$ 127 million (€ 92 million) of them youth-rated.³⁴

The same estimation method¹ applied to the sample of all 488 top-grossing² films released January 2008-June 2011 yields these results for members of the European Union:

- European Union member countries were the primary production location for 13% (60/488) of these top-grossing films and for 16% (60/372) of top-grossing films whose primary production location offered subsidies.
- Sixty-three percent (38/60) of top-grossing films shot in EU countries included tobacco. This compares to 51% (166/328) of top-grossing films shot in the US.
- EU countries accounted for € 433 million (21% of global total) in public subsidies of top-grossing films released over the 42-month period sampled.³ The US accounted for € 1.2 billion (57%). Other countries accounted for € 474 million (22%).
- Among the EU countries, 61% (€ 263 million / € 433 million) of public subsidies for top-grossing films went to films with tobacco. Globally, 48% (€ 1 billion / € 2.1 billion) of subsidies for top-grossing films went to films with tobacco. (Table 1)
- In the USA, half (€ 595 million/€ 1.2 billion) of public subsidies and in other countries one-third (€ 161 million/ € 474 million) went to top-grossing films with smoking.
- Within the EU, the United Kingdom accounted for nearly half of subsidies for top-grossing films with tobacco imagery. Germany followed with about one-quarter. Italy (9%), the Czech Republic (7%), France (6%) and Hungary (5%) delivered the balance.

¹ Publicly available production budget per film was multiplied by a factor (range: 0.95, <US \$10 million - 0.50, > US\$ 100 million) to estimate the qualified spend eligible for subsidy rate offered in the primary production location. Aggregate results closely match estimates for UK subsidies drawn from program reports for adjacent years.

² Films ranking among the top 10 in box-office gross in any week of their first-run theatrical release in the 'domestic' (US and Canada) distribution territory. Top-grossing films are highly correlated across the domestic and European markets.

³ The subsidy estimated for top-grossing, mainly US-developed films in this sample does not represent all public subsidies granted to films produced in that country. In France, the majority of national subsidies appear to support French language films with limited distribution to the rest of Europe or in the US. In the UK, Germany and Hungary, by contrast, it appears that most available subsidy funds go to a few large-budget, US studio films.

TABLE 1 | Global Share: Public subsidies for top-grossing movies with tobacco, 2008-2011

Country	Percent of global total (€ 1.02 billion)	Public subsidy (estimated)
USA	58%	€ 595 million
UK	12%	€ 127 million
Canada	10%	€ 96 million
Germany	6%	€ 63 million
New Zealand	4%	€39 million
Australia	3%	€ 26 million
Italy	2%	€ 25 million
Czech Republic	2%	€ 19 million
France	2%	€ 16 million
Hungary	1%	€ 14 million

In recent years, six of the ten countries awarding the largest amount of public subsidies to top-grossing movies with tobacco imagery were in the European Union. They contributed 26% of all such subsidies.

3. Recommendations

There are a number of dimensions to considering State aid to audiovisual productions. One less familiar to economists and trade experts than to public health professionals is that government subsidies to youth rated films with smoking indirectly promote experimentation with tobacco among youth.

The proposed subsidy remedy is straightforward: make future productions with tobacco content ineligible for State aid. Applicants would be required to certify that the production was and would remain tobacco free; programme rules would state that “any production that depicts or refers to any tobacco product or non-pharmaceutical nicotine delivery device or its use, associated paraphernalia or related trademarks or promotional material” would not qualify for public benefit.

This requirement to qualify for a subsidy would not prevent filmmakers from including tobacco imagery in any film. It would not bar such content from the screen. Nor would it force a filmmaker to adopt an anti-tobacco message. It would simply bring public subsidies designed to encourage private endeavors deemed in the public interest into harmony with public health policies that EU member states have committed themselves to implement as parties to the Framework Convention on Tobacco Control.

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References

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- ¹ US National Cancer Institute. Monograph 19: The role of media in promoting and reducing tobacco use. Bethesda, MD (USA): US National Institutes of Health, 2008. Accessible at <http://cancercontrol.cancer.gov/tcrb/monographs/19/index.html>.
- ² World Health Organization. Smoke-Free movies: From evidence to action. Geneva, 2011. (Second edition)
http://www.who.int/tobacco/publications/marketing/smoke_free_movies_2nd_edition/en/index.html
- ³Glantz SA, Titus K, Mitchell S, Polansky JR, Kaufmann R. Smoking in top-grossing movies — United States, 1991-2009. 20 August 2010. MMWR 59(32);1014-1017. Accessible at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5932a2.htm?s_cid=mm5932a2_w.
- ⁴Glantz SA, Mitchell S, Titus K, Polansky JR, Kaufmann R, Bauer U. Smoking in top-grossing movies — United States, 2010. 15 July 2011. MMWR60(27);909-913. Accessible at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6027a1.htm?s_cid=mm6027a1_w.
- ⁵HanewinkelR,SargentJD.ExposuretосmokinginpopularcontemporarymoviesandyouthsmokinginGermany.AmJPrevMed 2007;32:466-473.
- ⁶Hunt K, Henderson M, Wight D, Sargent JD. Exposure to smoking in films and own smoking amongst Scottish adolescents: a cross-sectional study. Thorax doi:10.1136/thoraxjnl-2011-200095.
- ⁷LaugesenM,ScraggR,WellmanRJ,etal.R-ratedfilmviewingandadolescentsmoking.PrevMed 2007;45:454-459.
- ⁸ Sargent JD, Beach ML, et al. Effect of seeing tobacco use in films on trying smoking among adolescents: Cross sectional study.BMJ 2001;323:1394-1397.
- ⁹Sargent JD, Stoolmiller M, Worth KA, et al. Exposure to smoking depictions in movies: Its association with established adolescent smoking. ArchPediatrAdolescMed2007;161:849-856.

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- ¹⁰Song AV, Ling PM, Neilands TB, Glantz SA. Smoking in movies and increased smoking among young adults. *AmJPrevMed* 2007;33(5):396-403.
- ¹¹Thrasher JF, Jackson C, Arillo-Santillán E, Sargent JD. Exposure to smoking imagery in popular films and adolescent smoking in Mexico. 2008. *AmJPrevMed*. 35(2):95-102.
- ¹²Sargent JD, Beach ML, et al. Exposure to movie smoking: its relation to smoking initiation among US adolescents. 2005. *Pediatrics* 116(5):1183-1191.
- ¹³Adachi-Mejia AM, Primack BA, Beach ML, Titus-Ernstoff L, Longacre MR, Weiss JE, Dalton MA. Influence of movie smoking exposure and team sports participation on established smoking. 2009. *ArchPediatrAdolescMed* 163(7):638-643.
- ¹⁴Dalton MA, Sargent JD, et al. Effect of viewing smoking in movies on adolescent smoking initiation: A cohort study. *The Lancet*2003; 362(9380):281-285.
- ¹⁵Dalton MA, Beach ML, Adachi-Mejia A, Longacre M., Matzkin A., Sargent JD, Heatherton T, Titus-Ernstoff L. Early exposure to movie smoking predicts established smoking by older teens and young adults. *Pediatrics* 2009;123: e551-e558.
- ¹⁶ Hanewinkel R, Sargent JD. Exposure to smoking in internationally distributed American movies and youth: Smoking in Germany: A cross-cultural cohort study. *Pediatrics*2008;121:e108-e117.
- ¹⁷Jackson C, Brown JD, L'Engle KL. R-Rated movies, bedroom televisions, and initiation of smoking by white and black adolescents. *ArchPediatrAdolescMed* 2007;161:260-268.
- ¹⁸Tanski S, Stoolmiller M, Dal Cin S, Worth K. Movie character smoking and adolescent smoking: Who matters more, good guys or bad guys? *Pediatrics*2009;124:135-143.
- ¹⁹Thrasher JF, Sargent JD, Huang L, Arillo-Santillán E, Dorantes-Alonso A, Pérez-Hernández R. Does film smoking promote youth smoking in middle-income countries?: A longitudinal study among Mexican adolescents. *Cancer Epidemiol Biomarkers Prev*2009;18:3444-3450.
- ²⁰Titus-Ernstoff L, Dalton MA, Adachi-Mejia AM. Longacre MR, Beach ML. Longitudinal study of viewing smoking in movies and initiation of smoking by children. *Pediatrics* 2008;121;15-21.
- ²¹Wilkinson AV, Spitz MR, Prokhorov AV, Bondy ML, Shete S, Sargent JD. Exposure to smoking imagery in the movies and experimenting with cigarettes among Mexican heritage youth. *Cancer Epidemiol Biomarkers Prev*2009;18:3435-3443.
- ²² Sargent JD, Hanewinkel R. Comparing the effects of entertainment media and tobacco marketing on youth smoking in Germany. *Addiction*2009;104:815-823.

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- ²³ Gibson B, Maurer J. Cigarette smoking in the movies: The influence of product placement on attitudes toward smoking and smokers. *J. Applied Social Psychology* 2000; 30(7):1457-1473.
- ²⁴ Hanewinkel R. Cigarette smoking and perception of a movie character in a film trailer. *Arch Pediatr Adolesc Med* 2009;163(1):15-18.
- ²⁵ Hines D, Saris RN, Throckmorton-Belzer L. Cigarette smoking in popular films: Does it increase viewers' likelihood to smoke? *J. Applied Social Psychology* 2000;30:2246-2269.
- ²⁶ Pechmann C, Shih C. Smoking in movies and antismoking advertisements before movies: Effects on youth. *J. Marketing* 1999;63(3):1-13.
- ²⁷ Waylen AE, Leary SD, Ness AR, Tanski SE, Sargent JD. Cross-sectional association between smoking depictions in films and adolescent tobacco use nested in a British cohort study. October 2011. *Thorax* 2011;66:856-861 doi:10.1136/thoraxjnl-2011-200053
- ²⁸ Morgenstern M, Poelen EAP, Scholte R, Karlsdottir S, Jonsson SH, Mathis F, Faggiano F, Florek E, Sweeting H, Hunt K, Sargent JD, Hanewinkel R. Smoking in movies and adolescent smoking: cross-cultural study in six European countries. 25 August 2011. *Thorax* doi:10.1136/thoraxjnl-2011-200489 (epub ahead of print)
- ²⁹ Lum KL, Polansky JR, Jackler RK, Glantz SA. Signed, sealed and delivered: Big Tobacco in Hollywood, 1927-1951. *Tobacco Control* 2008;17: 313-323.
- ³⁰ Mekemson C, Glantz SA. How the tobacco industry built its relationship with Hollywood. *Tobacco Control* 2002;11:i81-i91
- ³¹ WHO. Guidelines for implementation of Article 13 of the WHO Framework Convention on Tobacco Control (Tobacco advertising, promotion and sponsorship), 2011. Accessed at http://www.who.int/fctc/guidelines/article_13.pdf on 14 September 2011.
- ³² WHO. Smoke-Free Movies: From evidence to action, 2011.
- ³³ WHO. Smoke-Free Movies: From evidence to action, 2011.
- ³⁴ Millett C, Polansky JR, Glantz SA. Government inaction on ratings and government subsidies to the US film industry help promote youth smoking. 2011. *PLoS Medicine* 2011;8(8): e1001077. doi:10.1371/journal.pmed.1001077