



Cynulliad Cenedlaethol Cymru **The National Assembly for Wales**

Cyfarfod ar yr un Pryd o Is-bwyllgorau'r Pwyllgor Menter a Busnes a'r Pwyllgor Iechyd a Gofal Cymdeithasol ar Reoliadau Mangreoedd etc Di-fwg (Cymru) (Diwygio) 2012

Concurrent Meeting of the Sub-committees of the Enterprise and Business Committee and the Health and Social Care Committee on the Smoke-free Premises etc (Wales) (Amendment) Regulations 2012

Dydd Mawrth, 29 Ionawr 2013
Tuesday, 29 January 2013

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The proceedings are reported in the language in which they were spoken in the committee. In addition, a transcription of the simultaneous interpretation is included.

Aelodau'r Is-bwyllgor Menter a Busnes yn bresennol
Enterprise and Business Sub-committee members in attendance

Alun Ffred Jones	Plaid Cymru The Party of Wales
Eluned Parrott	Democratiaid Rhyddfrydol Cymru Welsh Liberal Democrats
Nick Ramsay	Ceidwadwyr Cymreig (Cadeirydd yr Is-bwyllgor) Welsh Conservatives (Sub-committee Chair)
David Rees	Llafur Labour
Kenneth Skates	Llafur Labour

Aelodau'r Is-bwyllgor Iechyd a Gwasanaethau Cymdeithasol yn bresennol
Health and Social Care Sub-committee members in attendance

Mark Drakeford	Llafur (Cadeirydd yr Is-bwyllgor) Labour (Sub-committee Chair)
Vaughan Gething	Llafur Labour
Elin Jones	Plaid Cymru The Party of Wales
Darren Millar	Ceidwadwyr Cymreig Welsh Conservatives
Lynne Neagle	Llafur Labour

Eraill yn bresennol
Others in attendance

Simon Curtis	Trefnydd Cenedlaethol Cymru, Equity National Organiser for Wales, Equity
Siân Gale	Cadeirydd Cangen Gweithwyr Llawrydd De Cymru, BECTU Chair, South Wales Freelance Branch, BECTU
Dr Sharon Hopkins	Cyfarwyddwr Iechyd Cyhoeddus, Bwrdd Iechyd Lleol Prifysgol Caerdydd a'r Fro Director of Public Health, Cardiff and Vale University Local Health Board
Dr Hugo Van Woerden	Cyfarwyddwr yr Is-adran Iechyd a Gwella Gofal Iechyd, Iechyd Cyhoeddus Cymru Director of Health and Healthcare Improvement Division, Public Health Wales

Swyddogion Cynulliad Cenedlaethol Cymru yn bresennol
National Assembly for Wales officials in attendance

Lara Date	Clerc Clerk
Sarah Bartlett	Dirprwy Glerc Deputy Clerk

Joanest Jackson

Uwch-gynghorydd Cyfreithiol
Senior Legal Adviser

Philippa Watkins

Y Gwasanaeth Ymchwil
Research Service*Dechreuodd y cyfarfod am 9.03 a.m.
The meeting began at 9.03 a.m.***Cyflwyniad, Ymddiheuriadau a Dirprwyon
Introductions, Apologies and Substitutions**

[1] **Mark Drakeford:** Bore da a chroeso i chi i gyd i gyfarfod y ddau is-bwyllgor—o'r Pwyllgor Iechyd a Gofal Cymdeithasol a'r Pwyllgor Menter a Busnes—sydd wedi'u sefydlu i gyfarfod ar y cyd i glywed tystiolaeth ar Reoliadau Mangreoedd etc. Di-fwg (Cymru) (Diwygio) 2012. Croesawaf bawb i'r cyfarfod.

Mark Drakeford: Good morning and welcome to you all to this meeting of the two sub-committees—of the Health and Social Care Committee and the Enterprise and Business Committee—that have been established to consider the Smoke-free Premises etc. (Wales) (Amendment) Regulations 2012. I welcome everyone to the meeting.

[2] Hoffwn nodi un peth cyn inni droi at y tystion y bore yma. Yn dilyn cyfarfod yr is-bwyllgorau ddydd Iau diwethaf, pan oedd Nick Ramsay yn y gadair, rydym wedi derbyn llythyr oddi wrth y BBC yn ymddiheuro ac yn ceisio cywiro'r dystiolaeth ysgrifenedig a llafar a ddarparwyd i'r is-bwyllgorau. Er mwyn iddo gael ei gofnodi, hoffwn ddarllen y llythyr, oherwydd nid yw'r Aelodau eraill wedi gweld y llythyr eto, ond rwy'n siŵr eich bod chi i gyd wedi gweld erthyglau yn y papurau.

I would like to note one thing before we turn to the witnesses this morning. Following the meeting of the sub-committees last Thursday, when Nick Ramsay was in the chair, we received a letter from the BBC apologising and seeking to rectify the written and oral evidence that was provided to the sub-committees. In order for it to be on the record, I would like to read the letter, because other Members have not seen it yet, but I am sure that you have all seen articles in the press.

[3] So, here is the letter that came from the BBC. It is in English only. It is from Clare Hudson, who gave evidence to us last week. It reads:

[4] 'Dear Nick, It has come to my attention that there is an important detail which needs to be corrected in relation to one of the examples referred to at the recent evidence session to the Sub Committee on the Smoke Free Premises (Wales) (Amendment) Regulations 2012. In the session, I made reference to an occasion where a proposed Casualty storyline had to be dropped due to complications around filming a lit cigarette. It has since been drawn to my attention by the Casualty production team that they found an alternative way of shooting the relevant scene. To be clear, no change was made to the plot of that episode. The evidence I presented was given in good faith based on information I now know to be incorrect. In the interest of presenting the facts as accurately as possible, I would be grateful if you could draw this to the attention of the Sub Committee members. I would also be grateful for any guidance you can give on amending this part of our written supplementary evidence in light of this. Please accept my sincere apologies for this error.'

[5] Mae llawer o bethau y gallem eu gwneud: rhoi y llythyr ar gofnod, dweud rhywbeth yn y trawsgrifiad gair am air a nodi'r cywiriadau. A yw Aelodau eisiau gwneud unrhyw beth arall o ran y llythyr, neu

There are many things that we could do: we could put the letter on record, say something in the verbatim record and note the corrections. Do Members wish to do anything else with regard to the letter, or are we

a ydym yn hapus i dderbyn yr hyn y mae'r BBC wedi ei ddweud a'i nodi fel hynny? content to accept what the BBC has said and note it thus?

[6] **Vaughan Gething:** It makes sense to note the letter and to note the amendments to the evidence that has been given. Although I was not present at the last meeting, I saw the coverage of the initial evidence and the retraction in the Welsh news, but I am not aware that there was any coverage in England-and-Wales newspapers about the retraction. I saw the problem story that said that *Casualty* had had to be rewritten, and I was not sure whether there was anything else, but I am not keen to have people recalled to here, because we are very clear that they have said that the evidence they gave was not correct.

[7] **Mark Drakeford:** You make an important point. In a way, the BBC has corrected its mistake but, in the bit of research that I have done, the story that it presented to us was carried prominently in all the national broadsheets, but not a single one of them has printed the correction.

[8] **Alun Ffred Jones:** *C'est la vie.* Rwyf yn awgrymu ein bod yn nodi'r cywiriad, achos dyna yw'r ffeithiau bellach. **Alun Ffred Jones:** *C'est la vie.* I suggest that we note the correction, because those are now the facts.

[9] **Mark Drakeford:** Diolch yn fawr. **Mark Drakeford:** Thank you.

9.07 a.m.

**Y Rheoliadau Mangreoedd etc. Di-fwg (Cymru) (Diwygio) 2012—Sesiwn
Dystiolaeth 3
The Smoke-free Premises etc. (Wales) (Amendment) Regulations 2012—
Evidence Session 3**

[10] **Mark Drakeford:** Croeso i'n tystion i'r drydedd sesiwn dystiolaeth ar lafar yn yr ymchwiliad. Croeso i Siân Gale, cadeirydd, cangen gweithwyr annibynnol de Cymru o BECTU, a Simon Curtis, trefnydd cenedlaethol Equity yng Nghymru. Fel arfer, rydym yn gofyn i'r tystion a oes ganddynt unrhyw sylwadau agoriadol cryno i'w gwneud. Ar ôl hynny, byddaf yn troi at aelodau'r pwyllgor i ofyn eu cwestiynau. Siân, a ydych chi eisiau dechrau?

Mark Drakeford: I welcome witnesses to the third oral evidence session in the inquiry. Welcome to Siân Gale, chair, south Wales freelance branch of BECTU, and Simon Curtis, national organiser for Wales, Equity. We usually ask witnesses if they have any brief opening remarks to make. After that, I will turn to committee members to ask their questions. Siân, do you want to start?

[11] **Ms Gale:** Thank you for giving us the opportunity to speak here today; unions are not always given opportunities to give evidence, so that is fantastic.

[12] As a union, we were very proud when Wales became one of the first countries to bring about the smoking ban to protect our workers in the workplace. So, it is quite a big thing for us to support a partial exemption, which we are doing for genuine reasons. As we said in our evidence, the most important thing is that we want productions to come to Wales. We want productions to shoot safely in Wales, and we believe that with the proper health and safety processes, we should allow this exemption to exist.

[13] **Mr Curtis:** I support everything that Siân has just said. It is difficult enough for our members to get work in Wales if the work exists in Wales. We support not putting a barrier in the way of productions coming to Wales to provide employment for our members, as long as

it is done safely.

[14] **Mark Drakeford:** Thank you. I will turn to any Member who wants to make a start.

[15] **David Rees:** Good morning. In the evidence that we have received from you and the BBC, the words ‘commercial need’ are often used in favour of the exemption. What evidence do you have that we are losing business as a consequence of the way things stand at the moment, and that we would attract business if we changed the situation? Alternatively, is your evidence anecdotal?

[16] **Ms Gale:** The biggest evidence that we have seen is from the Wales Screen Commission, which you fund. The commission mentions that there is a loss of between £15 million and £20 million a year. That is the organisation that sees the bigger productions that come into Wales. If it is saying that £15 million to £20 million a year is lost by not having this exemption, that is evidence for us. On a day-to-day basis, BBC and S4C productions are already highly regulated, as you have heard from the BBC. A lot of our members would say that on many of those productions, this might not be an issue, especially in contemporary drama and in children’s programming, in which you cannot smoke. This is an exemption that is going to affect specific productions. Last week on Radio Cymru, producer Branwen Cennard mentioned *Ryan a Ronnie*, which is a historical drama about Ryan and Ronnie. The makers had to go to Liverpool to film. That is going to have a huge impact on any production, in terms of the cost of going outside Wales and losing that work to Wales. For our members, it involves moving away from home for that period.

[17] We are trying to work with people at the Producers Alliance for Cinema and Television and at Welsh Independent Producers, or TAC, to encourage more production in Wales. We are very low in terms of production from organisations such as ITV, Sky and Channel 4. Very few drama productions of that ilk come into Wales. I guess that our concern is that, if there is a production based in the 1970s, 1960s or 1950s, when smoking was more prevalent, the makers would not even consider Wales. So, that is the kind of anecdotal evidence that we would give. We are a trade union, so we do not get involved in the early stages of the process when things are going to be commissioned. We would certainly take seriously anything from the Wales Screen Commission.

[18] **David Rees:** Before I come back, I will give Simon a chance.

[19] **Mr Curtis:** My response is along the same lines. Our members are involved in the casting process, which is when the decisions have already been made. Therefore, any evidence that we could give would be purely anecdotal. You heard a lot of anecdotal evidence from the BBC to that effect. Our members are given the choice during the casting process as to whether they are involved in smoking or not. So, for our members, the decision has already been made before they are on board and involved. As Siân has said, this is about trying to remove that barrier so that it is a completely level playing field, and to ensure that that decision does not have to be part of the editorial process, as I think the BBC said. There are many decisions and processes regarding a production and where it is based; the BBC referred to this as a ‘matrix’. We want to see that this is a completely open book and a level playing field. So, if makers want to base a production here because they have Roath Lock and the facilities to do that, it is about ensuring that there is not an obstruction in the way that causes them to say, ‘Well, we cannot come here because there is no exemption, which we need.’

[20] **David Rees:** I will come back to a related point later on. However, I have one other question to ask. You mentioned the figure of £15 million to £20 million, Ms Gale. Have you seen an analysis of those figures, or do you have only the conclusion of that analysis?

[21] **Ms Gale:** It is only the conclusion; I have only read the documents that you have had.

I also want to say that this is a global industry, where productions can go to eastern Europe, to Wales or to America, et cetera. At an early stage, in particular, decisions are made very quickly. The decision makers are not going to go into any great depth about Wales if they find out that they cannot undertake a key aspect of the production because there is no smoking exemption. They will not go any deeper; they will just cast Wales aside.

[22] **David Rees:** You both say that this evidence is anecdotal at the moment. I understand that. Have you heard similar anecdotal comments about Scotland and Northern Ireland?

9.15 a.m.

[23] **Ms Gale:** In Scotland, they have the same concerns about deaths in the industry and we have other concerns in terms of productions coming to Wales. Both Equity and BECTU have concerns about productions that are already coming to Wales bringing in their own crews. That poses bigger problems, which we share with Scotland, such as ensuring that local people get the jobs that come to our countries. So, there is a plethora of barriers. I am not aware of the detail of what is currently happening in Scotland in terms of the smoking ban.

[24] **Mark Drakeford:** Shall we take a moment to correct what I assumed was a factual mistake in Equity's evidence because it refers twice to supporting narrow exemptions in Scotland, but there are no exemptions in Scotland?

[25] **Mr Curtis:** No, but we have had initial discussions with regard to supporting exemptions there in the same way that we support them here. We are obviously supporting it on behalf of our members. I know that there is no exemption in Scotland.

[26] **Mark Drakeford:** Thank you for that. I will go to Nick, then to Vaughan, followed by Alun Ffred.

[27] **Nick Ramsay:** Good morning. You just mentioned your members; I am interested to know their views on this. Have you made an assessment of the proportion of your members who would support an exemption? Do you think that it would be most of them or is there dissent in your membership?

[28] **Mr Curtis:** It is a difficult position for our members because they are aware, as we all are, of the health aspects, and Equity supports the smoke-free premises legislation. Talking to some members about the situation, they are split according to whether or not they like smoking. As in life, there is that split. However, the key element that they brought up was: why would there be an obstruction to a production coming to Wales? So, from their perspective, it was very much an obstruction argument. They had strong views about smoking, but they want the exemption in England to be copied here. As I said before, I do not want to keep repeating the same point, but they want a level playing field—they want to see as many productions coming to Wales as possible without any obstructions in terms of their employment.

[29] **Ms Gale:** A similar view is taken by our members. We have given you a couple of quotes at the end of our written evidence that reflect the feelings of our members. Our members would be anti-smoking in terms of their children smoking and the portrayal of smoking, but they want to work. The strong message that we are getting from our members is that the wording of the exemption, in terms of when smoking is appropriate, is not strong enough. They would favour the word 'necessary' rather than 'appropriate'. However, on editorial control, they also feel that it is not for us to control what is written in a script and if we are portraying certain characters in a realistic way, then smoking needs to be included. Glamourising smoking is definitely a no-no among our members. They did not want to be involved in anything that glamorised smoking, only that which reflects the reality of our lives.

[30] Furthermore, on the health and safety side of things, they felt that robust health and safety procedures and robust risk assessments needed to be in place. I think that they mentioned last week that some scenes would require smoking, such as more intimate scenes with close-ups when you see the cigarette. That is also a continuity issue because a cigarette will burn, but an electronic cigarette does not have the same effect. So, our membership would see it as part of their professional expertise to be able to film such a scene in a more appropriate manner, but with the proper health and safety considerations in place.

[31] **Nick Ramsay:** This is very interesting, and David Rees has already asked the question about the assessment of the cost to the economy. We have been interested in getting solid evidence on that. Leaving that aside, it seems to me that this is a different situation to any other workplace where health and safety issues would be paramount. However, you are saying that your membership is putting its ability to work and artistic licence before health and safety arguments. Do you feel that there is a conflict there? Do you feel that you are being torn between supporting the workers' rights, in terms of their health, and the economic issue?

[32] **Ms Gale:** Yes, of course. However, it is a risk assessment. The whole idea of having a robust risk assessment is to diminish those risks. Our members use smoke machines, which are not very healthy, but we do robust risk assessments. That is done by the heads of department, who have the expertise, the relevant cash, or whatever, and the relevant training, in terms of understanding the hazards at work that those gasses give off, so that they negate the risk. They ensure that the risk to the individuals involved—the performers and the crew—is negligible. When you are talking about close-ups, and so on, smoking can be done in quite a confined space. We have also talked about being clear about the fact that it is not done in rehearsals—you keep the number of takes as low as you can. That would be up to the director, and would be part of the risk assessment in terms of how they shoot. You need good people doing risk assessments, and those are things that location managers and heads of departments would be doing. Therefore, we are not saying that we want to put our people at risk; we want to minimise the risks to them.

[33] **Nick Ramsay:** Is it possible to assess the risk of one cigarette, which might not be smoked in rehearsal, but will be smoked by that actor on stage? Is it possible to do that? It may be the case that it is possible. It would be helpful if everyone in society had that information, if that is the case.

[34] **Ms Gale:** I am not a health expert. Will a minute or two of smoking have a huge, detrimental effect on everyone? They would not use real cigarettes—they have been using herbal cigarettes for many years. Therefore, it is going down to the minutiae, but eliminating as many risks as you can. Much of what we do in the industry is quite hazardous, but, again, we try to eliminate the risks, but we still want to do those things. We blow up cars, we have people in freezing-cold water, but we do not not do it—we just minimise the risk to the individual.

[35] **Nick Ramsay:** I hope that there is no-one in that car when it is blown up. [*Laughter.*]

[36] **Mark Drakeford:** David Rees has the next questions.

[37] **David Rees:** I believe that Nick has covered most of the issues that I wanted to raise. However, in my former employment, I was a lay officer of my trade union, and I never negotiated a worsening of conditions of service for my members. It seems to me that this is worsening the conditions in which people have to work. I respect the fact that you may have to look at what the members' views are. Therefore, have you balloted your members as to whether or not they agree with this motion?

[38] **Ms Gale:** No, we have not balloted them. However, once again, we are talking about minimal risk here. We are not talking about an all-out exemption that smoking is a free-go area; we are talking about specific circumstances for specific productions. We are not talking about an all-out ban. Unions face these challenges, and I am sure that it has happened in the coal industry, in terms of environmental reasons. However, it is not something that we do easily, but once again it is about tight controls and it is about the employer and the unions working together closely to ensure that the risk is minimised. We are not talking about everyone in the room smoking and a free-for-all. We are looking at things such as making reasonable adjustments.

[39] **David Rees:** I acknowledge that, in your paper, you highlight the fact that you want to involve a trade union representative in risk assessment, in particular. However, the fact that you talk about a risk assessment implies that you recognise that there is an additional risk.

[40] **Ms Gale:** Yes, of course.

[41] **David Rees:** Therefore, you are, technically, worsening the conditions of your members. Regarding Equity, I have a note that states that you encourage people and tell them that they may have to start smoking as a consequence of taking employment.

[42] **Mr Curtis:** To answer your first question, we have not balloted our members with regard to this issue. They can either do it in Wales, or they can go to England to do it. They will go and take employment and take their services out and we will lose a talent base in the country, which is important to the television industry, as it goes forward. It is a much bigger issue than that. We are reflecting real life, and it is about artistic decisions. For example, if we are producing a programme that is based in the 1940s or the 1950s, we know that it was prevalent; smoking took place. We cannot hide from the fact that five or six people used to sit in small rooms and smoke. If people are going to get involved in a production or a drama that includes that, at present it will probably be shot in England, but it will be shot, and they will take their expertise and their employment out of this country.

[43] As Siân said, the editorial controls are already there. We do not want to glamorise smoking or promote it; but, if it is required as part of a storyline, we would rather see a production based here, and for our members who want to continue to live in the country to do so and be able to work here rather than having to go elsewhere. I take your point about worsening conditions; however, it is a case of wanting to make sure—and I go back to that point again—that we have an even playing field for members being able to work where they choose to work. They have the choice of not smoking; that choice is there. If it is something that they do not want to do, they do not have to do it. They do not have to put themselves up for a role that requires smoking if they are uncomfortable with it. That is a choice that they make before the casting process. As the BBC said, it would be involved in that casting process. If someone was uncomfortable in that role, it would try to find them a character that did not smoke. So, there is an element of choice.

[44] In terms of what Siân said, of course we are concerned about health and safety and any risk assessment but, as Siân said, there are many greater risks than 10 seconds or two minutes with a cigarette during filming. People are exposed to risks anywhere on a production shoot. So many things can happen. For example, a light can fall from a rig. All of these things can happen. As Siân said, it is a case of minimising that risk as much as possible. If it is required as part of a production, obviously, the choice is there to keep it here.

[45] **Mark Drakeford:** I am anxious to move on to other Members, but Ken, did you have a very small question on this particular aspect?

[46] **Kenneth Skates:** It is just very small. The whole point and the central question is

whether the proposed exemption is a proportionate response to the real or perceived barriers to growth in the industry. Perhaps you could tell us, with regard to the proportionality of this, what the response from members in England has been to the exemption there. Are you aware of complaints? Are you aware of health issues that have arisen as a consequence?

[47] **Mr Curtis:** We have not had any anecdotal information given to us. I do not want to use the word ‘acceptance’, but I think that it is very much a case of saying, ‘Let’s look at it’. It is the fact that, if it is required, it is there. There was no campaign from our members to object to what we did in England. Obviously, it goes further in England because it also deals with theatre.

[48] **Kenneth Skates:** So, there has been no representation by the union.

[49] **Mr Curtis:** No.

[50] **Mark Drakeford:** I need to move to Vaughan, and then to Alun Ffred and Elin.

[51] **Vaughan Gething:** I have one brief question. In the BECTU evidence and what you have said orally, you referred to there being barriers to people coming to Wales and the fact that it is difficult to attract productions to Wales and, in particular, ITV and Sky not making many of their productions in Wales. I assume that that happened at the time that there was a smoking ban in England and Wales. I am interested in what those other issues are and how important an aspect this is. If you do not have any evidence, that is fine, but I am just interested in having clarity on that.

[52] **Ms Gale:** Statistics show that, from those broadcasters, there is very little work in Wales. The way that the industry works is that it is mainly through word of mouth. We have a Sky drama here at the moment, because Ruth Jones and her partner were very successful in terms of *Gavin and Stacey*. So, Sky approached Ruth and asked them to do another production in Wales. We do not have that clout in Wales in terms of attracting people here—ITV, Channel 4 and Sky, in particular. So, we are saying, ‘Please do not give us any more barriers’. Again, perhaps it is a matter of perception about Wales and what we are capable of doing in Wales. Sometimes, they do not realise how strong our creative industries are. We want the message to go out here that we have robust, solid creative industries in Wales that are ready for business. We do not want anything that will tarnish our reputation or discourage people from coming here.

[53] **Vaughan Gething:** I will just deal with the suggested additions that you make in your paper. You refer to smoking being used only when it is key to the storyline for historical or realistic character portrayal. I am interested in how restrictive that really is, given that, at any time up to the 1990s and even now, we would expect smoking to be a regular feature. Surely you could make an argument for many everyday scenes to include smoking.

9.30 a.m.

[54] For me, that goes into this point about smoking not being glamorised or not portraying smoking in a positive manner. I struggle to understand how you could do that and, at the same time, not restrict artistic integrity. I do not understand how you police that and deal with the additional restrictions that you propose, because if it is realistic—and some people enjoy smoking—how can you say ‘But you’re not allowed to portray smoking for this character in a way that is positive’? There is a fairly large bank of evidence that smoking on the small screen or the large screen helps to attract adolescence and younger potential smokers in particular.

[55] **Ms Gale:** This was already brought up last week with the BBC, because not

glamorising smoking is in its guidelines. So, it fits in with that part of the public service broadcasters' remit—

[56] **Vaughan Gething:** But we are not just talking about the BBC, are we?

[57] **Ms Gale:** No, we are not. Again, you apply it in the same way as the BBC applies it, really.

[58] **Vaughan Gething:** How do you apply it in the same way without restricting the artistic ability and integrity of an individual director or producer outside the BBC—the sort of people whom you are saying that we want to see more of? How do you get them to sign up to that form of restriction? Surely they can say, 'From my point of view, this character should be smoking in this scene, and it will be a positive portrayal, because I think that is right'. I do not understand how you can have the restrictions that you propose—I understand why you want to see them—and, at the same time, maintain the artistic integrity of the overall potential story.

[59] **Ms Gale:** They already exist in the BBC and public service broadcasting, so I do not see why that cannot be applied to the private sector. We could find out from them how they apply it, but I do not really see the argument, I am afraid.

[60] **Mr Curtis:** It is an editorial decision, if it is made for an independent in particular. S4C does not produce its own programming; it relies on independents to produce it for it. It has strict editorial guidelines for a number of things. I would think that that decision, as the BBC has already said, would be made in the commissioning process. This does not refer to this issue, but S4C has regulations with regard to how the credits run. A programme has to have a specific width of credits, and if it is provided without that, it is sent back for re-editing. So, if it is built into the broadcasters' editorial guidelines, that is when the decision is made.

[61] **Mark Drakeford:** May I ask you to briefly address the first question that Mr Gething asked? I think that he was asking you what relative weight this issue has in the decisions that a company might make on whether to bring a production to Wales or not. In all the many things that are weighed up in a multimillion pound decision, where does smoking rest relative to everything else?

[62] **Ms Gale:** It depends on the storyline, does it not? If it is a contemporary drama with lots of scenes outside, it will not be on its Richter scale, because there will be no smoking. If it is something like last week's example of doing a programme or perhaps a feature film about Dylan Thomas or Richard Burton, and the company wanted to bring that to Wales, it would be a consideration. So, I do not have a crystal ball; I cannot tell what ideas people will bring into Wales, but I would have thought that, on the scale of things, there would not be a huge amount, but we could lose one production and lose £5 million or £10 million. It is difficult to quantify. How can I quantify how many productions that will come in that will require smoking?

[63] **Alun Ffred Jones:** Hoffwn ddychwelyd at bwynt sydd wedi cael ei godi sawl gwaith, sef barn aelodau eich undebau. Rydych yn dweud nad ydych wedi cynnal balot o'r aelodau, ond rwy'n cymryd bod eich safbwyntiau'r bore yma yn adlewyrchu barn pwyllgorau Cymru BECTU ac Equity.

Alun Ffred Jones: I would like to go back to a point that has been raised many times, namely the views of the members of your unions. You say that you have not balloted your members, but I take it that your views this morning reflect the views of the Wales committees of BECTU and Equity.

[64] **Ms Gale:** Mae'n sicr yn adlewyrchu barn pwyllgor llawrydd de Cymru, achos

Ms Gale: It certainly reflects the views of the south Wales freelance committee, because we

rydym wedi gofyn iddo am hyn.

have asked it about this.

[65] **Alun Ffred Jones:** A oedd yn farn unfryd?

Alun Ffred Jones: Was it a unanimous view?

[66] **Ms Gale:** Oedd.

Ms Gale: Yes.

[67] **Alun Ffred Jones:** Beth am Equity? Sut ddaethoch chi at eich casgliadau?

Alun Ffred Jones: What about Equity? How did you come to your conclusions?

[68] **Mr Curtis:** We circulated the paper to our Welsh national committee. Unfortunately, due to the weather, we were unable to meet and discuss it because the meeting was cancelled. However, the viewpoints that I got back from the people whom I spoke to form part of the evidence that I have already presented, with regard to the fact that they have strong views about smoking. However, it is about not putting an obstacle in the way of production in Wales. Part of the evidence that we present is also Equity's national policy: we have supported the exemption in England.

[69] **Alun Ffred Jones:** Is that a national policy in England and Wales?

[70] **Mr Curtis:** The policies of the union are set. We have national and local policies. The national policy was to support an exemption of an obstacle to work being provided on a small scale, where it is absolutely needed and where it cannot be replaced. So, it is a combination of supporting Equity's national policy, which reflects England and Wales, and the viewpoint of the committee. However, we did not vote on it.

[71] **Alun Ffred Jones:** O ran y profiad yn Lloegr sy'n berthnasol i'r drafodaeth hon, o ran BECTU, ers i'r eithriad hwn fodoli yn Lloegr, a ydych chi'n ymwybodol o gwynion neu sylwadau gan aelodau am gynrychiadau lle mae'r rheoliadau wedi'u hanwybyddu neu lle maent wedi teimlo yn anghyffyrddus mewn sefyllfa oherwydd y mwg?

Alun Ffred Jones: In terms of the experience in England, which is relevant to this discussion, in terms of BECTU, since this exemption has existed in England, are you aware of any complaints or comments by members about productions where regulations have been ignored, or where they have felt that they have been in awkward situations because of the smoke?

[72] **Ms Gale:** Fe fu inni holi ein swyddogion ymchwil am unrhyw dystiolaeth yn erbyn neu o blaid, ond ni chafwyd trafodaeth ar hynny. Felly, nid ydym wedi clywed unrhyw gŵyn o gwbl am y gwaharddiad hwn yn Lloegr.

Ms Gale: We asked our research officers for any evidence in favour or against, but there had been no discussion on that. So, we have not heard any complaint about this exemption in England.

[73] **Alun Ffred Jones:** A ydych chi wedi gwneud ymholiadau gyda'r undeb yn ganolog?

Alun Ffred Jones: Have you made any enquiries with the union centrally?

[74] **Ms Gale:** Ydym.

Ms Gale: Yes, we have.

[75] **Alun Ffred Jones:** A beth am Equity? A oes unrhyw sylwadau gan aelodau? A ydych chi wedi gwneud ymholiadau gyda'ch pencadlys yn Llundain i geisio darganfod a yw actorion yn teimlo eu bod o dan bwysau, er enghraifft, i ysmegu er

Alun Ffred Jones: What about Equity? Are there any comments by members? Have you made any enquiries to your headquarters in London to try to find out whether actors feel that they are under pressure, for example, to smoke in order to get a part?

mwyn cael rhan?

[76] **Mr Curtis:** I have enquired with our London office. We are very much a member-driven union, and if there was a problem, we would probably be the first to know about it. Nothing has been raised subsequently through the committees. Nothing has come back to head office and to staff about any problems with the exemption in England. If there had been, I do not think that we would have continued our support, and we would not be supporting our policy here.

[77] **Alun Ffred Jones:** Gadeirydd, nid wyf yn gwybod a fyddai'n ddoeth inni ofyn am dystiolaeth gan yr undebau hyn yn Lloegr lle mae'r eithriad hwn wedi bodoli, er mwyn cael gwybodaeth neu dystiolaeth ychwanegol. Fodd bynnag, mater i chi fydd hynny.

Alun Ffred Jones: Chair, I do not know whether it would be wise for us to ask for evidence from these unions in England where this exemption has existed, for additional information or evidence. However, that is a matter for you.

[78] **Elin Jones:** A gaf ofyn i'r ddwy undeb a oeddech chi'n pwyso am yr eithriad hwn cyn i Lywodraeth Cymru gyhoeddi ei bwriad i gyflwyno'r newid, sef ym mis Awst diwethaf? A oedd unrhyw un o'r undebau yn pwyso am y newid hwn yng Nghymru, neu ai ymateb ar ôl hynny yr ydych yn ei gyflwyno i ni heddiw?

Elin Jones: May I ask both unions whether you were pressing for this exemption before the Welsh Government announced its intention to introduce this change, which happened last August? Were any of the unions asking for this change in Wales, or are you presenting a response to that to us today?

[79] Beth yw eich barn am y dulliau amgen o gyflwyno ysmegu ar sgrin? Siân, rydych chi eisoes wedi cyfeirio at sigarêts electronig, a rhan o'r broblem o ran dilyniant yw'r ffaith nad yw sigarêts electronig yn lleihau mewn maint, ond hefyd mae CGI yn fodd o gyflwyno hyn. Rwy'n gofyn i chi gyfeirio nid yn gymaint at y gost ond at ba mor ymarferol mae eich aelodau a'ch gweithwyr yn gweld y dewisiadau eraill sydd ar gael i ddangos ysmegu ar sgrin.

What is your opinion on alternative methods of portraying smoking on screen? Siân, you have already referred to electronic cigarettes, and part of the problem as regards continuity is the fact that an electronic cigarette does not reduce in size, but also CGI is a method of portraying that. I ask you not to refer as much to the cost, but to how practical it is for your members and workers to look at the other choices available to portray smoking on screen.

[80] **Ms Gale:** I rai golygfeydd bydd sigarêts electronig, neu wahanol fathau o *props*, yn addas, yn enwedig ar gyfer ffilmio golygfa eang. Fodd bynnag, ar gyfer golygfa dynn, mae angen ysmegu.

Ms Gale: For some scenes, electronic cigarettes, or other types of props, will be suitable, particularly when filming wide shots. However, for a tight shot, smoking is required.

[81] O ran CGI, o ymateb ein haelodau, er enghraifft ar Facebook, maent yn teimlo bod camddealltwriaeth ynghylch beth yw CGI. Mae CGI yn cael ei ddefnyddio ar gynrychiadau megis *Doctor Who* a'r rheini sydd â chyllidebau mawr iawn, felly ni fyddem yn disgwyl gweld rhywbeth fel ysmegu'n cael ei bortreadu gan CGI. Ni fyddai CGI yn ymarferol gan ei fod yn creu mwy o waith ar gyfer y cynhyrchiad—rwy'n clywed y cyfieithiad yn dod trwy'r

In terms of CGI, from our members' reactions, for example on Facebook, they feel that there is a misunderstanding of what CGI is. It is used on productions such as *Doctor Who* and those with large budgets, so we would not expect to see something like smoking being portrayed through CGI. CGI would not be practical because it creates more production work—I can hear the translation coming through the headsets.

clustffonau.

[82] It creates a lot more work on a production and stops the flow, because it is another thing that you have to take into consideration. For example, in Wales, apart from programmes with special effects, you would not use CGI; you do not use CGI on most dramas, apart from the big features and productions such as *Doctor Who*. So, it is not a practical solution at all. I think that our members were quite taken aback by suddenly being experts in the field of CGI; it just seems ridiculous to bring in CGI for small smoking scenes.

[83] **Mr Curtis:** To answer your first question about pressure being put on us. There was not any pressure—

[84] **Elin Jones:** No. I asked whether you had put pressure on Welsh Government; whether you, as Equity and BECTU, had lobbied Welsh Government to introduce the amendment and the exemption in Wales on behalf of your members, prior to the Welsh Government deciding to consult on it.

[85] **Mr Curtis:** We had not and we did not in England. We supported the Theatrical Management Association in England, the television producers and PACT in their pressure on central Government to put the amendment in place. We followed that line very much, because they are the employers of our members. We supported their case, because it provides greater employment for our members.

[86] In terms of alternative methods, our members, from my perspective, were not necessarily involved in the technical side of things. However, having seen some electronic cigarettes in operation—on a stage setting; not on television—they are great for long shots. They can be used very effectively for a long shot. That is why we were supporting an amendment, which provides for smoking, only if those alternatives could not be used. Both TAC and the BBC referred to close-up shots; you cannot create that realism on a close-up with alternative methods. However, for long shots and general scenarios, that realism can be achieved with alternatives. That is why we are supporting the minor amendment, which states that if an alternative cannot be used, we would support the use of cigarettes.

[87] **Elin Jones:** Can I ask BECTU, were you pressing for this amendment before August last year?

[88] **Ms Gale:** Our situation is the same as that of Equity; we supported PACT in England on the exemption in England, but we were not pressing for it beforehand.

[89] **David Rees:** On this point about long shots, theatre is clearly that type of picture and in England, there is an exemption for theatre, but not in the recommendation. However, in your paper, you say that you would support a recommendation for theatre. I know that it is not in this, but it is your thinking, and I do not want to see it deteriorate any further, so is there any real need to consider theatre?

[90] **Mr Curtis:** As I said, we supported the Theatrical Management Association—which had representation from its members in England—in getting the exemption. I know that that is not being applied in Wales, however part of it reflects our policy and the fact that we were supporting it in England. If that was going to be put forward, we would support it, purely for artistic reasons, when alternatives could not be used.

[91] **Kenneth Skates:** Picking up on Siân's earlier point about budgets for many Welsh productions, on which it might be prohibitive to use CGI for smoking scenes, if the exemption were agreed, would it not inadvertently enable the normalising of smoking again on TV? For example, with *Pobol y Cwm*, I am assuming that they do not put smoking in any of the scripts,

indoors at least, because of the cost of CGI associated with it, or alternative filming. So, if you had the exemption, we would see more smoking in Welsh-produced, smaller budget productions, would we not?

9.45 a.m.

[92] **Ms Gale:** No, I do not think so. Outside this consultation I have never heard people think about CGI and smoking. I find it quite bizarre. I am sure that the scripts of *Pobol y Cwm* will not change because of a small exemption.

[93] **Kenneth Skates:** So, you do not think that there would be any more smoking scenes than there are at present.

[94] **Ms Gale:** But again, that is why it is really important to have robust health and safety monitoring. I was impressed with Clare Hudson suggesting that they have someone in-house who is responsible for those types of risk assessments. They used to have a health and safety person at the BBC who looked after the whole of the BBC's health and safety, but unfortunately they have been made redundant. Maybe they would look to reinstate that person and keep an eye on that. I do not think there is an appetite either among scriptwriters or producers to start promoting smoking. Again, it is because we have not had smoking for a few years; *Pobol y Cwm* reflects contemporary life in Wales and the reality is that, in public places, indoors, people cannot smoke, so there is no reason for those characters to suddenly change to smoking. It is not the cost of CGI that means there is less smoking; it is a reflection of society and the way that we live.

[95] **Darren Millar:** I just wanted to ask a few questions to clarify the evidence in my mind. What proportion of those working in the industry do your unions represent?

[96] **Ms Gale:** It is estimated that, in Wales, there are about 3,000 people working in television, and we have 1,500 members in Wales.

[97] **Darren Millar:** That is your union. How about yours, sir?

[98] **Mr Curtis:** I do not know the proportion, but we certainly have 1,500 members throughout Wales working in the variety of areas that we cover. All I can give you, by way of anecdotal evidence, is that on the cast lists of the productions that are here, we have very strong membership on S4C programmes and BBC programmes; *Pobol y Cwm* in particular is very strong, but less so in *Casualty*. That is reflected across the UK, in that respect. It is certainly 50% or 60%.

[99] **Darren Millar:** You mentioned earlier the issue of ITV, Sky and Channel 4 in particular not placing productions in Wales. Was the situation any better before the smoking ban came into play? I do not think that it was, was it?

[100] **Ms Gale:** No.

[101] **Darren Millar:** So, it has had no material impact in that sense.

[102] **Ms Gale:** What we are trying to say is that we do not want any more barriers or excuses for these productions not to come into Wales. In terms of our membership, it tends to be the more experienced crews. A lot of the younger new entrants working in a lot of the smaller production companies, who are probably not working on drama, may not be our members, but of those working on drama, we would have a very high proportion in our membership—the craft grades, camera, sound, et cetera.

[103] **Darren Millar:** Just getting back to this issue of ITV, Sky and Channel 4, there has not been a material difference in the impact since the ban came into play.

[104] **Mr Curtis:** Sky is a fairly new entrant to drama production. Its drama production has come into operation while that ban was in place. As Siân has already said, the only Sky production that has come to Wales so far is *Stella*, and that is because the production company that makes it is a Welsh company. It specifically wanted to come here. ITV—it is a commercial aspect for it—has tended not to produce in Wales for a long time.

[105] **Darren Millar:** I think it was you, Simon Curtis, who mentioned earlier that there was potentially a talent drain. Have you any evidence that there has been a talent drain in terms of the proportion of members from Wales as compared to other parts of the UK in both of your unions? Have you seen the Welsh side shrink more rapidly than it has elsewhere in the UK, or are the numbers fairly consistent in terms of the proportion of your membership?

[106] **Mr Curtis:** We find it very difficult for our Welsh members because the BBC in particular tends to cast its dramas in London. It does not tend to go out of London to cast its dramas; even dramas being made in Wales are generally cast in London. The difficulty that we face is that many of our members cannot be seen by agents or casting directors unless they are resident in London or within the M25. Many members move to London in order to get that work and then find themselves having to come back to Wales in order to do the production. One of the things that we are trying to work out at the moment is how to encourage the BBC and other producers to cast their material locally—to use the local talent that is here. We find that many members leave for work. Our members are very nomadic, in a way; they go where the work is, and if there is not the work here, they will go where it is. They do not necessarily sit here and wait for it to arrive on the doorstep.

[107] **Darren Millar:** That is why Hollywood is so full of actors and actresses, et cetera.

[108] Would you be able to provide the committee with figures in terms of the proportion of your membership that comes from Wales, as compared with other parts of the UK, to see whether the ratio is the same now as it was a few years ago?

[109] **Mr Curtis:** At the moment, we have 36,500 members across the UK, of which, some 1,500 live in Wales.

[110] **Darren Millar:** Okay, but what I want to know is the trend over the past few years, you see, since the ban came into play.

[111] **Ms Gale:** From our perspective, the industry has changed a lot because of the different policies of the broadcasters. As we said in our evidence, there are huge cuts facing us, especially in our public service broadcasters, and that is having a huge impact on our members. Also, the demographic profile of our members is changing, and the outrage for us at the moment is the number of women leaving the industry: it has gone down from 38% between 2006 and 2009 to 28%, which is a massive decrease.

[112] **Darren Millar:** I read the evidence, but what does that have to do with smoking?

[113] **Ms Gale:** What it has to do with smoking—

[114] **Darren Millar:** It has nothing to do with smoking.

[115] **Ms Gale:** If you remember, in Branwen Cennard's example, they were shooting *Ryan and Ronnie* in south Wales, in the Cardiff area. The impact of having to shoot in Liverpool for a week could have a disproportionate impact on women who have caring responsibilities.

They would have to pack up and go off to Liverpool for a week. So, you know—

[116] **Darren Millar:** But that is an industry-wide problem, as opposed to a specific one that is caused by a smoking ban, is it not?

[117] **Ms Gale:** This was caused by the smoking ban, because they had to shoot those scenes outside Wales, which meant additional travel for our members, which meant additional time away from home. So, that does have a definite effect on our members.

[118] **Darren Millar:** So, this ban is having a disproportionate impact on women.

[119] **Ms Gale:** In this specific case, yes, it did.

[120] **Darren Millar:** Okay. Can you tell us, of the members you have surveyed—I think you gave some quotes from members in your paper, Siân—have any of those members cited any particular productions that have not come to Wales specifically as a result of the ban?

[121] **Ms Gale:** They have mentioned the problem with *Upstairs Downstairs*. What we find with some of the high-level BBC drama productions is that the producers tend to come in from outside Wales, and not only do they cast in London, they also bring their own crews. So, they might bring their own heads of department. For example, if you have a make-up head of department coming from London, they will bring in all their additional crew. We have a lot of problems with big productions already, and what we are trying to say is that our members are saying to us very clearly, ‘Look, we’ve got a lot of barriers here in Wales in terms of getting work even on our own doorstep’, and I think that last week was an outrage, when the Welsh Government itself put out a tender for a five-minute film to celebrate the creative industries and the contract was won by a London company. We have huge problems in the industry, and what members are saying to us is that they have big barriers to getting work. In the scale of things, this may not be huge, and it might not be stopping thousands of productions coming into Wales, but even if it stopped a couple of productions, that is less work for us. Keep it safe for us, but do not put many more barriers in; there are enough already.

[122] **Darren Millar:** But you are not able to name a single production that has gone outside Wales as a direct result of the ban.

[123] **Ms Gale:** We do not get involved at that stage.

[124] **Darren Millar:** But your members do, do they not?

[125] **Ms Gale:** Not necessarily.

[126] **Darren Millar:** Some of your members might be making decisions on this, might they not? I do not know.

[127] **Ms Gale:** That would be the employers.

[128] **Mark Drakeford:** The answer to the question is ‘no’, is it not?

[129] **Ms Gale:** Yes—

[130] **Mark Drakeford:** Thank you.

[131] **Ms Gale:** That is because our members are not involved—

[132] **Mark Drakeford:** Thank you. I think that we have probably rehearsed this point

enough.

[133] A couple of other Members want to come in, but before that, Siân, Darren Millar has mentioned the evidence that you provided from your members in your paper. I just want to see if you can help me to understand the point that is being made in the first of the two quotes that you have provided. I am assuming that you have selected the quotes because they reinforce the case that you want to make.

[134] ‘It seems ridiculous to me that we can film rape, murder, child abuse, mysogeny, all kinds of extreme violence and its all fine as long as no one is smoking while its done.’

[135] Can you help me to understand what point that person is making?

[136] **Ms Gale:** I think that they were trying to make a point about portrayal and the concern regarding glamorising smoking. I think that they were saying that, if you look at programmes like *Shameless*, for example, a lot of horrible things happen in that programme, but no-one is trying to stop *Shameless* from being shot.

[137] **Mark Drakeford:** The proposal that we are discussing is not to stop smoking from being portrayed, is it? Nobody is actually, in this example, being raped, murdered, abused or subjected to extreme violence, are they? Those things are being acted.

[138] **Ms Gale:** Maybe that is my fault for putting in a not-so-good example. However, that is the way in which this particular member has seen it in the sense that, by having a total ban on smoking on set, there could be a bit of ‘*gwlad y menyg gwynion*’, that we do not want to portray smoking in any Welsh productions. Some of the evidence from some of the health boards gives the impression that we do not want anything that portrays smoking in Wales.

[139] **Mark Drakeford:** However, that is not the point of the Government’s proposal, is it?

[140] **Ms Gale:** I will just have to fall on my sword and say that it was not a good example.

[141] **Mark Drakeford:** Indeed. I call Nick and then David Rees, very briefly, if you would not mind, please.

[142] **Nick Ramsay:** On the issue of the electric cigarettes, I think that it was the BBC who gave evidence last week that those cigarettes can be used for close-ups even, but its prop department has to dismantle them and put paper around them, and there is a cost of several thousand pounds to do that. Do you agree with that, that it is very costly to use such props?

[143] **Ms Gale:** It just puts in another layer of complexity in terms of the production itself. We talked about the close-ups in particular, did we not, because a cigarette does not stay that length all the time? So, they would have to make different versions of the cigarette. I am not a props designer, but I could ask our props people about it.

[144] **Nick Ramsay:** Is it like having wigs of different lengths if you are filming a production over several months?

[145] **Ms Gale:** Yes, it is a continuity thing, is it not? On the different lengths of wigs, if someone is having their hair cut, they would have to—

[146] **Nick Ramsay:** You do not have to peer at mine, by the way. [*Laughter.*] I did not make that point for any reason.

[147] **Mark Drakeford:** Are you trying to tell us something?

[148] **Nick Ramsay:** It grows naturally.

[149] **Ms Gale:** In terms of the actual cost, the BBC would have a better view on that, but what I am trying to say is that the complexity of the scene would make it complex.

[150] **Nick Ramsay:** Very briefly, going back to Darren Millar's point, are you saying that you are seeking an exemption that other industries might not have because many actors are unemployed a lot of the time and will be nomadic in a way that other industries might not be in order to try to avoid a ban in Wales on smoking in television?

[151] **Ms Gale:** Simon, you can answer that question. What BECTU is saying is that we are 40 minutes from the English border and we want a level playing field with our English neighbours at the moment. We feel that there are enough barriers to working in the industry in Wales and, with the proper health and safety risk assessments being undertaken, we think that the risks will be minimal, both to actors and to crew. We just want a level playing field. We do not want an all-out exemption, but in very specific circumstances—because of continuity and cost and practical reasons, we want an exemption. We do not want just a free-for-all with regard to smoking on sets again.

[152] **Kenneth Skates:** Very briefly, could this be the thin end of the wedge? You said that there are enough obstructions at the moment anyway; could we not see production companies en masse coming to the Welsh Government to ask for the relaxation of health and safety or workers' rights legislation? Where would it end?

[153] **Ms Gale:** At the moment, workers' rights in the industry are not particularly brilliant. People are working extremely long hours. I do not know where else we could go on workers' rights, really, so, no, I do not think that they will come back with any more because I think that workers' rights are quite low as they are. So, I cannot see this opening the floodgates.

[154] **Mr Curtis:** I think that Teledwyr Annibynol Cymru, in giving evidence last week, said that it would not come back. Obviously, we would seek to protect against any reduction of rights with regard to those issues.

[155] **Mark Drakeford:** David Rees has the very last question.

10.00 a.m.

[156] **David Rees:** I just want to clarify a point in my mind. *Upstairs Downstairs* has been mentioned again today, as it was last week, and I think *Mad Men* was mentioned last week as well. There is a lot of emphasis upon the types of productions covering that particular period, which represent dramas that would recollect the 1920s to the 1970s. What percentage of productions are we actually talking about? No-one has mentioned *Merlin* or other productions where there is no problem, so what percentage of productions are we talking about that might cover the period in which smoking, and close-ups of smoking, are dominant?

[157] **Ms Gale:** You would have to talk to the employers about that; that specific information is not something that we as a union would hold.

[158] **Mr Curtis:** Likewise.

[159] **Mark Drakeford:** Wel, diolch yn fawr iawn i chi'ch dau am ddod i'n helpu ni y bore yma. Ar ôl yr wythnos diwethaf, egluraf y bydd copi o'r trawsgrifiad yn cael ei anfon
Mark Drakeford: Well, thank you very much, both, for coming in to help us this morning. After last week, I will explain that a copy of the transcript will be sent to you so

atoch er mwyn ichi gywiro unrhyw that you can correct any factual errors. Thank
gamgymeriadau ffeithiol. Diolch yn fawr you very much for coming to help us this
iawn i chi am ddod i'n helpu ni y bore yma. morning.

10.01 a.m.

**Y Rheoliadau Mangreoedd etc. Di-fwg (Cymru) (Diwygio) 2012—Sesiwn
Dystiolaeth 4
The Smoke-free Premises etc. (Wales) (Amendment) Regulations 2012—
Evidence Session 4**

[160] **Mark Drakeford:** Rydym am fwrw yn syth ymlaen gan fod yr amser yn mynd yn ei flaen. Croesawaf y tystion newydd i'r pedwerydd sesiwn dystiolaeth lafar y bore yma. Croeso i Dr Sharon Hopkins, cyfarwyddwr iechyd cyhoeddus Bwrdd Iechyd Lleol Prifysgol Caerdydd a'r Fro. Mae Dr Hopkins heddiw yn cynrychioli'r byrddau iechyd lleol. Croeso hefyd i Dr Hugo Van Woerden, cyfarwyddwr yr is-adran iechyd a gwella gofal iechyd, Iechyd Cyhoeddus Cymru. Diolch yn fawr iawn i chi'ch dau am ddod i mewn i'n helpu ni y bore yma. Fel arfer, gofynnwn i chi a hoffech wneud unrhyw ddatganiad neu sylwadau agoriadol byr, ac ar ôl hynny, trown at aelodau'r pwyllgor i ofyn cwestiynau.

Mark Drakeford: We will move on straight away because the clock is against us. I welcome the new witnesses this morning to the fourth session of oral evidence. I welcome Dr Sharon Hopkins, the director of public health for the Cardiff and Vale University Local Health Board. Dr Hopkins is representing the local health boards today. Welcome also to Dr Hugo Van Woerden, the director of the health and healthcare improvement division for Public Health Wales. Thank you very much to both of you for coming in to help us this morning. As usual, we will ask whether you would like to make any brief opening statements or remarks and, after that, we will turn to committee members to ask questions.

[161] Are you planning on going first, Dr Hopkins, with any brief opening remarks? We will offer you both the opportunity to do that.

[162] **Dr Hopkins:** Thank you. I will make a couple of opening remarks on behalf of us both. Very briefly, the first bit is good news, which I am sure the committee is well aware of, in that smoking rates in Wales are indeed on their way down. So, in our country, we are beginning to make progress on the smoking story, and I guess that is all due to the very hard work and action that has been taken at all levels across the country over the last five to 10 years. But, and there is always a 'but' to the story, tobacco harm still accounts for the single greatest preventable cause of health harm, both mortality and morbidity, to people in Wales. It also accounts for the majority of the health inequality that we see between our citizens in Wales. Of course, there are some groups, like young women, who are still choosing to smoke more than they used to do, so I guess there is still more to do.

[163] The action that we take on tobacco is twofold, as I am sure the committee is aware. One is helping people who already smoke and supporting them to quit smoking and persuading people not to start smoking in the first instance. The story around quitting is very difficult, because tobacco is so terribly addictive that this is all about supporting people to kick a habit or kick an addiction. What we do on tobacco is all about behavioural change; it is about behavioural change at an individual level, but also behavioural change at a country level. A lot of that at a country level is about culture and a cultural approach to how we deal with tobacco. We know from the very strong evidence base that having that consistency of messaging in this story is absolutely critical. It is about consistency of messaging and effecting behavioural and cultural change. That means consistency from the Government level all the way through to the individual level or front-line staff, whether that is a doctor, a

nurse or a teacher.

[164] In the story of influencing and affecting how people make their choices, the media is a very powerful ally, or sometimes the opposite, in how we deal with our messaging. However, whatever we do, we need consistency, and this is the big issue of the debate, namely how we can ensure consistency of messaging in order to effect the sort of changes that we want. We have a long way to go on the tobacco story. Just think what would happen in this country if we moved our tobacco rates from the current rate of 23% down to the rate that we aspire to of 16%. At the moment, £1 million a day is spent in Wales on the NHS. I ask you to think about levels of workforce productivity, attendance at work and all of the other issues associated with smoking.

[165] This is about health improvement and public health. The choices are tough. This is about balancing the short term with the medium and long term, and how we ensure consistency of message to enable behaviour change within our country. Those are just the opening points that I would like to make.

[166] **Mark Drakeford:** Thank you. Dr Van Woerden?

[167] **Dr Van Woerden:** I have nothing to add at the moment.

[168] **Mark Drakeford:** Thank you. I will go straight to Members for questions. Vaughan is first, then Eluned.

[169] **Vaughan Gething:** Thank you for your paper. You will have heard the evidence from previous witnesses. I am interested in the main thrust of your opening statement that an exemption would provide a mixed message. Is this not what happens already? You talk about the portrayal of smoking. That happens already, does it not? This is about whether they should be allowed to use real smoke or not. Is this not just about a very limited exemption that performers themselves are saying, as long as there is a proper health and safety assessment, will have a minimal impact? So, where is the difference? It is still portraying smoking and it is still going to appear on the same screen in the same storyline.

[170] **Dr Hopkins:** From a public health standpoint, it is about the consistency of how we as a country are setting out our stall and what we are saying to our citizens. If we are saying that we are seriously committed to supporting a decrease in tobacco use, and we have set out a very ambitious programme of tobacco legislation and are beginning to talk about a public health Bill, but at the same time we are beginning to think about whether we should make an amendment to the legislation that we have already laid, it sends out a mixed message right from the start. We have said one thing and now we are going to say another thing.

[171] You are right; when you just look at the tiny detail of it without that wider context, you could wonder what the fuss is all about. However, there is something here about understanding how we balance the messages that we give. When we take some of these decisions about altering the message, what we are doing has to be explicitly understood. You are quite right about the detail of it; we see smoking being portrayed in the media at the moment. That portrayal is getting much less frequent. Over time, the number of times that we see smoking being portrayed in the media is lessening. The overarching approach and what we are saying is that we have committed ourselves to decreasing tobacco consumption and this potentially flies in the face of that, so it is the bigger context of mixed messaging that is critical here from a public health perspective.

[172] **Dr Van Woerden:** The decision is ultimately for the Assembly to make, and I see my role as being to provide some facts that may help to allow the balances to be weighed on both sides of the equation. Some of the facts that might be helpful are, for example, the effect

of seeing smoking in films on teenagers. For example, very good studies show maybe some simple facts that children who saw fewer than 500 smoking incidents in popular movies had a smoking rate, where their parents did not smoke, of 3%, whereas children who saw over 1,600 such episodes had a smoking rate of 12%. That is just one example of the impact. For example, if you have teenagers taking up smoking and then smoking throughout their lives, between one in three and one in two of those teenagers will die prematurely as a result of having taken up smoking. These are just some facts that need to be taken into consideration in the whole.

[173] **Vaughan Gething:** I would not dispute that, but is it not the case that what you are really setting out is a desire to see less smoking being portrayed rather than these regulations being passed? Going back to the central point, we have heard from two trade unions that the impact of this on their members would be minimal. It will not change how smoking is portrayed in story arcs because, surely, the point of these dramas and productions is that they are supposed to portray real life, and the reality is that plenty of people smoke. So, unless you can say that there is a real problematic impact on the health of performers, why should we not agree to the exemption that they are pushing for?

[174] **Dr Hopkins:** The issue, from the public health perspective, has to come back to messaging, because we know that, in terms of everything that we do on the wider public health stage, behavioural change and choice is critical. Whether we talk about alcohol, fatty foods or whatever, we will never ban those—that is unrealistic and that is your point about smoking. It is unrealistic to ban the sight of smoking in films or whatever, but that is not what we are about. However, if we say that there is a reasonable exception as to why smoking should be allowed here and not there, then we are mixing and weakening the message.

[175] We know from the evidence base on what affects behaviour change that the consistency of the messaging is critical. So, the fact that you might see smoking over there does not dilute the message if we are consistent about the fact that as, a country, a public health community or as my local health board, we do not support smoking—we do not support the use of tobacco. We will do everything we can to enable people not to come into contact with tobacco, not to start smoking and to support them to stop. That message will be consistent regardless of whether I see someone smoking in my community or on the tv. It is an absolutely consistent message and it does not cause any confusion.

[176] However, if I say, ‘Actually, it is all right to allow a smoking room in the Assembly for people who smoke’, the messages are starting to get very mixed. We are saying that, on the one hand, we do not like this, but on the other, we will agree to it happening over here. So, that is the issue. This is not about saying that we have to get rid of smoking completely. That would be a bit like saying that you do not want to see drinking in any films or in the media; we cannot go there, but we know that we do not ask the actors to drink alcohol in a scene. I listened to the evidence that the actors gave, and the point is that we do not ask them to formally participate in imbibing alcohol or to get physically shot, or whatever. This is the same issue. It is a reality check, but it relates to the consistency of the messaging and what that does to effect behavioural change on a community and country level.

[177] That is what we need to understand and be explicit about. It is difficult because I understand perfectly well what we are talking about here in respect of business, economy and jobs versus something that might feel a little trivial, but I guess that there is a medium-term and long-term equation that needs to be taken account of. I go back to what I said in the beginning regarding the fact that £1 million is currently being spent in Wales every day on harm from tobacco and the impact that it has on productivity in the workplace. So, there are a number of equations here that are not easy to balance, but the balancing needs to be done in a very informed way so that we can say that we understand what we are doing here. Perhaps if we understand that we are mixing some of the messages, perhaps we then need to do a little

more on how we are presenting messages in our country to balance a choice that we make here. I approach this issue from a public health perspective.

10.15 a.m.

[178] **Vaughan Gething:** On what you said about alcohol, for example, saying that we all know that we do not expect people to drink real alcohol on the telly or in films, well, how realistic is that? Your evidence is that the public understands that that is what is happening, and the point that you made earlier about the portrayal of smoking is that it has a real impact. Surely, the portrayal of drinking has an impact. Do you have any evidence that the public really understands that that is what is happening, and that there will be a real impact on behaviour, if this very limited exemption came in, in terms of the way that the public views smoking portrayed through the media?

[179] **Dr Hopkins:** Again, with all of the public health activity—and we do have evidence from other countries across the world, and particularly from California—it is very difficult to attribute any single change to any single small activity. When we are working in a public health or population health environment, it is the package of interventions and the package of activities together that will eventually make the change. I guess that that is another reason why the work that we do collectively on public health and health improvement is so very difficult, because you have to pay attention to how everything that we are doing is lining up. It is a story of ‘the sum of the parts is greater than’. You can make an argument for any single intervention or any single exemption, but wherever we put it, of itself, it is not going to make a huge difference. However, when put together as a collective, that is what begins to make the difference. It comes back to this matter of consistency. I could portray it again as drip-feeding. There is a consistency in drip-feeding and drip-feeding. You are right: can I say that any one given individual, any one given tv programme, and any one given intervention, of itself, makes a difference? I cannot, but we do know from the evidence that the package together, and consistency in the aligning of messages together, does make a difference in the medium to long term. Again, that is what has to be balanced here.

[180] **Mark Drakeford:** I have many Members wishing to ask questions, so I appeal for relatively brief questions and answers. I will go to Eluned, and then to Nick and Alun Ffred. We will then move on to another round after that.

[181] **Eluned Parrott:** You will forgive me if I say to you that you talked about mixed messages, but what is coming from you at the moment is a mixed message, because this exemption is not about no longer portraying smoking on television, and yet a lot of what you have told us about is that the portrayal of smoking on television is harmful to vulnerable groups. Moving on from that, however, I wish to ask you about one of the first things that you said to us, which was that smoking rates are continuing to fall in Wales. Is that fall continuing at the same pace as it was three years ago, say?

[182] **Dr Van Woerden:** It has slowed at some point. When the ban on smoking in public places came in, that had an accelerating effect on smoking cessation at that time.

[183] **Eluned Parrott:** Is that decrease consistent across all socio-economic groups?

[184] **Dr Van Woerden:** No. In the most deprived communities, the fall is less than it is in less deprived communities.

[185] **Eluned Parrott:** I see. Is it consistent across age groups?

[186] **Dr Van Woerden:** I could not comment precisely on the effects on age groups.

[187] **Eluned Parrott:** Right. So, you do not have any statistics on that at present.

[188] **Dr Van Woerden:** The Welsh health survey—

[189] **Eluned Parrott:** You talked about being particularly concerned about teenagers and young people, for example.

[190] **Dr Van Woerden:** There is a concern that smoking rates among teenagers are not falling at the rate that we would like them to be falling. I could not quote you exactly the rates for specific age groups. If you want me to find them out, I can do so.

[191] **Eluned Parrott:** That would be very helpful. Perhaps you are not aware that, statistically, teenagers and young people watch the least television of any age group. It is interesting that you are particularly worried about the effect of the portrayal of smoking on television on those young people, because they watch about a quarter of the television that people in their 40s watch. Returning to socioeconomic groups, you say that the fall has not been as high as you would like among the less wealthy socioeconomic groups. Can you tell us why you think that that might be the case?

[192] **Dr Van Woerden:** That health behaviour is observed across a lot of things. I think that it comes back to what Sharon was saying about the fact that, often, with health behaviours, you cannot identify one specific factor as a causal mechanism. In other words, this is what is called a causal network. Societal movements and societal shifts happen with a myriad of small steps happening concurrently. If you look, for example, at the uptake of bottle-feeding, that started in the upper social classes and then moved down. The return to breastfeeding happened in the same way. So, there is a sort of social pattern to a lot of behavioural changes. Every action sends out a ripple. There is a ripple from the action of each individual and each societal group. In other words, behaviours are infectious. There is an infectivity rate of behaviour, and that varies by social class.

[193] **Dr Hopkins:** I will come back on two issues, one of which is the mixed messages. The point that I am making is that what we as a collective—whether I in the UHB, or we as a collective country—are saying as our message needs to be consistent, and if we say, ‘This is what we want to see, but we are prepared to make an exception in what we have set’, that is a mixed message. So, that is what I am saying about mixed messages in relation—

[194] **Eluned Parrott:** You have exceptions with regard to smoking in any case. It is not an illegal behaviour. You can stand outside a public building and smoke, but you cannot stand inside a public building and do so. How is that not a mixed message? I do not understand; there are already exceptions in terms of what we can and cannot do.

[195] **Dr Hopkins:** That is not a mixed message in terms of what we have already laid out in terms of the direction in which we are going. The other bit that I need to pick up with you is about children or teenagers and what they view. These days we have to look at what is happening with social media. If you factor in how children use YouTube, computers, iPads et cetera, their viewing of dramas and cinema is far greater than that of the over 40s age group. So, they are still a group that view more than other age groups.

[196] **Eluned Parrott:** Their viewing of social media is higher than that of other age groups, but social media is often user-generated content, which would not be affected by regulations such as this. Similarly, their viewing of cinema is higher than that of other age groups, but the majority of cinema is made in countries where there is no smoking exemption.

[197] **Dr Hopkins:** The younger generation also choose to watch a lot of tv drama on such things as YouTube, the various players et cetera. So, they are watching what I would have

watched on traditional tv through their computers. When you factor that in, their viewing hours are still very high.

[198] **Eluned Parrott:** As a marketing professional, I dispute that. One reason why people selling to teenagers and young people do not advertise on television is because it does not reach their target market. However, I just want to go back to that idea that you want to make sure that the messages are consistent. You talk about harm from tobacco in your paper. Would the compromise position of using herbal cigarettes in productions be acceptable to you, and, if not, why not?

[199] **Dr Hopkins:** Herbal cigarettes are marginally better in terms of health effects than tobacco, but the problem is the filters that you would put on those, because many of the herbal products that are not regulated still have quite a lot of toxins in them. So, I guess, again, it has got to be a better option than smoking a real cigarette, in terms of the impact on actors and the environment, but there are still issues around the toxins.

[200] **Eluned Parrott:** Okay. Thank you.

[201] **Mark Drakeford:** I will go to Nick first, and then Alun Ffred.

[202] **Nick Ramsay:** On this issue of mixed messages, I think that you have been quite clear—clearer than some witnesses—that you are not arguing in this case against the portrayal of smoking on television, but against an exemption to the smoking ban in Wales per se. On that basis, given that we have had this exemption in England since 2007, I presume you have evidence that that exemption for filming productions in England has led to an increase in smoking.

[203] **Dr Hopkins:** What we have to say on that is a bit like the conversation about single interventions. This is not a story in which you can attribute very small single interventions to a material difference. If you look at the difference in the time lag—I cannot remember, but I think the exemption in England was introduced as part of the ban at the same time. So, it is very difficult to glean any evidence as to whether that has made a material difference. We are talking about different populations and very different levels of influencing behaviour in terms of viewing, so I cannot answer that.

[204] **Nick Ramsay:** Are you really telling this committee that, since 2007, there could be an increase in smoking in England because there is this small exemption with regard to filming?

[205] **Dr Hopkins:** No. I think that I have made it very clear that the whole story on this is about the package of interventions, conversations, and messages that we deliver to the population. We will not be able to attribute harm or good to any one individual action on its own. What I am arguing is that, in Wales, we have not had this amendment to the tobacco legislation. To introduce it at this point potentially gives a mixed message—

[206] **Nick Ramsay:** So people in Wales may be more adversely affected by that message than they are in England?

[207] **Dr Hopkins:** It is yet another hurdle that we will have to get over in terms of enabling a consistency of messages to get a behaviour change. That is what I am saying. If we understand that, then maybe we have to put a lot more energy into the way in which we go about supporting people either to stop smoking or not to start, or do something different around that. We are not being consistent, and we are making the job that we are trying to do here more difficult—not impossible, but more difficult—and we have to be very alive to that. Therefore, that is where I am coming from on this. It is not black and white—I absolutely

understand that—but we have to be very clear that, if we take an action in this direction here, then, in terms of what we are trying to do to arrive at a much better state of play for health in Wales relating to tobacco, we may have to put more energy into another part of the story in order to get us to where we want to be. The evidence around the particular issue of the amendment is very difficult; I cannot give you specific evidence on that. The evidence that I can give you is around the consistency of messages, and its impact on behaviour. That is the bit that, for me, as a public health professional, is—

[208] **Nick Ramsay:** So, you do not have evidence that this exemption in England has contributed to an increase in smoking? Do you not think that people in England, over the last few years, since this exemption came into force, have been getting on with living their day-to-day lives, and that, whatever the messages that might be coming out, they were not coming out from a television studio? Have you even heard this being spoken about in England? Until this was discussed now, in this committee, I do not believe that people out there in England were going around talking about this exemption and about the negative effect.

[209] **Dr Hopkins:** It is difficult, is it not? It comes back completely to this issue of how you put the packages of activities together. If we took an individualised tack, whereby we considered every single small thing only by itself, we would never be able to take any major step forward in almost anything, would we? When you are talking about public health improvement and health improvement, it is very difficult to attribute a wider benefit to one single individual action. With regard, for example, to all the activity around healthy schools in Wales, if I were to look at any one single intervention in the healthy schools story, I cannot attribute to that the benefits that we have seen. However, collectively, the activity has made a material difference. That is where, from a public health perspective, this issue becomes important.

[210] **Mark Drakeford:** Thank you. Alun Ffred Jones is next, then Elin Jones.

[211] **Alun Ffred Jones:** Mae'n ddrwg gennyf os wyf yn mynd yn ôl dros dir rydym wedi ei droi eisoes. Fodd bynnag, o ran y ffigurau, nodwch yn eich tystiolaeth y bu cwmp arwyddocaol yn nifer yr ysmygwyr yng Nghymru ers 2007. Beth yw'r ffigurau hynny? Faint o gwmp sydd wedi bod?

Alun Ffred Jones: I am sorry if I am going back over ground that we have covered already. However, in terms of the figures, you note in your evidence that there has been a substantial reduction in the number of smokers in Wales since 2007. What are those figures? How much of a reduction has there been?

[212] **Dr Van Woerden:** It depends upon how you measure reduction. However, we believe that the ban on smoking in public places has had a substantial effect. If you want some specific figures—

[213] **Alun Ffred Jones:** Rydych yn sôn am y defnydd o dybaco—cymeraf mai ysmegu yw hynny, oni bai bod rhyw ddefnydd arall iddo. A ydym yn gallu mesur faint yn llai o bobl sy'n ysmegu yng Nghymru sydd ers 2007?

Alun Ffred Jones: You talk about the use of tobacco—I assume that is smoking, unless there is another use for it. Can we measure how many fewer people who smoke in Wales there are since 2007?

[214] **Dr Van Woerden:** You can look at the number of people who have been treated by a smoking cessation service, as well as such things as the Welsh health survey, and the changes in the prevalence of smoking in society as a result, but to pin precisely one cause and effect, as has been said earlier on, is challenging.

[215] **Alun Ffred Jones:** Nid wyf yn gofyn **Alun Ffred Jones:** I am not asking you to

i chi fesur effaith y gwaharddiad. Yr hyn measure the effect of the ban. What I am
rwyf yn ei ofyn yw beth yw'r ffigurau, achos asking for is the figures, because you refer to
rydych yn cyfeirio at

[216] 'the very significant progress Wales has made in decreasing tobacco usage'.

[217] Felly, beth yw'r ffigurau o ran y Therefore, what are the figures on that
lleihad yn y defnydd o dybaco ers 2007, er decreasing tobacco usage since 2007, for
enghraifft? example?

[218] **Dr Van Woerden:** If you want to me to get a graph of the change and send it to you,
I can do that.

[219] **Dr Hopkins:** In my community of Cardiff and Vale, it has decreased from 23% to
21%. That is the overall figure for the community of Cardiff and Vale. It looks a little
different when we go into specific target groups. That is the point that was made over here;
you can see that difference.

[220] **Dr Van Woerden:** That figure is roughly the same for the rest of Wales. There has
been a decrease of a few percentage points.

[221] **Alun Ffred Jones:** Rwy'n gwybod bod hwn yn gwestiwn amherthnasol efallai, **Alun Ffred Jones:** I know that this might be
ar un ystyr, ond ai rhywbeth yn debyg yw'r the figures relatively similar across England
ffigurau ar draws Cymru a Lloegr? and Wales?

[222] **Dr Van Woerden:** The fall in Wales has been slightly slower than in England, it is
fair to say.

[223] **Alun Ffred Jones:** Mae hynny hefyd wedi cyd-daro â newidiadau eithaf sylweddol **Alun Ffred Jones:** That has also coincided
yn y ffordd y caiff tybaco ei hysbysebu, onid with quite substantial changes to the way that
ydyw? tobacco is advertised, has it not?

[224] **Dr Van Woerden:** Yes.

[225] **Mark Drakeford:** Elin sydd nesaf, a **Mark Drakeford:** Elin is next and then
Darren ar ei hôl. Darren.

[226] **Elin Jones:** Successive Welsh Governments have prided themselves on pro-public
health policy. You have outlined a position this morning and in your written evidence that
goes against a Welsh Government proposal. Do you recall the last time that the public health
community in Wales opposed Welsh Government policy or legislation?

[227] **Dr Hopkins:** It is interesting, because I have worked as a director of public health in
Wales for over 15 years and have never found myself in a position of advocating contrary to a
Welsh public health policy position.

[228] **Elin Jones:** Opposing, rather than advocating contrary.

[229] **Dr Hopkins:** Yes, I am sorry. [*Laughter.*]

[230] **Elin Jones:** Okay. So, you cannot recall a time when you have had to object—

[231] **Dr Hopkins:** Not during my working life in Wales.

[232] **Mark Drakeford:** To put that point in another way, you are here as supporters of the policy that has been adopted by the National Assembly for Wales, and you are not seeking to change that policy.

[233] **Dr Hopkins:** That is a very nice way of putting it: we are continuing to advocate for the policy. The tobacco legislation as it exists at the moment is a piece of policy that we should be enormously proud of and which will make a huge difference to the health and wellbeing of the population in Wales. I guess that I am beginning to sound like a stuck record, so I will not say any more.

[234] **Dr Van Woerden:** It is also worth considering that the Government is moving towards a public health Bill, which also demonstrates its commitment to improving the health of the population of Wales, and is to be commended.

[235] **Darren Millar:** May I confirm something? Alun Ffred was talking about the difference between the prevalence of smoking in England and Wales, perhaps trying to link that to the potential change on the table, but, of course, we all consume the same tv and media content, no matter what side of the border we are on, so I am not sure why he was ferreting down that hole. May I check something with you? You make reference in your paper to the tobacco control action plan and to the inconsistent message that you feel that this particular amendment to the regulations might bring about. The tobacco control action plan talks about protecting people in the workplace from smoke, and we have talked about portrayal et cetera this morning, but that is what this is all about, is it not, namely protecting people in their workplace? We have talked about the harmful effects of smoke, whether it is from tobacco or herbal cigarettes. This exemption is a personal exemption, for one, two or however many individuals portraying smoking on the set, to light up a cigarette and smoke it. What impact does that have on the health of other people in that workplace?

[236] **Dr Van Woerden:** This is called second-hand smoke and, as regards the health effects of second-hand smoke, there is some relevant evidence both for acute and chronic effects. First, in respect of the respiratory system, there is coughing and wheezing, and it particularly affects asthmatics. The second set of effects is on the cardiovascular system. I will give you one fact quoted from an article in which you may have an interest: 30 minutes of exposure to second-hand smoke compromised the endothelial function in the coronary arteries of non-smokers, so that the endothelial response of non-smokers was identical to that of routine smokers. So, that is 30 minutes of second-hand smoke having a substantial effect on the arteries that supply the heart. Second-hand smoke also does things like make the blood stickier. It also increases the amount of spasm in the coronary arteries and increases the heart attack rate. One study estimated that people who consistently receive second-hand smoke had a 50% to 60% increased risk of developing coronary heart disease. So, there is a significant effect. There are other things like the fact that irregular heart rhythms are increased in people who receive second-hand smoke. There is also an increased incidence of lung cancer in people who are exposed to second-hand smoke.

[237] If you are looking at the direct effect on actors, you cannot walk onto a set and take your first deep inhalation of a cigarette without being used to it. In other words, you cannot do that as an activity that you have not undertaken on previous occasions, because your lungs will not be used to that exposure. So, one can demonstrate that the cigarettes smoked on a particular set will not be the only ones smoked by the individual in relation to that particular film. In other words, the person has to acclimatise to the capacity to do that. Those are the main effects of second-hand smoke.

[238] **Darren Millar:** Obviously, it is very difficult to establish a particular incident causing particular harm or an episode of asthma, or whatever it might be. However, the Welsh

Government made reference to the fact that it expected some additional burden on the NHS as a result of the introduction of this exemption in the notice that was issued with it. Did it contact public health directors like you, Dr Hopkins, to establish what the impact might be? Alternatively, is it impossible to try to quantify the impact of second-hand smoke, not just in relation to the first-hand smoke from those who would be granted the exemption, but in relation to those people in the workplace who would be impacted by this?

[239] **Dr Hopkins:** I am not aware of that work having been done.

[240] **Darren Millar:** Okay. In terms of the direction of travel in the tobacco control action plan, I assume that, as directors of public health, you have raised concerns about the smoking ban exemption with the Government. What was its response to this suggestion that it is inconsistent with the tobacco control action plan?

[241] **Dr Hopkins:** That is quite difficult to answer, is it not? The conversation has very much been around balancing the Government's view of the impact on business versus how much this would impact on individuals, in terms of harm. Regarding the conversation that we have had in respect of behaviour, as I told one of your colleagues, if we have an amendment that potentially mixes some of the messages, there may be other actions that will need to be taken to mitigate the risks. That has been the conversation that we have had around how best to approach this from a wider public health community perspective and in discussion with Government officials.

[242] **Mark Drakeford:** I invite Alun Ffred to come in on this point.

[243] **Alun Ffred Jones:** Yn dilyn sylwadau Darren, mae'r perygl o fwg ail-law wedi'i brofi y tu hwnt i bob dadl, fel y dywedasoch. Nid wyf yn ysmegu, ond rwyf wedi bod mewn llawer o leoedd yr oedd llawer o bobl yn ysmegu ynddynt, gan gynnwys setiau ffilm ac ati. Ond wrth sôn am yr eithriad hwn a'r sefyllfaoedd achlysurol y byddai'n digwydd ynddynt, a allwch chi fesur yr effaith ar iechyd neu afiechyd y criw a'r actorion dan sylw? Pe bai'n digwydd unwaith yr wythnos, a fyddai'n cynyddu'r perygl i iechyd y bobl hynny yn sylweddol, neu o ychydig?

Alun Ffred Jones: Following on from Darren's comments, the risks of second-hand smoke have been proven beyond all argument, as you said. I do not smoke, but I have been in plenty of places where many people were smoking, including film sets and so forth. With regard to this exception and those occasional situations in which it would operate, are you able to measure the effect on the health or otherwise of the crew and actors involved? If it happened once a week, would it increase the risk to the health of those people significantly, or by very little?

[244] **Dr Van Woerden:** The approach that I would take would be what was said by the actor's union beforehand, in that, because these individuals are self-employed, they are in quite a vulnerable position in relation to health and safety legislation, et cetera, and they are therefore under pressure to be able to undertake roles. So, an actor would not, I presume, want to turn down a role that involved smoking. As I tried to allude to earlier, the effects are more than simply those of the cigarettes that are smoked during a specific scene, in that an actor would have to be able to smoke in order to smoke during a scene—

[245] **Alun Ffred Jones:** Rwy'n derbyn yr hyn yr ydych yn ei ddweud; rwy'n siŵr bod hynny'n wir. Rwy'n sôn am yr actor a'r criw. Pe bai'n digwydd, dywedwch, unwaith yr wythnos, a fyddai hynny'n cael effaith andwyol ar iechyd yr unigolion hynny? A allwch chi fesur hynny o gwbl?

Alun Ffred Jones: I accept what you say; I am sure that it is true. I am talking about the actor and the crew. If it happens, for example, once a week, will that have a harmful effect on the health of those individuals? Are you able to measure that in any way?

[246] **Dr Van Woerden:** The academic literature suggests that there is no safe level of exposure to second-hand smoke. In other words, even low levels of exposure to second-hand smoke at the exposed population level will have an adverse effect. You have to use what is called a population-attributable fraction, and it would be possible for a health economist, for example, to use such fractions to look at a set of data and calculate the harm from that. However, as far as I am aware, that has not been undertaken.

[247] **Mark Drakeford:** How long does smoke remain in the atmosphere in a way that can cause the problems of second-hand smoking?

[248] **Dr Van Woerden:** It is relatively long-lasting. The evidence comes from bars and the like in the past, where the amount of nicotine in the air was measured over time. There was some evidence that it hangs around for much longer than you would anticipate, even with a degree of ventilation in the room.

[249] **Mark Drakeford:** Thank you. Eluned has a point on this.

[250] **Eluned Parrott:** This also follows on from the evidence with regard to second-hand smoke. You talked about some of the health impacts on people who experience second-hand smoke, in the form of cardiovascular impacts and so on. For what length of time will those impacts affect the individual?

[251] **Dr Van Woerden:** As I said, second-hand smoke has acute and chronic effects. The information on these acute effects comes from these experiments, in which you expose some people and see what happens to the lining of the arteries or the stickiness of platelets—the clotting in the blood. The biggest of the acute effects, in terms of what is measurable, is an increased rate of heart attacks in second-hand smokers in an acute phase of exposure. The long-term effects of ongoing low-level exposure include such things as increased hardening of the arteries, arteriosclerosis, and things like arrhythmias—irregular heartbeats—and changes even to the fatty lipids in the body.

[252] **Eluned Parrott:** Sorry, but is that with regard to long-term exposure to second-hand smoke? You gave an example of a 30-minute exposure period to second-hand smoke leading to a specific set of immediate, measurable results. For what length of time would those measurable impacts be visible in somebody who had been exposed for 30 minutes to second-hand smoke?

[253] **Dr Van Woerden:** What I am saying is that there would be a small increase in the stickiness of the platelets, in the endothelium. Some of those effects would last for a number of hours, but some of the effects are cumulative—in other words, they contribute to, and form part of, chronic effects as well.

[254] **Eluned Parrott:** So, have any studies been done that give a percentage increase in the risk for particular fixed time periods of exposure to second-hand smoke?

10.45 a.m.

[255] **Dr Van Woerden:** The measures that have been used are called short-term proxy measures. So, you can measure how elastic the artery is and so forth, and you can measure that over a short period of time. The studies have not looked at long-term adverse effects, but there is the presumption, because it is known that those effects are associated with exposure to smoke, that the effects will be the same. There is a degree of extrapolation from proxy measures to longer-term impact. In terms of acute effects, you can demonstrate physiological changes, but I am not aware of studies that have demonstrated adverse outcomes, apart from a

small amount of stuff around heart attacks.

[256] **Eluned Parrott:** Okay. Are there no studies that show that, after a period of time, the health impact of previous smoking on ex-smokers—

[257] **Dr Van Woerden:** Yes, virtually, it is largely eliminated. That takes around 10 years or so. If you stop smoking, after 10 years or so your risk, particularly of lung cancer, for example, starts to go back to almost as low as a non-smoker.

[258] **Eluned Parrott:** But there are no longitudinal studies of the impact of second-hand smoke over a fixed period of time in terms of increasing risk. You could not say what the increase in risk was.

[259] **Dr Van Woerden:** Not for a specific thing. As I say, the only thing that I am aware of it being calculated for was in relation to heart attacks. For example, in the US, between 20,000 and 60,000 heart attacks a year are directly attributable to second-hand smoke.

[260] **Eluned Parrott:** But you cannot say how much exposure to second-hand smoke contributed to those heart attacks.

[261] **Dr Van Woerden:** No. The 20,000 to 60,000 were exclusively attributable to second-hand smoke.

[262] **Eluned Parrott:** But you do not know how much exposure to second-hand smoke that those 20,000 to 60,000 individuals had.

[263] **Dr Van Woerden:** No.

[264] **Eluned Parrott:** Right. Thank you. I am trying to understand the amount of risk associated with a particular period of time exposed to second-hand smoke, but you are saying that there is no evidence.

[265] **Dr Van Woerden:** The evidence is at a large population level, but detailed studies, because you cannot treat—you can take a bunch of mice and put them in an experiment and expose them to second-hand smoke. So, you can conduct animal studies, for example, to look at the effect. However, in human studies, it is observational data; you can only observe what has happened to people. You cannot experiment—

[266] **Eluned Parrott:** You cannot experiment on people and expose them to second-hand smoke. I understand that. Thank you.

[267] **Mark Drakeford:** David has a small point on this. Then I will move on to Ken and Elin.

[268] **David Rees:** I have just a small point on this. We talked about herbal cigarette smoke and mentioned the dioxins that they give out. Has any study been undertaken on second-hand smoke from herbal cigarettes and the impact that that might have? The whole focus has been on tobacco smoke, and I understand that.

[269] **Dr Van Woerden:** I had a little bit of a look at the literature on herbal cigarettes. The impact is a lot less. I am not aware of literature in terms of second-hand smoke from herbal cigarettes.

[270] **Kenneth Skates:** In its evidence, BECTU has supported the exemption but has proposed tougher health and safety risk assessments. Can you envisage any circumstances on

set where you could incorporate safety measures to a degree that would make sure that the impact of second-hand smoke is negligible on cast and crew?

[271] **Dr Hopkins:** Performers in a closed environment, with no-one present, know that—as Hugo said—even with quite reasonable ventilation the evidence demonstrates that there is still nicotine around in the environment. That is not our area of expertise, so we would have to pass over to technical people to answer that question properly.

[272] **Kenneth Skates:** So, technically, there could be a compromise on this. If those risk assessments were—

[273] **Dr Hopkins:** I am not a technical person. I can see that if you had someone in a completely closed environment where the cameras et cetera were outside or on the other side of the screen, but I cannot imagine that that is practical. I am not a technical person, so I—

[274] **Kenneth Skates:** You mentioned California earlier. How do they deal with smoking on sets in California, given that it was pretty much ahead of every other nation in terms of banning smoking?

[275] **Dr Hopkins:** They do not have a ban out there at the moment.

[276] **Kenneth Skates:** No, but they were the first to ban smoking in public places.

[277] **Dr Hopkins:** Yes, but you must remember that, when they banned smoking out there, they never had a ban that then went back to have a look at an exemption. I think that that is part of the issue that we have here about the consistent messaging and approach.

[278] **Kenneth Skates:** Could it be that we have made a mistake in including film and TV production?

[279] **Dr Hopkins:** I most certainly do not think that we have made a mistake; I think we did absolutely the right thing.

[280] **Elin Jones:** We asked the previous witnesses about the unanimity of view or whether there was a dissenting view between either organisation on their position on the exemption. I wanted to ask Public Health Wales whether there is a dissenting view among public health professionals, working either for the Welsh Government or for local health boards, on this matter. Hywel Dda Local Health Board wrote to me and to local Members to say early on that it was opposed to this, and I think that other health boards have done that as well; Cardiff is now certainly clear in its view. Have you formed a view as public health workers in Wales, or is this something about which you have not canvassed widely among public health in Wales?

[281] **Dr Van Woerden:** There are a number of questions, are there not? Is smoking harmful to your health? I am not aware of any public health specialist who would advocate that smoking was not harmful to health. Is the film industry beneficial as an employer? Again, I do not think that many people would argue that that is not the case. Where I come from is that the public health community is united in its belief that smoking is harmful to health, and in its view that adolescents exposed to smoking in the performing arts are much more likely to become smokers. My position is that the decision in terms of trading off the harms and benefits is for the Assembly to make, but the evidence-base in relation to the situations that we have tried to present, both in the written and verbal evidence, is quite clear. As far as I am aware, there is nobody in the public health community that would disagree with the basic facts that we have sought to present.

[282] **Dr Hopkins:** From the local organisation perspective, and as a collective of directors

of public health within organisations—and I say that very carefully because, as directors of public health, part of our role is to ensure that we advocate for population health, and, sometimes, that might be different from a view that an organisation of itself takes—we are united in wanting tobacco action in Wales to be as strong as it can be. So, there is wholesale support for the action that Wales is taking in respect of tobacco. With regard to the view that I put forward to you earlier about mixed messages and behavioural change, we are united as a group of directors of public health in seeing that as a potential issue. However, as a collective, we are not so naive as to say that the decisions that we make are easy or black and white, and were the Welsh Government to decide to go with an amendment, then we would be asking that it carefully looks at the mitigations to ensure that we are doing as much as we possibly can in respect of behavioural change.

[283] We would wish the tobacco legislation to stay exactly as it is: a wholesale ban with no amendments. So, from an organisational perspective, I cannot speak for each of the individual UHBs or LHBs as organisations, but rather as a collective of directors of public health.

[284] **Mark Drakeford:** Given that a great deal of what the committee will have to think about is this weighing up of pros and cons and arguments, and we have had a lot of that discussion already with other witnesses, is it fair to summarise your position, as I think you did in your written evidence, that the case for the change is that creating an exemption could benefit the Welsh economy by possibly bringing more productions to Wales, which is a very conditional perspective, but that your united view is that to change the regulations would be detrimental from a public health point of view?

[285] **Dr Hopkins:** To add to the detrimental bit would have to be the economic work that has been done on the economic impact of tobacco. So, if this was to weaken our action on tobacco, there is an economic argument that goes alongside the other economic argument.

[286] **Dr Van Woerden:** If we can get this smoking prevalence down to 16%, the Welsh economy will avoid expenditure on the treatment of those smokers in the future, which is one aspect of the economic equation.

[287] **Mark Drakeford:** A oes gan **Mark Drakeford:** Do Members have any Aelodau unrhyw bwyntiau eraill? other points to make?

[288] I see that they do not. We have come to the end of the questions that committee members have. Thank you both very much for coming to help us with our inquiry this morning.

[289] Diolch yn fawr i chi'ch dau. Dyna Thank you both. That brings our session ddiwedd y sesiwn am heddiw. today to a close.

*Daeth y cyfarfod i ben am 10.55 a.m.
The meeting ended at 10.55 a.m.*