

Attitudes about Smoking in the Movies

Robert McMillen, PhD

Social Science Research Center, Mississippi State University
Julius B Richmond Center of Excellence, American Academy of Pediatrics

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Background

The World Health Organization, American Medical Association, the American Academy of Pediatrics, the American Legacy Foundation, the American Heart Association, and other leading health authorities and a majority of state attorneys general have identified smoking in the movies as a serious health threat to adolescents. There is strong scientific evidence that the effect on adolescents is essentially proportional to the level of exposure to smoking in the movies;^{1 2 3 4 5 6} thus any policy that reduces the level of exposure is likely to reduce the effect. One policy option suggested to reduce the level of smoking in movies to which adolescents are exposed would be for the motion picture industry to amend its voluntary rating system to classify movies that show smoking as “R”, or restricted.⁷ By eliminating smoking from youth-rated films (mostly PG-13), exposure of adolescents to smoking in movies would be cut by about 60%. The Social Climate Survey of Tobacco Control, for the last three years, has measured the level of public support in the U.S. for smoke free or smoke-rated movies.

Respondents

The Social Climate Survey of Tobacco Control (SCS-TC) was administered to representative samples of 1500-3000 U.S. adults who were interviewed by telephone between July and September of 2004 (3,011 respondents), 2005 (1,510 respondents), 2006 (1,812 respondents), and 2013 (3,245 respondents). Samples from all years represent the civilian, non-institutionalized adult population over age 18 in the United States, including Alaska and Hawaii. For 2004-06, households were selected using random digit dialing procedures to include households with unlisted numbers. Once a household was contacted, the adult to be interviewed was selected by asking to speak with the person in the household who is 18 years of age or older and who will have the next birthday. (Details of the sample are described in the Appendix.) Five attempts were made to contact those selected adults who were not home. To address wireless

¹ Sargent JD, Beach M, Dalton M, Mott L, Tickle J, Ahrens B & Heatherton T. (2001). Effect of seeing tobacco use in films on trying smoking among adolescents: cross sectional study. *BMJ*, 323, 1394-1397.

² Dalton MA, Sargent JD, Beach ML, Titus-Ernstoff L, Gibson JJ, Ahrens MB, Tickle JJ & Heatherton TF. (2003). Effect of viewing smoking in movies on adolescent smoking initiation: a cohort study. *Lancet*, 362, 281-285.

³ Sargent JD, Beach ML, Adachi-Mejia AM, Gibson JJ, Titus-Ernstoff L, Carusi C, Swain S, Heatherton TF & Dalton MA. (2005). Exposure to movie smoking: Its relation to smoking initiation among US adolescents. *Pediatrics*, 116, 1183-1191.

⁴ Charlesworth A & Glantz SA. (2005). Smoking in the movies increases adolescent smoking: a review. *Pediatrics*, 116, 1516-28.

⁵ DiFranza JR, Wellman RJ, Sargent JD, Weitzman M, Hipple BJ & Winickoff JP. (2006). Tobacco promotion and the initiation of tobacco use: Assessing the evidence for causality. *Pediatrics*, 117, e1237 - e1248

⁶ Wellman RJ, Sugarman DB, DiFranza JR & Winickoff JP. (2006). The extent to which tobacco marketing and tobacco use in films contribute to children’s use of tobacco: A meta-analysis. *Archives of Pediatric and Adolescent Medicine*, 160, 1285-1296

⁷ Unless the film clearly demonstrates the dangers of smoking or it is necessary to represent actual smoking of a real historical figure, movies that show smoking would be rated “R.”

substitution we added a second frame in 2010. The 2013 SCS-TC was a cross-sectional dual-frame survey representing national probability samples of adults administered to both frames from October to December 2013. The RDD frame included households with listed and unlisted land- line telephones; five attempts were made to contact those selected adults who were not home. The Survey Research Laboratory at Mississippi State University's Social Science Research Center administered the surveys via computer-assisted telephone interviews to respondents in this frame. The probability-based panel frame included an online survey administered to a randomly selected sample from a nationally representative research panel. This panel is based on a sampling frame which includes both listed and unlisted numbers, those without a landline telephone and does not accept self-selected volunteers. The Institutional Review Board (IRB) at Mississippi State University approved this study, and informed verbal consent was obtained and the IRB provided a waiver of documentation of the written consent process. Data were weighted to adjust for age, race, gender and region, as well as frame overlap among internet panel respondents who also had a landline telephone and were therefore also eligible for the RDD frame.

Measures

From 2004 to 2006, and again in 2013, respondents were also asked if they *strongly agree, agree, disagree, or strongly disagree* with the following statements about smoking in the movies.

1. Exposure to cigarette smoking in television programs increases the chance that a child will start smoking.
2. Adolescents are more likely to smoke if they watch actors smoking in movies.
3. Any film that shows cigarette smoking should be rated "R," unless the film clearly demonstrates the dangers of smoking or it is necessary to represent smoking of a real historical figure.
4. Theaters should be required to show anti-smoking ads before any film with smoking in it.
5. Tobacco logos should not be allowed in any movie scene.

Results

2004-2006

From 2004 through 2006, these results demonstrated a high level of concern among the public about the effects of smoking in the movies on adolescents, and strong support for modernizing the ratings system to rate movies with smoking "R." In 2006, 80.7% of adults (79.1% of parents) agree that adolescents are more likely to smoke if they watch actors who smoke in movies, which is more agreement than in earlier years (Figure 1). In addition, 70.2% of adults (67.5% of parents) believe that movies with smoking should be rated "R", up about 10% over previous years (Figure 2).

As in past years, about two-thirds of adults (and parents) agree that movies with smoking should be preceded with an anti-smoking advertisement (Figure 3) and a majority of adults and parents believe that tobacco logos (brand identification) should not appear in films (Figure 4).

During this time period, respondents appeared more at ease with measures that do not affect their own experience of the movie; the R-rating was somewhat more popular among adults than either an ad beforehand or elimination of tobacco brand identifications. However, the increase over time in awareness of the risk to adolescents and support for mitigating measures is significant.

2013

Although the majority of adults continue to agree that adolescents are more likely to smoke if they watch actors who smoke in movies, support has decreased since 2006 and fewer than half support for modernizing the ratings system to rate movies with smoking “R.” Support for requiring an anti-smoking ad beforehand and elimination of tobacco brand identifications also decreased in 2013. These results indicate that awareness of the risk to adolescents and support for smokefree movies issues has diminished.

Figure 1. Percent of adults who believe that adolescents are more likely to smoke if they watch actors smoking in movies

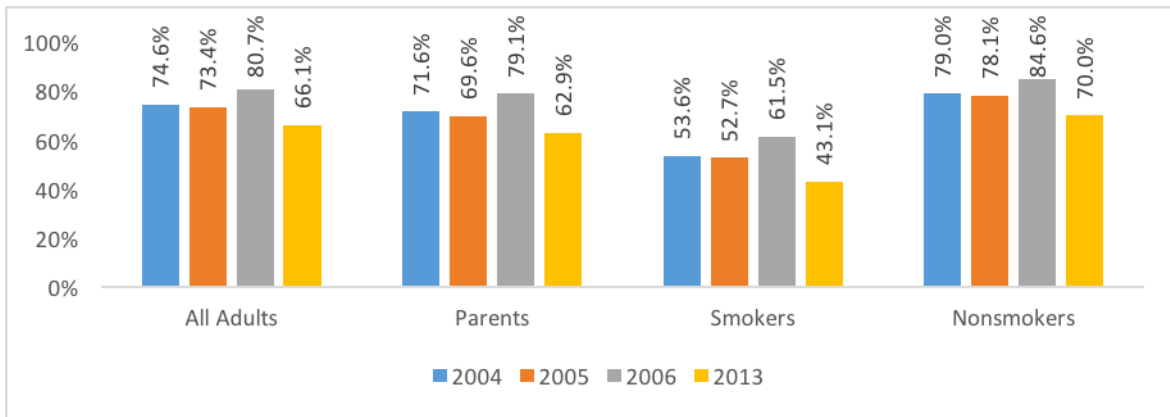


Figure 2. Percent of adults who believe that any film that shows cigarette smoke should be rated “R,” unless the film clearly demonstrates dangers of smoking or portrays the tobacco use of an actual historical figure

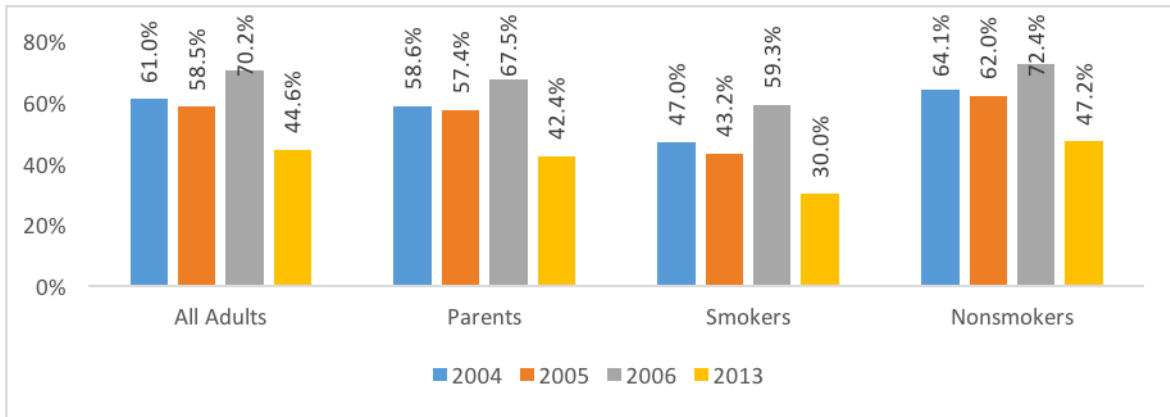


Figure 3. Percent of adults who believe that theaters should be required to show an anti-smoking ad before any film with smoking in it

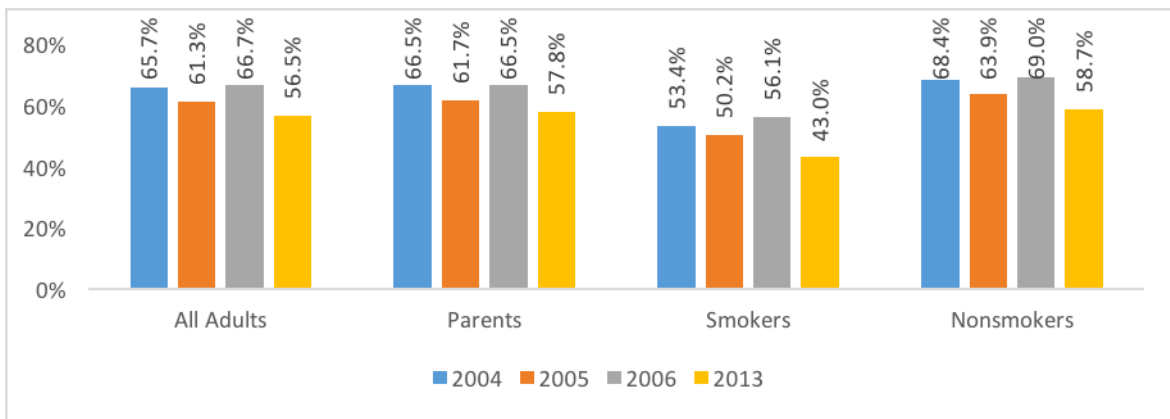


Figure 4. Percent of adults who believe that tobacco logos should not be allowed in any movie scene

