



The Association of Directors of Public Health Consultation Response

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

Objectives and scope

The Government is [seeking views](#) on smoke-free, heated tobacco-free and vape-free outdoor and indoor places in England.

About ADPH

ADPH is the representative body for Directors of Public Health (DsPH), and is a collaborative organisation, working in partnership with others to strengthen the voice for public health, with a heritage which dates back over 160 years. We also work closely with a range of Government departments, including [DHSC](#) and [UKHSA](#), as well as the four CMOs, NHS, devolved administrations, local authorities and national [organisations](#) across all sectors to minimise the use of resources as well as maximise our voice.

ADPH aims to improve and protect the health of the population by:

- Representing the views of DsPH on public health policy.
- Advising on public health policy and legislation at a local, regional, national and international level.
- Providing a support network for DsPH to share ideas and good practice.
- Identifying and providing professional development opportunities for DsPH.

ADPH response

Making outdoor places smoke-free

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

- Agree.
- There is no safe level of exposure to second-hand smoke, and children, among others, are particularly vulnerable to its harms. Making public children's playgrounds smoke-free is an important part of protecting children from the harms of smoking.
- Evidence shows that smoke-free environments not only protect non-smokers from second-hand smoke but can also increase cessation and reduce smoking initiation.¹ Creating smokefree environments is also important for normalisation and cultural change, which is particularly important around children.

- We also ask that this is extended to privately run children’s play areas to ensure consistency.
- We also acknowledge that several authorities have already implemented 100% smoke-free pavement seating through the pavement licensing process. We recommend applying this to all pavement seating outside pubs, cafes, and restaurants to protect staff, customers, and passers-by.

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

- Agree.
- Second-hand smoke harms medically vulnerable people who do not smoke, and making health and care settings smoke-free is a step in the right direction to protect these individuals.
- As per the [NICE guidance PH48](#), most NHS hospitals in England already have a smoke-free policy, and Scotland, Wales, and Northern Ireland have already implemented similar regulations.
- It is an important step in supporting smoking cessation efforts and protecting staff and visitors from second-hand smoke.
- An important part of implementing this ban, is ensuring that there is readily available support for smoking cessation services in these settings.

3. Do you agree or disagree with our proposed list of health and care settings (see Annex 1) where outdoor areas would be smoke-free?

- Agree.

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

- Agree.
- There is no safe level of exposure to second-hand smoke, and children and young people (CYP), among others, are particularly vulnerable to its harms. Making education settings smoke-free is an important part of protecting CYP from the harms of smoking.
- Evidence shows that smoke-free environments not only protect non-smokers from second-hand smoke but can also increase cessation and reduce smoking initiation.¹
- Creating smoke-free environments is also important for normalisation and cultural change.
- This is particularly important for CYP, as most adult smokers started aged under 18.² About 400,000 11- to 15-year-olds in England have tried smoking at some point and more than three 15-year-olds out of 100 smoke more than once a week.
- Fortunately, the chance of an 11- to 15-year-old being a smoker has halved in the past ten years, which is due to progress in the smoke-free agenda.² This smoke-free places policy is another important part of this agenda.

5. Do you agree or disagree with our proposed list of education settings (see Annex 1) where outdoor areas would be smoke-free?

- Agree.
- We also recommend that the Government consider including universities in this list.
- The first cohort impacted by the generational smoking ban will begin attending university from

September 2027, so making universities smoke-free would help to reinforce the impact of the generational ban.

- YouGov polling commissioned by ASH in 2022 found that 59% of adults in England supported banning smoking in university and college campuses vs 18% who were opposed.³ Further, many campuses are already smoke-free.
- We do, however, appreciate there would be some challenges with universities that are not campus-based.

Exemptions to smoke-free outdoor places

Some settings in scope of our proposal to make outdoor places smoke-free are residential settings. People in these settings may not be able to leave easily and may require an on-site outdoor smoking area. We propose allowing an exemption to smoke-free outdoor places to accommodate this.

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)

6. Do you agree or disagree with the proposed exemptions to outdoor settings?

- Neither agree nor disagree.
- We recommend that the Government reviews the indoor smoke-free exemption for care homes and hospices. 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 second-hand 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.
- As with existing smoke-free 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 should not be routinely exposed to second-hand smoke in their workplace or during visits.
- For residential schools, we would welcome clarity on what is meant by 'only for permitted persons in these settings,' and which settings are in scope, to ensure that children who attend and may also live in these settings are not exposed to other people smoking from a role-modelling perspective.
- It is unclear whether mental health residential facilities, includes mental health hospitals. We recommend that it does not as allowing an outdoor smoke-free exemption in these settings would undermine smoke-free policies for inpatients as NICE recommends that all NHS mental health secondary care settings (including grounds) are smoke-free.

- We also ask for the current exemption for indoor smoking at specialist tobacco shops to be removed, as will be the case for heated tobacco and vapes, to ensure there is not a more lenient rule for a more harmful product.

Heated tobacco-free indoor and outdoor places

7. Do you agree or disagree with our proposal that all indoor places that are currently smoke-free should also become heated tobacco-free?

- Agree.
- The use of any type of tobacco product - including heated tobacco products - is harmful. They are especially harmful for children and young people, and pregnant women, as well as adults who do not currently use tobacco products.
- More research is needed to understand the short- and long-term health effects of heated tobacco products.
- They have not been scientifically shown to help people who smoke cigarettes to quit, and are not recommended for smoking cessation by NICE.⁴⁵ It is likely that they are more harmful than vaping.⁵
- Studies of second-hand emissions from heated tobacco products suggest that the products expose bystanders to some of the same chemicals found in cigarette smoke, although at lower levels than cigarette smoke. More research is needed in this area.⁶⁷
- Awareness of heated tobacco is also rising, especially among young people. Among 11–17-year-olds, awareness of heated tobacco has risen from 7.1% in 2022 to 24% in 2025.⁵
- It is important for the Government to demonstrate the dangers of these products, and therefore banning them in the same indoor places as cigarettes is important for normalisation and cultural change.

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

- Agree.
- The use of any type of tobacco product - including heated tobacco products - is harmful. They are especially harmful for children and young people.
- Given they have not been scientifically shown to help people who smoke cigarettes to quit, and are not recommended for smoking cessation by NICE,^{4,5} and that there is evidence of risk from second-hand emissions,^{6,7} it is not worth the risk to children and young people.
- We also ask that this is extended to privately run children’s play areas to ensure consistency.

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

- Agree.
- The use of any type of tobacco product - including heated tobacco products - is harmful. They are especially harmful for medically vulnerable people and pregnant women. Making health and care settings smoke-free is a step in the right direction to protect these individuals.
- As per the [NICE guidance PH48](#), most NHS hospitals in England already have a smoke-free policy, and Scotland, Wales, and Northern Ireland have already implemented similar regulations. It

would therefore not be too difficult to include heated tobacco within these policies.

- Given they have not been scientifically shown to help people who smoke cigarettes to quit, and are not recommended for smoking cessation by NICE,^{4,5} and that there is evidence of risk from second-hand emissions,^{6,7} it is not necessary that people use heated tobacco in these settings to protect both patients and visitors.
- An important part of implementing this ban, is ensuring that there is readily available support for smoking cessation services in these settings.

10. Do you agree or disagree with our proposed list of health and care settings (see Annex 1) where outdoor areas would be heated tobacco-free?

- Agree.

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

- Agree.
- The use of any type of tobacco product - including heated tobacco products - is harmful. They are especially harmful for children and young people.
- We know that creating smokefree environments is also important for normalisation and cultural change. Awareness of heated tobacco is also rising, especially among young people. Among 11–17-year-olds, awareness of heated tobacco has risen from 7.1% in 2022 to 24% in 2025.⁵
- It is important for the Government to demonstrate the dangers of these products, and therefore banning them in the same indoor places as cigarettes is important.

12. Do you agree or disagree with our proposed list of education settings (see Annex 1) where outdoor areas would be heated tobacco-free?

- We also recommend that the Government consider including universities in this list, as we have suggested for smoking.

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.
- Specialist tobacconists are exempt to allow cigars and pipe tobacco to be sampled, which is not necessary for heated tobacco.

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

- Please see considerations for smoke-free exemptions.

Vape-free indoor and outdoor places

14. Do you agree or disagree with our proposal that all indoor places that are currently smoke-free should also become vape-free?

ADPH response:

- Agree.
- We are aligned with the English CMOs view that ‘vaping is effective when used as a stop smoking

tool, but those who do not smoke should not vape. Marketing of vapes to children is utterly unacceptable¹.

- While it has stabilised in recent years, there was a sharp increase in youth vaping between 2021 and 2023, and currently 7% of 11–17-year-olds in Britain currently vape, and 20% of 11–17-year-olds have tried vaping.⁸
- Therefore, while we support vaping as a replacement for smoking it is important that vaping does not become ubiquitous and that we still enable a culture shift away from such products. It is for this reason that we agree that vaping should not be allowed indoors.
- Further, while there is not conclusive evidence that second-hand vapour is harmful to people around you, there is some evidence that it can damage the health of anyone who breathes it in.⁹ We therefore agree that it is important to protect vulnerable people from potential harms in indoor settings.
- However, it is crucial that Government does more to address misperceptions of vaping eg comms campaigns, and better stakeholder engagement. It is imperative that people do not equate the harms of smoking and vaping. A communication strategy and supporting guidance for vape-free places will need to be carefully developed 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.¹⁰

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

- Agree.
- We are aligned with the English CMOs view as above. Further, it is possible there are some second-hand impacts from inhaling vapour which could impact children.
- Therefore, while we support vaping as a replacement for smoking, it is important that it is not normalised. It is for this reason that we agree that vaping should not be allowed in playgrounds.
- There is also a fire risk from batteries that are not properly disposed.
- We also ask that this is extended to privately run children’s play areas to ensure consistency.

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

- Agree.
- We are aligned with the English CMOs view as above.
- Very few CYP should have the need to vape as a means to support smoking cessation, and this will only continue to become more true as the generational ban comes into force. Currently, around 7% of 11–17-year-olds say they currently vape and 20% have tried vaping.¹¹ While it is important that CYP understand that vaping is less harmful than smoking, they should not be vaping if they do not smoke.
- While we support vaping as a replacement for smoking, it is important that it is not normalised for CYP.

17. Do you agree or disagree with our proposed list of education settings (see Annex 1) where outdoor areas would be vape-free?

- Agree.

Exemptions to vape-free places

- We propose matching the relevant vape-free exemptions with the indoor smoke-free and proposed outdoor smoke-free exemptions. However:
 - We are not proposing to create an exemption for specialist tobacconists or specialist vape shops.
 - We also propose indoor vaping exemptions for smoking cessation services where there is behavioural support to quit or cut down smoking delivered by a local authority or the NHS and for mental health residential facilities.

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

- Agree. However we recommend that this is amended to include support 'commissioned or delivered by a local authority or the NHS' so that it includes those delivered by third parties.

Proposed implementation period

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

- Agree.
- Existing delays to the Bill's progress through parliament have already had serious implications on smoking levels, with the number of young smokers increasing since it was first introduced in November 2024.
- The Government should therefore ensure that the implementation of smoke-free legislation is acted upon without delay. We recommend an implementation period of no longer than 6 months following the regulations being made.

Supporting information

- For success in this policy, we advocate for the wording of the signage for indoor and outdoor smoke-free/vape-free/HTP-free areas to be mandated in law to ensure that the information they contain is accurate and consistent. It is also important that premises use clear signage for areas where vaping is allowed (eg hospital grounds) to ensure that people who vape are aware of the exemption.

Wider smoke-free agenda – what is needed for success

- Importance of smoke-free agenda:
 - Smoking costs society in England £43.7 billion a year through a combination of lost economic productivity and health and social care costs. If the cost of early deaths due to smoking is included, this number rises to £78.3 billion.
 - A study aimed to quantify the difference the smoke-free generation (SFG) policy could make to achieving smoke-free goals, and found:¹²
 - Smoking prevalence in 12-30-year-olds falls below 5% in the 2040s – decades earlier than without SFG.

- Around 30% of those health gains occur in the most deprived 20% of neighbourhoods, where smoking remains most concentrated.
- For success in smoke-free policies:
 - Importance of education, empowerment, and media campaigns with guidance around smoke-free places for success.¹
 - Targeted enforcement – investment needed for this.
 - Furthermore guidance/info on smokefree homes - a local survey found over 40% of children aged 0-4 from the most deprived quintile live with at least one smoker.
 - We also welcome further government work on the feasibility and support for smoke-free and heated tobacco-free places to be extended to transport hubs such as bus stations, train stations, bus stops, hospitality settings, and outdoor workplaces.
- Further advocacy:
 - Funding smoking cessation.
 - A national tobacco control strategy.
 - Investment in public health, trading standards, and environmental health teams.

Annex 1: full list of proposed outdoor smoke-free settings

The outdoor areas of health and care settings, including:

- 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
 - 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
- minor injuries units

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

The outdoor areas of education setting, including:

- schools (maintained, non-maintained and independent) including:
 - academies
 - free schools
 - alternative provision academies
 - maintained nursery schools

- pupil referral units
- sixth form colleges and 16 to 19 academies (including 16 to 19 free schools)
- early years childcare settings

¹ Semple S, Dobson R, O'Donnell R, Zainal Abidin E, Tigova O, Okello G, et al. Smoke-free spaces: a decade of progress, a need for more? *Tobacco Control*. 2022;31(2):250–6 [cited 30th April 2026]. Available from: <https://tobaccocontrol.bmj.com/content/31/2/250>

² ASH. Young people and smoking. 2025 [cited 30th April 2026]. Available from: <https://ash.org.uk/resources/view/young-people-and-smoking>

³ ASH. Fifteen smokefree years: Public support for measures to reduce the harm of smoking. 2022 [cited 30th April 2026]. Available from: <https://ash.org.uk/uploads/Fifteen-smokefree-years.pdf>

⁴ CDC. Heated Tobacco Products. Smoking and Tobacco Use. 2024 [cited 30th April 2026]. Available from: <https://www.cdc.gov/tobacco/other-tobacco-products/heated-tobacco-products.html>

⁵ ASH. Heated tobacco. 2025 [cited 30th April 2026]. Available from: <https://ash.org.uk/key-topics/heated-tobacco>

⁶ Simonavicius E, McNeill A, Shahab L, Brose LS. Heat-not-burn tobacco products: a systematic literature review. *Tobacco Control*. 2018;28(5):582–94 [cited 30th April 2026]. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC6824610/>

⁷ Imura Y, Tabuchi T. Exposure to Secondhand Heated-Tobacco-Product Aerosol May Cause Similar Incidence of Asthma Attack and Chest Pain to Secondhand Cigarette Exposure: The JASTIS 2019 Study. *International Journal of Environmental Research and Public Health*. 2021;18(4):1766 [cited 30th April 2026]. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC7918904/>

⁸ ASH. Vaping: what you need to know. 2025 [cited 30th April 2026]. Available from: <https://ash.org.uk/key-topics/vaping-what-you-need-to-know>

⁹ Tattan-Birch H, Brown J, Jackson SE, Jarvis MJ, Shahab L. Secondhand Nicotine Absorption From E-Cigarette Vapor vs Tobacco Smoke in Children. *JAMA Network Open*. 2024;7(7):e2421246 [cited 30th April 2026]. Available from: [https://pmc.ncbi.nlm.nih.gov/articles/PMC11240186/#:~:text=or%20thirdhand\)%20smoke,-Conclusions,nicotine%20and%20other%20noxious%20substances](https://pmc.ncbi.nlm.nih.gov/articles/PMC11240186/#:~:text=or%20thirdhand)%20smoke,-Conclusions,nicotine%20and%20other%20noxious%20substances)

¹⁰ ASH. Use of vapes (e-cigarettes) among adults in Great Britain. 2025 [cited 30th April 2026]. Available from: <https://ash.org.uk/resources/view/use-of-e-cigarettes-among-adults-in-great-britain>

¹¹ ASH. Youth vaping: the facts. 2025 [cited 30th April 2026]. Available from: <https://ash.org.uk/key-topics/youth-vaping>

¹² Davies N, Murray R, Morling JR, Bains M, Jones M, Langley TE. Impact of the UK's smokefree generation policy on tobacco-related equity in England: a simulation study. *Tobacco Control*. 2026;tc-2025-059669 [cited 30th April 2026]. Available from: <https://tobaccocontrol.bmj.com/content/early/2026/01/29/tc-2025-059669?rss=1>