

DHSC Smoke-free, heated tobacco-free and vape-free places in England

Parliament is currently considering the Tobacco and Vapes Bill. The bill will give the government new powers to make regulations on tobacco and vapes. They plan to use these powers as soon as reasonably practicable after the bill becomes law. They are seeking views on proposals to:

- extend smoke-free laws to certain outdoor public places, including children's playgrounds and outside a number of health and social care and education settings
- introduce heated tobacco-free places
- introduce vape-free places
- introduce exemptions including allowing for designated smoking, heated tobacco and vaping areas within smoke-free, heated tobacco-free and vape-free places
- define boundaries and set signage requirements for smoke-free, heated tobacco-free and vape-free places

These proposals aim to protect children and medically vulnerable people from second-hand smoke, heated tobacco emissions and vape vapours. This consultation applies to England only. The devolved governments will run separate consultations. A consultation stage impact assessment is published alongside this consultation.

See Documents Here: <https://www.gov.uk/government/consultations/smoke-free-heated-tobacco-free-and-vape-free-places-in-england>

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 the following health and care settings smoke-free:

- GP surgeries

- health centres and clinics (GP practices combined with other health services including neighbourhood health centres where relevant)
- mental health and learning disabilities clinics
- community hospitals
- community rehabilitation centres
- children's centres
- community mental health centres
- community midwifery units
- community diagnostic centres
- acute hospitals
- specialist hospitals
- mental health hospitals, including high-secure mental health hospitals, medium-secure mental health hospitals and other mental health facilities
- elective care centres
- outpatient clinics (often in hospitals or as satellite units)
- walk-in centres and urgent treatment centres
- major teaching hospitals
- specialist tertiary centres and hospitals
- children's hospitals
- intermediate care units
- rehabilitation centres
- hospice centres
- care homes with nursing (nursing homes)
- residential care homes
- assisted living homes
- day centres for older people or people with disabilities
- accident and emergency departments
- minor injuries units

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 the outdoor areas of the following education settings smoke-free:

- schools (maintained, non maintained and independent) including academies, free schools, alternative provision academies, maintained nursery schools and pupil referral units
- sixth form colleges and 16 to 19 academies (including 16 to 19 free schools)
- early years childcare settings

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. (Optional)

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. Maximum 600 words.

We welcome the proposal to extend smokefree laws to these outdoor settings as an important step in protecting public health. Recent evidence demonstrates the harms of passive smoking and reinforces the need to minimise exposure to passive smoking, particularly among vulnerable groups such as children and pregnant women.^{1,2,3}

We believe it is also important to reduce the visibility of smoking and vaping to ensure that children do not get influenced by such behaviours or perceive them as ones that are desirable. Additionally, individual smoking behaviours should not result in harm to others through exposure to secondhand smoke, particularly given the growing evidence of adverse long-term effects of passive exposure.

In addition to the outdoor education settings considered, we recommend extending smokefree policies further to maximise public health benefit. We believe this should include all children's play areas (public and private) and university campuses to protect young adults

In terms of outdoor settings, beyond education environments, we think it's important to extend smokefree laws to housing developments and apartment buildings that have shared outdoor spaces, where children are often present and where passive smoking can affect multiple households. Moreover, locations where people of all ages are present such as public transport hubs (train stations, bus stops) will also be important to extend these law to, in order to protect those who are vulnerable.

1. Xu, F., Mu, N., Song, Y. and Ma, M. (2024). Passive smoking and risk of head and neck cancer: a systematic review and meta-analysis. *European Journal of Cancer Prevention*, [online] 34(5), pp.415–425. doi:<https://doi.org/10.1097/cej.0000000000000930>.
2. Zhang[†], H., Zhou[†], X., Tian, L., Huang, J., E, M., and Yin, J. (2023). Passive smoking and risk of gestational diabetes mellitus: A systematic review and meta-analysis. *Tobacco Induced Diseases*, 21(September), 115. <https://doi.org/10.18332/tid/169722>
3. Thusheka Uthayakumar, Bennett, J., Hazel Leah Cartas, Brunet, M., Vo, K. and Kroon, J. (2023). Passive Smoking and Oral Health of Infants, Pre-schoolers and Children: A Systematic Review. *Nicotine & Tobacco Research*. doi:<https://doi.org/10.1093/ntr/ntad093>.

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?

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

Please explain your answer. (Optional)

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. Maximum 600 words.

We believe that any smoking exemptions in residential settings should be limited and carefully controlled. While these places are people's homes and some residents may rely on smoking, especially for mental health reasons, protecting others from secondhand smoke should come first. We believe that smoking should only be allowed in designated outdoor areas, with clear responsibility on organisations to provide safe, contained spaces and maintain smoke-free environments elsewhere. Outdated exemptions such as indoor smoking in care homes and allowances for tobaccoists or during performances should be removed. Any remaining exceptions should apply only to residents, not staff or visitors, to minimise harm.

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 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. (Optional)

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. Maximum 600 words.

We believe that heated tobacco products (HTPs) are not risk-free and may still cause harm, particularly for non-smokers, with emerging evidence linking them to issues such as oxidative stress and respiratory infections.

While they may be less harmful than traditional cigarettes for existing smokers, the evidence is still limited and uncertain, and further research is needed. Given this, a precautionary approach is appropriate and welcomed. HTPs are not recommended for smoking cessation by NICE.

Additionally, public awareness of these products remains limited, so allowing their use in smokefree areas could create confusion about whether smokefree laws apply.

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

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. (Optional)

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. Maximum 600 words.

We would support making these settings vape-free as a measure to reduce youth exposure and prevent the normalisation of vaping among children and young people. While e-cigarettes are generally considered less harmful than smoking and may help some adults to quit, they are not risk-free and are not approved as smoking cessation products by NICE. There is a significant amount of evidence that shows that there are short-term health risks, and the long-term effects remain uncertain.

However, we believe this approach will need to be carefully balanced to avoid discouraging smokers from switching away from cigarettes or creating public confusion about the relative risks of vaping and smoking. Clear communication will therefore be important to ensure vape-free measures are understood as a way to protect young people, rather than implying vaping is as harmful as smoking.

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. (Optional)

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. Maximum 600 words.

We support allowing exemptions so that people can vape in stop smoking services and mental health settings, given the important role vaping plays in helping people to quit smoking. Vaping is a key cessation tool and is already widely used across many support services to support quitting.

To ensure these exemptions are effective in practice, there should be clear, accessible guidance for staff and service providers. The guidance should set out when and where vaping is permitted, so that services feel confident in using vaping as part of their approach to supporting people to quit smoking.

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 meter perimeter)
- Approach 2 (site boundary and an additional 10 meter perimeter around access points)
- Approach 3 (site boundary only)
- An alternative approach (please specify in the free text question at the end of this session)
- **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. (Optional)

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. Maximum 600 words.

We believe, a clear and consistent approach is important so that people understand and follow the rules. Although it would be useful to see how other countries have approached this, evidence from other countries is mixed and may not apply, given that this would depend on how people respond to rules and how they are enforced in every country.

Any approach should ensure it is easy to enforce and is least confusing for the public. Clear signage and communication will be important.

Additionally, we believe it is important to consider that smoke travels, which may support making shared outdoor spaces fully smokefree.

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 believe that clarity and consistency are essential so people understand and follow the ban. Signage should be standardised in its wording, placement, size and design to ensure that the rules are clear across all settings and support enforcement.

Additionally, we believe that there should also be clear signage in places where exemptions apply, especially for vaping, in order for staff and the public to know when different rules are in place. Where smoking is banned and where vaping may be allowed, we think it is important to include information on smoking cessation support.

Additionally, any signage should avoid suggesting that smoking and vaping are equally harmful and is accessible to everyone.

Lastly, we think it is important to consider the cost and upkeep of signage, as well as any unintended consequences as a result of the signage.

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? (Optional)

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. Maximum 600 words.

We think it is important to have national guidance to help local areas and site managers apply exemptions consistently and accurately. It is important that the guidance includes clear rules on location, distance, and use of designated areas to help ensure the policy is easy to follow and enforce. It should also be important to recognise, within the guidance that vaping is less harmful than smoking and can help people quit, and that these exemptions may bring public health benefits.

We also believe that smoking, vaping, and heated tobacco should be allowed in the same designated area. Moreover, these outdoor smoking and vaping areas should be for adults only (18+), clearly marked, and kept small. They should be located away from buildings, especially access points and where possible, designated shelters or booths should be used. Additionally, we recommend that these areas should not encourage people to stay for long, so seating should be avoided.

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.

We believe the potential impacts on the rest of the site may include fire safety risks and increased littering associated with the use of designated smoking, heated tobacco, and vaping areas.

However, these impacts should be minimal if designated areas are carefully planned and managed in line with clear guidance, including appropriate location, distance from buildings, and provision of waste disposal facilities.

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. (Optional)

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. Maximum 600 words.

We agree with the an implementation period of 6 months for smokefree and heated tobacco-free areas. It is sensible in principle, as long as it allows sufficient time for organisations to prepare and ensure the rules can be properly put in place. If the timescale is any shorter, there is a risk the policy will not be fully or effectively implemented.

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. (Optional)

This could include any information, evidence or data on signage costs and the potential loss in profit. 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. (Optional)

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. Maximum 300 words.

We welcome the strong political commitment to reducing smoking and tobacco harm, as it can be difficult for healthcare professionals to change behaviour at an individual level alone.

However, it is not yet clear how the law will be enforced or what the penalties will be. It is also unclear whether penalties will be the same or proportionate for individuals, small businesses, and tobacco manufacturers.

We are concerned that the final law could be weakened, so it is important to keep its ambition through to implementation.

Alongside legal changes and investment in public health, there should also be consideration of wider financial measures. This could include stopping tobacco industry involvement in investments and pensions, and exploring a levy on tobacco industry profits to help fund the cost of implementing the policy.

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.

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