



## Smokefree, heated tobacco-free and vape-free places in England

Response from Fresh

7<sup>th</sup> May 2026

### **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)

Our response is in the context of our North East Declaration for a Smokefree Future (<https://www.fresh-balance.co.uk/news/partners-supporting-north-east-declaration/>) from Fresh, the Association of Directors of Public Health North East and the North East and North Cumbria (NENC) NHS Integrated Care Board, which states that:

*“A smokefree future, free of the death and disease from tobacco, is needed, wanted and workable. This would improve the health and wealth of our region’s most disadvantaged communities more than any other measure”.*

We are focussing our efforts to achieve zero smoking and would welcome national commitment to this ambition.

The leading rationale for smoke-free outdoor areas should be normalisation – creating environments through which smokers are encouraged to quit, those who have quit are encouraged to stay quit, and non-smokers are discouraged from taking up smoking.

We believe there is strong evidence to make public children’s playgrounds, outdoor areas of health and social care settings and education settings smoke-free, as per the consultation proposals.

In this context, we think that additional smoke-free settings should also be considered, including:

- Outdoor hospitality settings: alcohol use is often a factor for relapsing to smoking and this could be mitigated if e.g. pub gardens are made smoke-free. Making these settings smoke-free would also protect the workforce from secondhand smoke exposure.
- Sports pitches where children take part in organised activities
- Transport hubs: these are areas where people congregate, often in close proximity and often including children.
- University campuses: the first cohort impacted by the smokefree generation policy will begin attending university from September 2027. Making universities smokefree would help to reinforce impact.
- Private outdoor children’s playgrounds: this would support enforcement as well as provide consistency across settings, regardless of ownership.
- Pavement seating areas. A North East local authority was the first in the country to implement 100% smokefree pavement seating through the pavement licensing process, and others have since followed. We recommend applying this to all relevant pavement seating to promote the normalisation of smokefree areas.

Implementation will need to be preceded by adequate communications to highlight that smoke-free places are the norm, to support early compliance and to remove the need for heavy-handed enforcement and encourage a self-enforcing approach.

For health and care settings in particular, clear guidance on enforcement and how to support smokers to comply will be essential to avoid penalising vulnerable groups (e.g. for smoking in hospital grounds). All smokers in hospital should be supported to be abstinent

from smoking during their stay and the Government should work with the NHS to ensure comprehensive implementation of tobacco dependency treatment services and smokefree policies before the policy is introduced.

The majority of the harm from secondhand smoke exposure comes from home environments. Many people remain exposed particularly children, and many health and care workers reported exposure at work, much of this likely occurring during home visits. The Government should develop a strategy to reduce exposure to smoking in the home to prevent such exposure.

Action on tobacco is highly popular with the public: details are outlined at the end.

(500 words)

### **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
- 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)

Secondhand tobacco smoke kills. While England benefits from strong legislation to protect people from exposure in a variety of enclosed places through the Health Act 2006, there are still many exemptions to this, as the consultation document points out.

We think this is a missed opportunity for the Government to consult on the smoke-free exemptions in current legislation alongside the exemptions for the extension of the law, particularly for cigar and pipe tobacco sampling; the exemption related to artistic integrity of performances (e.g. on stage), and the indoor smokefree exemption for care homes and hospices.

On the latter point, smoking rates in England have more than halved since the introduction of existing smoke-free legislation, from 24% to 10.4%, and people aged over 65 are 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. The exemption is outdated and should be removed. Allowing smoking outside care homes – as per the consultation proposals – will ensure that residents continue to have an accessible location to smoke.

Relating to exemptions for smoke-free outdoor areas, regulations will need to make it clear that these are for those who live in those settings. For example, in the case of health and care outdoor areas, those who work or visit the settings should not be exempted.

We would welcome clarity from the Government around the smoke-free outdoor proposals for mental health settings: in the detailed list of places, mental health hospitals are listed as in scope, and under 'exemptions to smoke-free outdoor places,' mental health residential facilities are in scope. There are some people for whom their residence is a mental health hospital therefore clarity is needed for this setting. We need to be clear that the grounds of secure mental health settings should not be exempted from smokefree laws as this would undermine hospital smoke-free policies.

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.

While we agree that certain exemptions are needed on the basis that some settings are residential, it must also be noted that most smokers want to quit and regret having started, including people who smoke and live in these settings. It is therefore vital that stop smoking support is available and that residents are fully aware of that support.

We also encourage the Government to recognise that there has been a significant decline in smoking rates and a shift in culture related to smoking since the Health Act 2006. In the last 20 years, increasing numbers of organisations have introduced voluntary outdoor smoking areas for both staff and, where appropriate, residents – we would not want any new policies to undermine progress in these areas.

(500 words)

### **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)

The same points that have been made above, in relation to smoke-free outdoor areas and exemptions, apply here.

These proposals would bring clarity that that use of heated tobacco products (HTPs) in certain indoor settings would be a breach of regulations under the Health Act 2006. This is welcome alongside the recognition in the Tobacco and Vapes Bill that HTP promotion constitutes a breach of tobacco advertising laws.

We know that the tobacco industry have often tried to promote HTPs as smokefree but independent research (<https://pubmed.ncbi.nlm.nih.gov/35811880/>) for example on the leading HTP product on the market – PMI's IQOS – found “emissions fit the definition of being both aerosol and smoke.”

We also note that independent academics ([https://exposetobacco.org/wp-content/uploads/PMJ-leaked-marketing-blueprint\\_EN.pdf](https://exposetobacco.org/wp-content/uploads/PMJ-leaked-marketing-blueprint_EN.pdf)) have suggested the motivation for the 'smokefree' label could be to circumvent current smoke-free laws, which would permit HTPs to be used in places where smoking is banned, thereby undermining the law.

However, we do recognise that more research is needed into the health impacts of heated tobacco products and where they might be placed on a continuum of harm of other tobacco and nicotine products. Until there is robust evidence, we encourage the Government to treat heated tobacco products in line with other tobacco products.

(206 words)

### **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)

The same points that have been made above, in relation to smoke-free outdoor areas and exemptions, apply here.

In addition, we note that the exemption in current smoke-free legislation to allow cigars and pipe tobacco to be sampled will not apply to heated tobacco products. We would suggest that this demonstrates greater regulation for heated tobacco products than cigars and pipes. A level playing field should be created which removes any tobacco sampling exemptions altogether.

### **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)

These proposals must not inadvertently equate vaping with smoking.

Smoking remains uniquely lethal and is the leading cause of preventable death. Policies blurring the distinction between smoking and vaping risk discouraging smokers from switching to significantly less harmful alternatives, potentially undermining progress towards a smokefree future.

Policy should be grounded evidence, i.e. the OHID-commissioned review of nicotine vaping in England (<https://www.gov.uk/government/publications/nicotine-vaping-in-england-2022-evidence-update>), which clearly establishes that cigarettes are the most lethal consumer product, vaping poses only a fraction of the risk of tobacco smoking, and smokers should be supported to quit, including by fully switching to vapes.

At the same time, vapes are not risk-free and should not be used by children or by adults who have never smoked. The measures set out in the Tobacco and Vapes Bill are of critical importance for reducing youth vaping. However, these measures must be designed carefully to avoid unintentionally deterring adult smokers from switching to less harmful products.

Public misperceptions about vaping have worsened over the last decade, with many adults believing vapes are equally or more harmful than smoking. These misunderstandings discourage some smokers from switching completely. Clear, effective Government and NHS England communication on the relative risks of smoking and vaping is essential to improve public understanding.

### **Indoor vape-free places**

There is a case for some indoor smoke-free places also becoming vape-free, particularly as many venues already apply voluntary policies. However, such decisions should not be justified based on harm. Current evidence, including the OHID review and NHS advice (<https://www.nhs.uk/better-health/quit-smoking/ready-to-quit-smoking/vaping-to-quit-smoking/vaping-myths-and-the-facts/>), shows that evidence of harm to bystanders from vaping is limited and inconclusive.

People trying to quit smoking would ideally use their vape – or other cessation aid – as needed. Consideration should therefore be given to enclosed spaces that may not need to be vape-free, particularly where only the vaper is present. For example, heavy goods vehicle drivers on long-distance journeys with no passengers should be permitted to vape, provided all road-safety requirements are met.

On vehicles more generally, awareness and compliance with smoke-free private vehicle legislation remains low. Given the well-established dangers of secondhand smoke in enclosed spaces, the Government should strengthen awareness and enforcement and consider extending smoke-free legislation to all vehicles, as outlined in the APPG on Smoking and Health's A Roadmap to a Smokefree Country (<https://ash.org.uk/resources/view/a-roadmap-to-a-smokefree-country-no-one-starts-everyone-stops-no-profit-in-tobacco>).

### **Outdoor vape-free places**

As with indoor spaces, policies on outdoor vape-free areas should not currently be based on harm. Instead, decisions should focus on reducing children's exposure to vaping behaviour through role-modelling.

Any new vaping policy must be communicated carefully with clear national guidance from the outset. Smokers should continue to receive clear messaging that stopping smoking is the best action for their health and finances, and that effective quitting tools - including vaping - are available. Policy should avoid undermining NHS and local authority recommendation of vaping as a cessation method.

In summary, this is a complex issue and a phased, evidence-led approach should be adopted, prioritising smoke-free areas first, and extending to vape-free policies once a robust evidence base is established.

(499 words)

### **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 are supportive of the proposal that outdoor areas of health and care settings will not be included in the scope of vape-free places, recognising that nicotine vaping is far less harmful than smoking and that vapes are a highly effective tool for quitting smoking.

All NENC NHS Trusts are vape-friendly and are supportive of the use of vapes for harm minimisation and for smoking cessation.

We are also supportive of the proposal to exempt smoking cessation service settings from indoor vape-free places to allow vapes to be used under the supervision of a healthcare professional as a form of treatment in these settings: people need to be shown how to effectively use a vape and this is not always straightforward. Experience in NENC is that this has been highly effective in supporting smokers to make an immediate switch from

tobacco to vapes. This exemption needs to cover an appropriate range of partners and settings, noting that support is often commissioned from and delivered by agencies outside of the local authority or NHS.

Important work is underway in the North East to support priority groups to stop smoking, such as refugee and asylum seekers. This work is delivered in the communities in which they live, often indoors and often involving the use of a vape. Agencies supporting people from all priority groups should be able to make use of this exemption and provide vital and effective stop smoking support.

The Government should therefore produce guidance for services setting out the eligibility and rationale for the exemption. This will need to be clearly communicated to ensure that services in a range of settings are not deterred from taking advantage of the exemption due to a lack of awareness or clarity.

Alongside this, we recommend that guidance is produced on vaping to ensure that NHS staff are equipped with the knowledge needed to navigate vape-free legislation and facilitate continued use of vapes for smoking cessation.

Regarding the indoor vaping exemption for mental health residential facilities: following conversations with mental health trusts in the region, we ask the Government to consider explicitly including mental health hospital settings in this exemption. Vapes play a significant role in supporting this priority population group to remain smokefree and introducing vape-free indoor environments could present considerable challenges, both in terms of patient engagement and practical enforcement for staff. There is also concern that restricting indoor vape use may reduce patients' willingness to use vapes as an alternative to tobacco.

We note there is currently no exemption for specialist vape shops to allow vaping indoors. This needs further consideration, recognising that some vape shops are providing valuable quit smoking support in their communities. A specific definition of 'specialist vape shop' would need to be agreed along with the terms under which vaping can take place i.e. for the purposes of providing stop smoking support. The current proposal feels disproportionate given the current smoke-free exemption for specialist tobacconists and represents greater regulation for vaping than for smoking – the smoke-free exemption for tobacconists should therefore be repealed.

(500 words)

### **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)

Our view is that the simplest approach – approach 3, site boundary only – would be best, to aid understanding, compliance and enforcement.

We would, however, encourage further consultation between the Government, those who will be tasked with enforcement, and those who work in a range of settings where boundaries differ, to take account of the range of views. For example, from an NHS perspective, conversations with NHS Trusts in the North East where there are variable hospital grounds sites, the 10 metre perimeter would be unworkable particularly as some sites often border residential streets.

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

(111 words)

### **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 note that the Government has said it will not be prescriptive on the design of signage and that pdf templates will be provided for sites to use which will be freely available online to print.

However, we would urge the Government to consider seriously the benefits of nationally mandating signage requirements, as happened in with the introduction of the smoke-free law in 2007. Consistent signage, supported by an effective communications strategy, led to high awareness and high compliance from day one of the legislation, and a similar approach needs to be taken this time.

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 quit smoking support
- Where smoking and vaping are both prohibited, not inadvertently suggesting that they are equal in terms of harm
- Avoid perpetuating myths about nicotine – many quitters are using nicotine to successfully stay off tobacco
- Accessibility issues like visual impairment and different languages.

From NHS experience in the North East, there has been a lot of signage developed to try to communicate (voluntary) smokefree sites to the public. Awareness of this policy change won't come about through signage alone but needs to be reinforced through a comprehensive communications campaign targeting visitors and staff across all relevant settings.

(223 words)

### **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)

There are numerous scenarios in which exemptions will be permitted in these policy proposals, covering:

- smoke-free outdoor areas
- heated tobacco-free indoor areas
- heated tobacco-free outdoor areas
- vape-free indoor areas
- vape-free outdoor areas

This reflects the complexity of the proposals and as such, it will be imperative that the appropriate amount of time is built into the policy development process to think all of this through carefully involving relevant stakeholders.

Once developed, clear national guidance and communication will be needed from the outset for people in charge of designating areas, those who are affected by them, and those responsible for enforcement. We know that such guidance helped to support smokefree legislation and has also informed local policies around vaping.

This guidance should emphasise the public health benefits of vape-free 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. This guidance should encourage decision makers to consider any unintended consequences from not utilising potential vape-free exemptions.

As highlighted already, it is important that vaping and smoking are not conflated and that communication is clear on the role of vaping as a quitting aid.

Key areas for consideration are:

- ensuring that people who vape do not have to use the same area as those who smoke
- 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 smoking areas.

(339 words)

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)

Our thoughts on this are as follows:

- We would hope that by allowing vaping on hospital sites, including by staff, this would represent positive role-modelling to other staff and patients who may smoke, demonstrating that switching from smoking to vaping is a positive step.
- Given that most people who vape used to smoke, it will be important to avoid vapers finding that their only option is to vape alongside those who are smoking tobacco to avoid any risk of relapse.
- We welcome the amendment to the Tobacco and Vapes Bill that gives the Government powers to act on cigarette filters. If this Government were to ban cigarette filters, this would go a considerable way towards reducing smoking-related litter.

(119 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)

Initially we had considered that the proposed six-month implementation period was reasonable, providing that it was supported by a national media and communications campaign to raise awareness of the changes along with the benefits of quitting smoking.

However, having now had the time to consider the proposals in full, we don't think six months will be long enough for 100% implementation.

There are some areas which are relatively straightforward and for which six months is likely to be long enough, for example, implementing smoke-free and heated tobacco-free outdoor areas.

It would seem that that the other policy proposals are complex and will require more time to consider, including the risks of unintended consequences, therefore a phased approach should be considered.

The Government should prioritise the elements of the Tobacco and Vapes Bill relating to the packaging and promotion of vapes where there is a strong evidence base in relation to reducing appeal and attractiveness of vapes to young people.

(159 words)

### **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)

We have numerous concerns about the impact assessment, particularly in relation to its framing of nicotine and its references to the impact of vaping, including:

- Framing nicotine as a primary health risk. This reinforces widespread misperceptions, potentially leading smokers to under-dose nicotine when using vapes, reducing their effectiveness as a cessation aid and increasing the likelihood of relapse to smoking.
- One of the benefits of vape-free policies is identified as ‘health gains from reduced vaping’ – this may imply that reductions in vaping are inherently beneficial when, for many, vaping represents a successful route away from smoking. We recommend reframing this to focus specifically on reductions in youth vaping.
- Similarly, the proposed benefit of ‘utility of individuals who do not vape’ – noting that most people who vape are former smokers and that switching to vapes can improve utility after smoking cessation.
- We have concerns about the quality of the evidence cited in relation to secondhand vaping harms. The current evidence base is limited and does not demonstrate material harm. Overstating this risk may unintentionally deter smokers from switching to less harmful alternatives. When the impact assessment is updated, we suggest that it focuses more on the youth behavioural impacts rather than limited evidence of harms.

The final impact assessment will need to take account of all costs relating to enforcement, in consultation with Environmental Health colleagues. We hope that new measures will be largely self-regulating – particularly if accompanied by sufficient public communications ahead of implementation – and that significant levels of enforcement would not be necessary, though the proposals would benefit from a deeper understanding of the potential impact on key partners such as Environmental Health.

Engagement with local authority colleagues at a national level will be vital in order to fully understand likely costs outside of enforcement e.g. street cleaning.

(299 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)

The primary benefits of this policy could be:

- Reduced tobacco smoking
- Reduced exposure to tobacco smoke
- Among smokers, increased uptake of vaping – and other tobacco alternatives – to quit smoking
- Increased understanding of the role of vaping in smoking cessation
- Reduced normalisation of smoking and vaping among young people

A robust monitoring framework will be needed to measure the impact of this policy.

(64 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)

We note that the prison estate is outside of the consultation scope. However, a review of prison healthcare is needed in relation to treating tobacco dependency and guidance should be produced which recommends use of a full range of stop smoking aids, including vapes, to manage tobacco addiction among this high priority population group where smoking rates are often four times that of the general population.

Separately, regulatory colleagues have advised that care must be taken in situations where the person breaching any future smoke-free, heated-tobacco free and vape-free regulations is under 18.

(66 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)

There are risks of unintended consequences, particularly given other forthcoming regulatory changes through the Tobacco and Vapes Bill and, outside of DHSC, the vaping products duty from October 2026.

The main potential unintended consequences are:

- The development of policies which inadvertently equate vaping with smoking
- Growing misperceptions about the harm of vaping
- The reinforcement of myths around vaping. An effective quit attempt using a vape tends to require more regular titration than tobacco smoking: legislation must consider this in order not to undermine successful quits which are being promoted and managed by frontline NHS and local authority services
- Smokers being reluctant to switch over to vapes
- Former smokers currently using vapes going back to smoking
- Stigmatisation of people who smoke and vape unless there is good understanding of addiction, dependency, and the difference between the two.

A robust mechanism to track any unintended consequences is needed, alongside building in flexibility to recalibrate regulations should they arise.

Above all, a coherent, cross-government communications campaign is needed to encourage smokers to quit and to highlight the many ways to quit smoking, including through vaping.

We urge the Government to set out a clear strategic vision to articulate clearly what the overall goal is in relation to smoking. In the North East we are focussed on a totally Smokefree Future as set out in our Declaration: Fresh is aiming for zero tobacco smoking by 2040 or as close to this as can be achieved. Whilst we welcome many of the key policies within the Bill, we believe there should also be a roadmap for a smokefree country – essentially a new Tobacco Control Plan for England – which would draw together all the

key developments, policies and map out the roles and responsibilities through effective system working to help achieve a smokefree country.

(298 words)

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

We note in the impact assessment that DHSC have commissioned research via the National Institute for Health and Care Research to better understand the potential impact the of the proposed regulatory approach on vape-free places (paragraph 39). We would value more information about this research and would argue that this is another reason to allow more time for policy development so that the outcome can be appropriately considered and used to help inform the approach.

### **Public opinion**

As outlined in first question response, action on tobacco is highly popular with the public. Based on North East results from the 2026 Adult Smokefree survey conducted by YouGov on behalf of ASH,\* the following public support for smokefree settings is as follows (data from previous years is also included as stated):

<b>Setting</b>	<b>NE support</b>	<b>NE oppose</b>
Hospitality outdoor areas	63%	20%
All cars	67%	16%
Theatre performances	57%	20%
Children's play areas	94%	2%
University and college grounds	69%	14%
Further education college grounds	73%	12%
Public transport waiting areas	79%	10%
School grounds	93%	3%
Hospital grounds	82%	8%
Outdoor areas where children play sport (2022 YouGov)	79%	7%

There is also support for wider smokefree policies:

- 64% support the smokefree generation legislation (only 14% oppose)
- 68% support making Britain a country where no one smokes (only 13% oppose)
- 46% of NE adults think the Government aren't doing enough to limit smoking – only 10% think they're doing too much.

Policy makers should therefore be reassured that these policies will attract significant support.

\*All figures, unless otherwise stated, are from YouGov Plc. Total sample size for the North East was 623 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 adults (aged 18+).

(299 words)