

Consultation on smoke-free, heated tobacco-free and vape-free places in England

Action on Smoking and Health (ASH) response

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Making outdoor places smoke-free

Do you agree or disagree with our proposal to make public children's playgrounds (those with council involvement) smoke-free places?

- Agree
- Neither agree nor disagree
- Disagree
- Don't know

Do you agree or disagree in principle with our proposal to make outdoor areas of health and care settings smoke-free?

- Agree
- Neither agree nor disagree
- Disagree
- Don't know

We propose to make the outdoor areas of health and care settings smoke-free. A detailed list of these is above in the 'Proposals for smoke-free, heated tobacco-free and vape-free places' section.

This excludes private outdoor dwellings that are not used as workplaces.

Do you agree or disagree with our proposed list of health and care settings where outdoor areas would be smoke-free?

- Agree
- Neither agree nor disagree
- Disagree
- Don't know

Do you agree or disagree in principle with our proposal to make outdoor areas of education settings smoke-free?

- Agree
- Neither agree nor disagree
- Disagree
- Don't know

We propose to make outdoor areas of education settings smoke-free. A detailed list of these is above in the 'Proposals for smoke-free, heated tobacco-free and vape-free places' section.

This excludes private outdoor dwellings that are not used as workplaces, such as the garden of an on-site school caretaker's house.

Do you agree or disagree with our proposed list of education settings where outdoor areas would be smoke-free?

- **Agree**
- Neither agree nor disagree
- Disagree
- Don't know

Please explain your answers to the questions in this section. This could include, for example, sharing comments on any settings in the above categories that are not listed but you think should be included, settings that are listed that you think should not be included or other types of settings that should be considered for inclusion. (Optional, maximum 600 words)

- We welcome the commitment to extend smokefree laws to some outdoor settings. However, there are further settings where smokefree spaces would benefit public health:
 - **Privately run children's play areas.** The consultation covers publicly but not privately run play areas. This would leave some children at risk of exposure to secondhand smoke creating inequalities. Smokefree laws should apply to all play areas.
 - **University campuses.** While the consultation covers educational settings including schools, sixth forms and further education colleges; we recommend extending this to university campuses. As well as protecting young adults, this will reinforce the impact of the generational smoking ban.
 - **Public transport hubs such as bus stations, train stations, and bus stops.** These are locations where people congregate, often in enclosed/semi-enclosed spaces like bus shelters, and where children are often present. Extending smokefree rules would also protect clinically

vulnerable people such as those with complex disabilities, 72% of whom use some form of public transport day-to-day.¹

- **Hospitality settings.** Including hospitality spaces will protect staff and customers, particularly children and the clinically vulnerable. ASH data shows that hospitality workers are the second-most likely profession to be exposed to secondhand smoke at work, with 38% reporting exposure in the last 3 months.²
- **Pavement seating areas.** Several local authorities have already implemented 100% smokefree pavement seating through the pavement licensing process.³ We recommend applying this to all pavement seating outside pubs, cafes and restaurants to protect staff, customers and passers-by.
- **Outdoor workplaces.** Consideration should also be given to prohibiting smoking in outdoor workplaces in sectors with high levels of exposure to secondhand smoke. ASH polling in 2025 found that the sectors reporting the highest exposure were transport (41%), hospitality (38%), electricity/gas/oil and water supply (33%), construction and associated trades (32%) and manufacture (30%). These professions are dominated by routine and manual workers who have smoking rates almost double the national average, 18.6% compared to 10.4%.²
- Polling of English adults by YouGov for ASH in 2026 found:⁴
 - 93% support banning smoking in all play areas (3% oppose)
 - 68% support banning smoking in university and college campuses (14% oppose).
 - 79% support public transport waiting areas (9% oppose)
 - 62% support banning smoking in outdoor seating of restaurants, pubs and cafes (20% oppose).
- Clear guidance on enforcement and how to support smokers to comply will be essential, particularly in health and care settings, to avoid penalising vulnerable groups (e.g. for smoking in hospital grounds). To facilitate implementation, all smokers in hospital should be supported to be abstinent from smoking during

¹ Sense. [Potential and Possibility 2024: Improving experiences of public transport.](#)

² ASH. [New data reveals the GB jobs most likely to be exposed to second-hand smoke: is yours on the list?](#) August 2025. Source: ASH survey conducted by YouGov. Total sample size was 11,018 adults. Fieldwork was undertaken between 18/02/2026 - 19/03/2026. The survey was carried out online. The figures have been weighted and are representative of all English adults (aged 18+).

³ ASH. [Briefing: Smokefree Pavement Licences.](#) June 2023.

⁴ ASH Smokefree Adult Survey 2026. Sample size for England, 11,018. Online GB survey of adults aged 18+ conducted 18th February to 19th March 2026 by YouGov on behalf of ASH. The figures have been weighted to be representative of all adults in Great Britain and in England.

their stay through provision of pharmacotherapy/vapes and tobacco dependence treatment. **The Government should work with the NHS to ensure comprehensive implementation of tobacco treatment services and smokefree policies before the ban is introduced.**

- While we welcome the focus on outdoor smokefree spaces, many people are still exposed to secondhand smoke in the home. Polling by YouGov for ASH in 2025 found that 10% of children aged 11-17 in Britain live in homes where smoking is allowed.⁵ Another ASH survey found that almost a quarter (23%) of health and care workers reported exposure at work, much of this likely occurring during home visits.² A recent study in Scotland found that home care workers were exposed during around 1 in 5 home visits, with 15% of visits involving exposure to potentially harmful concentrations of PM2.5.⁶ **We recommend that the Government develop a strategy to reduce exposure to smoking in the home with a particular focus on households with children and households visited by healthcare workers.**

Exemptions to smoke-free outdoor places

The outdoor settings that we propose should be allowed an exemption are:

- care homes with nursing (nursing homes)
- residential care homes
- assisted living homes
- hospice centres
- mental health residential facilities
- residential schools (only for permitted persons in these settings)

This would mean that the manager or person in charge could decide whether to designate an outdoor smoking area based on the needs of people living on the site.

Do you agree or disagree with allowing an exemption for the above settings? (Optional)

- Agree
- **Neither agree nor disagree**
- Disagree

⁵ All figures, unless otherwise stated, are from YouGov Plc. Total sample size was 3044 children. Fieldwork was undertaken between 14th March - 24th April 2025. The survey was carried out online. The figures have been weighted and are representative of all GB children aged 11-18.

⁶ Dobson R, O'Donnell R, McGibbon M, Semple S. Second-hand smoke exposure among home care workers (HCWs) in Scotland. *Annals of Work Exposures and Health*. 2023 Mar 1;67(2):208-15.

- Don't know

Please explain your answer. This could include, for example, sharing comments on whether you think more or fewer settings should be allowed an exemption or your views on allowing the manager or person in charge to designate a smoking area. (Optional, maximum 600 words)

- The consultation reaffirms exemptions to indoor smokefree laws for specialist tobacconists and performances. **These should be removed to prevent tobacconists exploiting the 'sampling' exemption to operate cigar lounges and to protect performers, staff and audience members from secondhand smoke.**
- **In addition, we recommend that the Government reviews the indoor smokefree exemption for care homes and hospices.** This is a legacy from the introduction of smokefree laws in 2007. Since then, smoking rates in England have more than halved from 24% to 10.4%, with people aged over 65 among the least likely to smoke. Care homes are communal settings where staff enter patient rooms on a regular basis. This exemption means that staff and residents in adjoining rooms are regularly exposed to secondhand smoke. We believe that the exemption is outdated and should be removed. Allowing smoking outside care homes will ensure that residents continue to have an accessible location to smoke. Alongside this, we recommend that staff and residents are offered accessible, tailored stop smoking support.
- The consultation proposes exempting mental health residential facilities from outdoor smokefree laws. However, it is unclear whether this definition includes mental health hospital settings. **We recommend that mental health hospital settings are not covered by the smokefree exemption as this would risk undermining smokefree policies in mental health settings.** NICE recommends that all NHS mental health secondary care settings (including grounds) are smokefree, meaning that patients should be abstinent from smoking for the duration of their hospital stay.⁷ Allowing smoking on the grounds of mental health hospitals would create significant challenges for staff attempting to implement smokefree policies. It would also create confusion about whether smoking is allowed outside of mental health hospital settings which are co-located with other healthcare settings which are not covered by the exemption.
- **As with existing smokefree exemptions for residential settings this should only apply to residents, not visitors or staff.** This will ensure that residents can smoke outdoors without undermining protections for staff and visitors, who

⁷ NICE. [NG209] Tobacco: preventing uptake, promoting quitting and treating dependence. February 2025.

should not be routinely exposed to secondhand smoke in their workplace or during visits.

Heated tobacco-free indoor and outdoor places

Do you agree or disagree with our proposal that all indoor places that are currently smoke-free should also become heated tobacco-free? These places include enclosed and semi-enclosed workplaces and public places, public transport, vehicles used for work and private vehicles with an individual aged 17 years and under present.

- Agree
- Neither agree nor disagree
- Disagree
- Don't know

Do you agree or disagree with our proposal to make public children's playgrounds (those with council involvement) heated tobacco-free places?

- Agree
- Neither agree nor disagree
- Disagree
- Don't know

Do you agree or disagree in principle with our proposal to make outdoor areas of health and care settings heated tobacco-free places?

- Agree
- Neither agree nor disagree
- Disagree
- Don't know

Do you agree or disagree with our proposed list of health and care settings where outdoor areas would be heated tobacco-free? This is the same list as proposed for smoke-free health and care settings.

- Agree
- Neither agree nor disagree
- Disagree
- Don't know

Do you agree or disagree in principle with our proposal to make outdoor areas of education settings heated tobacco-free places?

- Agree
- Neither agree nor disagree
- Disagree
- Don't know

Do you agree or disagree with our proposed list of education settings where outdoor areas would be heated tobacco-free? This is the same list as proposed for smoke-free education settings.

- Agree
- Neither agree nor disagree
- Disagree
- Don't know

Please explain your answers to the questions in this section. This could include, for example, sharing comments on any settings in the above categories that are not listed but you think should be included, settings that are listed that you think should not be included or other types of settings that should be considered for inclusion. (Optional, maximum 600 words)

- **We welcome the proposal to make all current and future smokefree spaces heated tobacco-free.** Heated tobacco products (HTPs) are not risk-free and are not currently recommended for smoking cessation by NICE. While it is possible that they expose users and bystanders to fewer toxins than cigarettes, all tobacco products are harmful to health and heated tobacco products contain many of the same harmful chemicals as combustible tobacco.
- Additionally given the limited public awareness of these products, allowing their use in spaces where smoking is prohibited could cause confusion about whether smokefree laws are in place.
- We recommend that all of the additional smokefree spaces set out in the section above are also HTP-free.

Exemptions to heated tobacco-free places

With the exception of specialist tobacconists, we propose matching heated tobacco exemptions with the indoor smoke-free and proposed outdoor smoke-free exemptions.

For the outdoor areas this would mean that the manager or person in charge could decide whether to designate an outdoor heated tobacco area based on the needs of people living on the site.

Do you agree or disagree with our proposed exemptions for heated tobacco-free places?

- Agree
- Neither agree nor disagree
- Disagree
- Don't know

Please explain your answer. This could include, for example, sharing comments on whether you think more or fewer settings should be allowed an exemption. (Optional, maximum 600 words)

Vape-free indoor and outdoor places

Do you agree or disagree with our proposal that all indoor places that are currently smoke-free should also become vape-free? These places include enclosed and semi-enclosed workplaces and public places, public transport, vehicles used for work and private vehicles with an individual aged 17 years and under present.

- Agree
- Neither agree nor disagree
- Disagree
- Don't know

Do you agree or disagree with our proposal to make public children's playgrounds (those with council involvement) vape-free places?

- Agree
- Neither agree nor disagree
- Disagree
- Don't know

Do you agree or disagree in principle with our proposal to make outdoor areas of education settings vape-free places?

- Agree
- Neither agree nor disagree

- Disagree
- Don't know

Do you agree or disagree with our proposed list of education settings where outdoor areas would be vape-free? This is the same list as proposed for smoke-free education settings.

- Agree
- Neither agree nor disagree
- Disagree
- Don't know

Please explain your answers to the questions in this section. This could include, for example, sharing comments on any settings in the above categories that are not listed but you think should be included, settings that are listed that you think should not be included or other types of settings that should be considered for inclusion. (Optional, maximum 600 words)

- **We welcome proposals to create vape-free places to reduce youth vaping and youth exposure to vaping products.** ASH supports action to make vapes less appealing and less accessible to young people. Although the risks from vaping are significantly lower than from smoking, vapes are not risk free and should not be used by children.
- However, as the impact assessment acknowledges: *“the risk of this policy is that the potential health gains from reduced vaping consumption, could be offset by a slowing of smoking cessation at a societal level [...] By introducing locations where vapes cannot be used, this could increase barriers to vaping by making it more inconvenient and less socially acceptable to use these products.”*⁸ For example, one study from the US found that the adoption of indoor vaping restrictions (IVRs) increased prenatal smoking by 2 percentage points⁹, while another found that IVRs increased infant mortality by 12.9%.¹⁰
- We are concerned that the nuanced distinction between vape-free and smoke-free spaces may be lost, and that the overriding message to the public will be that vaping and smoking pose similar risks to bystanders – a concern given a majority already think the health risks are similar or worse. This would undermine efforts

⁸ DHSC. [Consultation stage impact assessment: Implementing the Tobacco and Vapes Bill: smoke-free, heated tobacco-free and vape-free places](#). February 2026.

⁹ Cooper MT, Pesko MF. The effect of e-cigarette indoor vaping restrictions on adult prenatal smoking and birth outcomes. *Journal of health economics*. 2017 Dec 1;56:178-90.

¹⁰ Cooper M, Pesko MF. The effect of E-cigarette indoor vaping restrictions on infant mortality. *Southern economic journal*. 2024 Jul;91(1):278-321.

to communicate the relative risks of smoking and vaping accurately, potentially leading to unintended consequences. One study of young adults in the US found that those with higher perceived harm of e-cigarettes were almost four times more likely to switch from vaping to smoking, compared to those with lower harm perceptions.¹¹

- The Government has pointed to the exemption for smoking cessation settings as a way of mitigating this risk, but this is unlikely to be sufficient on its own. **A communication strategy and supporting guidance for vape-free places is needed to ensure that this measure does not worsen already substantial misperceptions of harm.** As of 2025, over half (56.2%) of British adults, including over half (53%) of all smokers, wrongly believe that vaping is as or more harmful than smoking.¹²
- **A further mitigation would be to focus on the benefits of reducing the number of children who see adults vaping, rather than on the limited risks associated with secondhand vape aerosol.** There is a substantial body of evidence demonstrating that exposure to smoking increases the likelihood that children will initiate smoking.^{13 14 15} Exposure to adult vaping may influence children's attitudes and behaviours in similar ways to smoking. This contrasts with the very weak evidence of harm to bystanders from vape aerosol. Both the DHSC-commissioned 2022 review of vaping¹⁶ and the more recent 2024 RCP evidence review¹⁷ concluded that short term exposure to vape aerosol is not harmful to health, although it is possible that regular exposure to indoor vaping for long periods carries some low-level risk. Both reviews highlighted the lack of good quality studies.
- **The Government should set out how it intends to assess the public health impact of vape-free spaces and future vaping regulations.** This will be challenging because almost all workplaces already prohibit vaping. The 2020 ASH/YouGov survey found that 85% of respondents in England worked

¹¹ Nagawa CS, Vogel EA, Richards VL, Cohn AM. Association Between Perceived Relative Harm of Electronic Cigarettes Vs. Cigarettes on Nicotine or Tobacco Use Patterns in Young Adults: Findings from the PATH Study. *Nicotine and Tobacco Research*. 2026 Apr 3;ntag076.

¹² ASH. [Use of vapes \(e-cigarettes\) among adults in Great Britain](#). July 2025.

¹³ Hassanein ZM et al. Impact of smoking and vaping in films on smoking and vaping uptake in adolescents: systematic review and meta-analysis. *Health Education & Behavior*. 2022 Dec;49(6):1004-13.

¹⁴ Dalton MA et al. Effect of viewing smoking in movies on adolescent smoking initiation: a cohort study. *The Lancet*. 2003 Jul 26;362(9380):281-5.

¹⁵ Sunday S, Clancy L, Hanafin J. The associations of parental smoking, quitting and habitus with teenager e-cigarette, smoking, alcohol and other drug use in GUI cohort'98. *Scientific Reports*. 2023 Nov 16;13(1):20105.

¹⁶ OHID. [Nicotine vaping in England: 2022 evidence update](#). September 2022.

¹⁷ RCP. [E-cigarettes and harm reduction: An evidence review](#). April 2024.

somewhere where vaping was prohibited indoors, excluding those who answered N/A/not working (this was the last time this question was asked).¹⁸ This is likely to have increased since then as public awareness and concern about vaping have risen. This means that the impact of vape-free spaces in reducing exposure to secondhand vapour is likely to be limited, with the exception of exposure in vehicles where a child is present. One study from the US found no significant effect on adult vaping prevalence from indoor vaping restrictions and no detectable impact on cigarette smoking rates.¹⁹

Exemptions to vape-free places

We propose matching the relevant vape-free exemptions with the indoor smoke-free and proposed outdoor smoke-free exemptions.

We also propose indoor vaping exemptions for smoking cessation services and for mental health residential facilities.

For the outdoor areas and mental health residential facilities this would mean that the manager or person in charge could decide whether to designate a vaping area based on the needs of people living on the site. The manager or person in charge of a smoking cessation service could also decide whether to designate a vaping area to support smoking cessation efforts.

Do you agree or disagree with our proposed exemptions for vape-free places?

- **Agree**
- Neither agree nor disagree
- Disagree
- Don't know

Please explain your answer. This could include, for example, sharing comments on whether you think more or fewer settings should be allowed an exemption or your views on allowing the manager or person in charge to designate a vaping area for the relevant settings. (Optional, maximum 600 words)

- We support the proposed exemptions to vape-free legislation for “smoking cessation service settings where there is behavioural support to quit or cut down smoking delivered by a local authority or the NHS” and mental health residential

¹⁸ Excludes those who answered N/A/not working. ASH survey conducted by YouGov. N= 5039 adults. Fieldwork was undertaken between 17th February - 11th March 2020. The survey was carried out online. The figures have been weighted and are representative of all English adults (aged 18+).

¹⁹ Cheng KW, Liu F, Pesko MF, Levy DT, Fong GT, Cummings KM. Impact of vaping restrictions in public places on smoking and vaping in the United States—evidence using a difference-in-differences approach. *Addiction*. 2023 Jan;118(1):160-6.

facilities. This is particularly important for mental health hospital settings where vapes are playing a key role in facilitating smokefree policies. **However, we recommend that the exemption for smoking cessation settings is amended to include support “commissioned, delivered or supported by a local authority or the NHS.”** Stop smoking support is often delivered by third parties/private providers who are commissioned by a local authorities/NHS trusts and there is a growing number of partnerships with places like food banks and homeless shelters. These services should be covered by the vape-free exemption.

- Vapes are by far the most popular²⁰ stop smoking aid in Britain, with 2.4 million adults successfully using them to quit smoking in the last 5 years.¹² The 2025 ASH survey of local tobacco control found that provision of vapes is almost universal in local stop smoking services.²¹ Vapes are also playing an important role in the NHS and other settings where stop smoking support is delivered (e.g. debt advice, food banks, addiction, housing/homelessness).
- **The Government should produce guidance for services setting out the eligibility and rationale for the exemption.** This will need to be clearly communicated to ensure that services are not deterred from taking advantage of the exemption due to a lack of awareness or clarity about where/when it applies. This should take account of the range of different settings in which quit support is being provided locally.
- **Alongside this, we recommend that the NHS produces guidance on vaping to ensure that staff and service leads are equipped with the knowledge they need to navigate vape-free legislation and facilitate continued use of vapes for smoking cessation in the NHS.**
- We are concerned that the Government intends to maintain the sampling exemption to indoor smoke-free laws for specialist tobacconists, while applying a blanket ban on vaping to vape shops. This would mean that premises selling lethal tobacco products are subject to weaker restrictions than those selling vapes, which are much less harmful. The Government should either close the loophole for specialist tobacconists or facilitate a sampling exemption for specialist vape shops which would benefit public health.

²⁰ Smoking in England. [Monthly trends on smoking in England from the Smoking Toolkit Study: support used in quit attempts.](#)

²¹ ASH. [Breaking new ground: Local authority stop smoking services and wider tobacco control in England, 2025.](#) December 2025.

Boundaries to where smoking, heated tobacco use and vaping are restricted outdoors

We are considering 3 different approaches for defining the boundaries of smoke-free, heated tobacco-free and vape-free outdoor places. For all 3 approaches, we propose that the same boundaries are used for smoke-free, heated tobacco-free and vape-free outdoor places.

Please see the consultation document for more detail about the proposed approaches.

Which is your preferred approach to the boundaries of smoke-free, heated-tobacco free and vape-free outdoor places?

- Approach 1 (site boundary and an additional 10 metre perimeter)
- Approach 2 (site boundary and an additional 10 metre perimeter around access points)
- Approach 3 (site boundary only)
- An alternative approach (please specify in the free text question at the end of this section)
- Don't know

Where an outdoor setting does not have a clear site boundary, we propose that the site boundary is the equivalent to 10 metres from play equipment or buildings.

Do you agree or disagree with our proposed approach to outdoor settings that do not have a clear site boundary?

- Agree
- Neither agree nor disagree
- Disagree
- Don't know

Please explain your answers to the questions in this section. This could include, for example, sharing comments on an alternative approach to boundaries or additional perimeters, the distance of any additional perimeter beyond the site boundary, any evidence that you have taken into account to support your response or your comments on any potential challenges associated with indicated approaches. (Optional, maximum 600 words)

- Approach 3 (site boundary only) is likely to be simplest approach to enforce. Extending free-from spaces beyond the site boundary may create confusion about where exactly the smoke/vape/HTP-free boundary is and who is

responsible for enforcement. Clear signage and communication will be needed to ensure that the public understand the new rules.

Signs to show where a place is smoke-free, heated tobacco-free and vape-free

We propose that all indoor places that have been designated smoke-free, heated tobacco-free and vape-free must have at least one sign saying this.

We propose that there would be flexibility for these indoor signs, including in relation to size, design and location.

Do you agree or disagree with our proposed approach for indoor signage?

- Agree
- Neither agree nor disagree
- Disagree
- Don't know

We propose that outdoor places that will be smoke-free, heated tobacco-free and in some cases vape-free should also have a sign displaying this.

These signs should describe the rules and the distance the rules apply to, if applicable. At least one sign should be placed at an access point or area boundary.

Do you agree or disagree with our proposed approach for signage for outdoor areas with a clear boundary?

- Agree
- Neither agree nor disagree
- Disagree
- Don't know

We propose that a sign should be positioned next to the play equipment or building where a boundary is not clearly defined.

Do you agree or disagree with our proposed approach for signage for outdoor areas without a clear boundary?

- Agree
- Neither agree nor disagree
- Disagree

- Don't know

Please explain your answers to the questions in this section. (Optional, maximum 600 words)

- We recommend that the wording, placement, size and design of the signage for indoor and outdoor smokefree/vapefree/HTP-free areas is mandated in law to ensure that the information they contain is accurate and consistent. This would aid both public compliance and enforcement by ensuring that there is no ambiguity about the status of a particular location. This mirrors the highly effective approach taken when implementing indoor smokefree legislation.
- The Government should also mandate the wording and location of signage for areas where exemptions apply, particularly vapefree exemptions, to ensure that staff and members of the public are aware.
- Factors that the Government should consider when developing signage include:
 - Being clear about where smoking can't take place and where vaping can take place.
 - Opportunities to signpost to stop smoking support.
 - Where smoking and vaping are both prohibited, not inadvertently suggesting that they are equally harmful.
 - Accessibility issues like visual impairment and different languages.

Smoking, heated tobacco use and vaping areas

We propose that managers or the person in charge of sites with exemptions would be able to designate smoking, heated tobacco use and vaping areas.

If we proceed with these exemptions, what requirements should we set for the outdoor smoking, heated tobacco use and vaping areas that can be designated under this exemption? This could include, for example, who is permitted to use the areas, the size of the areas, the distance from buildings, whether smoking, heated tobacco use and vaping should be allowed in the same area or kept separate, any other practical considerations and any evidence that can help make these decisions. (Optional, maximum 600 words)

- The Government should publish national guidance to support local decision making around exemptions. We know that such guidance helped to support smokefree legislation and has also informed local policies around vaping (e.g. Public Health England guidance on the [use of e-cigarettes in public places and workplaces](#)).
- This guidance should emphasise the public health benefits of vapefree exemptions, recognising the reduced risk of nicotine-containing vapes, relative

to tobacco smoking. It should also recognise the role of vaping as a quitting aid/alternative to smoking. This guidance should encourage decision makers to consider any unintended consequences from not utilising potential vape-free exemptions.

- Key areas for consideration are:
 - Where there are exemptions for smoke-free outdoor areas, these should only apply to those who live on site and not to visitors of staff who live off-site.
 - Where there are exemptions for vape-free outdoor areas for residential schools, this should only be for the staff who live in that particular setting.
 - Ensuring that any outdoor smoke-free areas are compliant with regulations under the Health Act 2006 stipulating that smoking cannot take place in enclosed or semi-enclosed areas (the 50% enclosed rule).
 - Being mindful of existing voluntary policies and not undermining anything already in place that protects public health.
 - At all times, information on stop smoking support should be easily accessible.
 - Appropriate distances from buildings should also be considered, particularly for smoke-free exemptions.
 - Maximising compliance with any new legislation by supporting vapers to have a place to vape away from people smoking.

If there are any potential impacts on the rest of the site that might result from people using designated areas for smoking, heated tobacco use, and/or vaping, please outline them here. (Optional, maximum 600 words)

Proposed implementation period

Do you agree or disagree with our proposed implementation period of no less than 6 months?

- Agree
- Neither agree nor disagree
- Disagree
- Don't know

Please explain your answer. This may include, for example, sharing comments on whether the total period allowed for implementation between regulations being made and new legal requirements fully coming into force should be longer or shorter or on implications the proposal could have for certain groups. Please reference any evidence

that you have taken into account to support your response. (Optional, maximum 600 words)

- We recommend an implementation period of no longer than 6 months following the regulations being made for the smokefree and heated tobacco-free areas. The Government could consider a longer, phased approach for vape-free places, reflecting the lack of evidence on the impact and effectiveness of vape-free places, and the risk of unintended consequences. This would allow time for a stronger evidence base to be established, in addition to allowing time to assess the impact of the incoming vaping products duty on vaping and smoking behaviour.

Consultation stage impact assessment

We have published a consultation stage impact assessment alongside this consultation.

If you have any evidence or data to inform the assumptions or estimates of the costs in the impact assessment, please include it here. This could include any information, evidence or data on signage costs and the potential loss in profit. (Optional, maximum 300 words)

If you have any evidence or data to inform the assumptions or estimates of the benefits in the impact assessment, please include it here. This could include any information, evidence or data on the health benefits associated with any reduction in the use of these products, such as secondhand health impacts. (Optional, maximum 300 words)

If you are aware of any stakeholders that will be impacted, or costs and benefits that have not been identified in the impact assessment, please outline them here. (Optional, maximum 300 words)

If you are aware of any potential unintended consequences as a result of the proposed policy that have not been identified in the impact assessment, please outline them here. (Optional, maximum 300 words)

- As discussed above, we share the concerns acknowledged in the impact assessment that the introduction of vape-free spaces could undermine smoking cessation efforts. As the consultation notes, the vaping measures proposed in the Tobacco and Vapes Act (flavours, descriptors, packaging, vape-free etc) will have a cumulative impact, making it difficult to unpick the impact of each policy. Any evaluation and research commissioned by the Government should therefore assess the combined effect of these measures, as well as their impact in isolation.

- When developing regulations on vaping, a balance needs to be struck between reducing appeal and visibility of vaping around young people, while continuing to make vapes attractive and available to adult smokers trying to quit, or ex-smokers who have quit through vaping. **We recommend that the Government put in place a robust mechanism to track any unintended consequences, alongside building in flexibility to recalibrate regulations should they arise.**

Please provide any other comments you have to inform the assumptions or analysis in the impact assessment. (Optional, maximum 300 words)

- As set out in our comments on indoor vape-free spaces above, the impact assessment could be strengthened by focusing on the benefits of reducing the number of children who see adults vaping, rather than on the limited risks associated with secondhand vape aerosol. There is a substantial body of evidence demonstrating that exposure to smoking increases the likelihood that children will initiate smoking.^{22 23 24} Exposure to adult vaping may influence children's attitudes and behaviours in similar ways to smoking. This contrasts with the very weak evidence of harm to bystanders from vape aerosol. Both the DHSC-commissioned 2022 review of vaping²⁵ and the more recent 2024 RCP evidence review²⁶ concluded that short term exposure to vape aerosol is not harmful to health, although it is possible that regular exposure to indoor vaping for long periods carries some low-level risk. Both reviews highlighted the lack of good quality studies.

²² Hassanein ZM et al. Impact of smoking and vaping in films on smoking and vaping uptake in adolescents: systematic review and meta-analysis. *Health Education & Behavior*. 2022 Dec;49(6):1004-13.

²³ Dalton MA et al. Effect of viewing smoking in movies on adolescent smoking initiation: a cohort study. *The Lancet*. 2003 Jul 26;362(9380):281-5.

²⁴ Sunday S, Clancy L, Hanafin J. The associations of parental smoking, quitting and habitus with teenager e-cigarette, smoking, alcohol and other drug use in GUI cohort'98. *Scientific Reports*. 2023 Nov 16;13(1):20105.

²⁵ OHID. [Nicotine vaping in England: 2022 evidence update](#). September 2022.

²⁶ RCP. [E-cigarettes and harm reduction: An evidence review](#). April 2024.