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

Yorkshire Cancer Research response, 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)

Smoking remains the largest preventable cause of cancer in the UK. Tobacco smoking contributes to approximately 14% of all cancers in England and 72% of lung cancers.[1, 2] Tobacco smoking causes at least 16 different cancer types, including lung cancer.[3]

In Yorkshire, the burden of harm from smoking is substantial. Smoking-related illnesses cause 7,456 deaths each year, and smoking leads to around 4,909 cancer cases annually across the region.[2, 4, 5]

Yorkshire continues to face particularly high levels of smoking compared to the rest of England. As of 2024, 12.2% of adults aged 18 and above in Yorkshire smoke, this is equivalent to one in eight adults compared to one in ten (10.4%) nationally.[4] Yorkshire has the highest smoking prevalence of all nine English regions and was one of only two regions to see an increase in smoking prevalence between 2023 and 2024, rather than a decrease. Without significant additional action, the region is not expected to reach the 5% smoke-free target until 2043.

Given this context, extending smoke-free legislation to outdoor public settings is a necessary and proportionate public health measure that will help reduce exposure to second-hand smoke and support progress towards smoke-free ambitions. Second-hand smoke is known to increase the risk of serious health conditions including lung cancer, heart disease and stroke, and children are particularly vulnerable. Babies and children exposed to second hand-smoke have increased risk of asthma, respiratory infections, meningitis and sudden infant death. Reducing exposure in public spaces where children and families spend time is therefore essential.

Yorkshire Cancer Research strongly supports the proposal to make public children's playgrounds smoke-free. Playgrounds are environments designed specifically for children, and allowing smoking in these spaces exposes them to avoidable harm while normalising tobacco use.

However, limiting the policy to playgrounds with council involvement risks leaving some children unprotected. To ensure equitable protection, the Charity recommend that all children's play areas, including privately run playgrounds, are included within smoke-free regulations.

Yorkshire Cancer Research also supports the proposal to make outdoor areas of health and care settings smoke-free, as well as the proposed list of settings. These environments serve people who are ill, pregnant, elderly or otherwise clinically vulnerable, for whom exposure to tobacco smoke is particularly harmful. Smoke-free health and care settings also reinforce efforts to support people who smoke to quit.

Similarly, the Charity agrees in principle with the proposals to make outdoor areas of education smoke-free. Educational environments should protect children and young people from exposure to tobacco smoke and discourage uptake of smoking. Yorkshire Cancer Research recommends that consideration is also given to the inclusion of university campuses, given that young adulthood is a key period for smoking initiation and that this would reinforce wider smoke-free ambitions.

In addition, there are other outdoor settings where extending smoke-free protections would provide public health benefit. These include public transport hubs and waiting areas such as bus stops and train stations where people, including children and those with health conditions, congregate in proximity. Outdoor hospitality spaces, particularly pavement seating areas, should also be considered to protect staff, customers and passers-by from exposure to second-hand smoke.

Overall, extending smoke-free outdoor places is a vital step towards reducing smoke relayed harm, protecting children and vulnerable groups and supporting efforts to reduce smoking prevalence in Yorkshire, where the need for action remains particularly urgent.

## 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)

> Yorkshire Cancer Research agrees with the proposed exemptions as people living in these settings may be unable to leave easily and therefore people who smoke may need a dedicated outdoor smoking area. This should be in an area easily avoidable for other residents and should only apply to residents, who may not be easily able to leave, and not visitors or staff.

## 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)

Yorkshire Cancer Research agree with the above proposals for all current and future smoke-free places to be heated tobacco-free.

Heated tobacco should be treated as equivalent to smoking rather than vaping products. There is some argument, often from tobacco companies, that heated tobacco should be treated as a harm reduction alternative to traditional cigarettes. However, there is not enough independent, high quality evidence to demonstrate that heated tobacco devices are a viable harm reduction alternative, with a 2022 Cochrane Review highlighting that much of the existing research into heated tobacco products is funded by the tobacco industry.[6] Heated tobacco products are also not currently recommended for smoking cessation by NICE.

Moreover, heated tobacco products are unnecessary as a harm reduction alternative to cigarettes. Vaping products are not only proven to be a safer alternative to cigarettes, but they are also a more popular stop smoking device. Heated tobacco products were only used in 1% of most recent quit attempts in January 2026, compared to e-cigarettes which were used in 37.1% of most recent quit attempts.[7] [8] Vaping products are far less harmful than smoking and switching completely to vapes can improve health substantially when compared to continuing to smoke. Vaping products are also the most popular stop smoking tool in England. It has been estimated that there are up to 50,700 additional quitters a year in England and 4,900 a year in Yorkshire because of vaping products.[9, 10]

Heated tobacco is therefore neither proven to be a safe harm reduction alternative to cigarettes nor are a popular quit method. Therefore the ‘harm reduction’ argument should not be an obstacle to regulating heated tobacco products. In addition, there is limited public awareness of heated tobacco products, allowing them to be used in spaces which are smoke-free may lead to confusion about where smoke-free 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

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)

Yorkshire Cancer Research welcomes proposals to create vape-free places where these aim to reduce the appeal of vaping products to young people.

Evidence shows that vaping products are far less harmful than smoking. Switching completely from smoking to vaping is likely to convey substantial health benefits over continued smoking.[11-13] Vaping products are also the most popular and effective smoking cessation tool.[14] Yorkshire Cancer Research estimates suggest that there are 4,900 additional quitters each year in Yorkshire because of vaping products.[10] However, vaping is not completely risk free and therefore should not be used by people who do not smoke and are not at risk of smoking. It is therefore crucial that measures balance maintaining the availability and acceptability of vaping products and reducing their appeal to young people.

As acknowledged in the impact assessment, the proposal to make all indoor smoke-free places vape-free may have the unintended consequence of reducing the effectiveness of vaping products as a smoking cessation tool. Maintaining a clear distinction between vape-free and smoke-free places is important to avoid people assuming that second hand vaping and smoking pose similar risks. Currently 56% of British adults and 53% of all smokers hold the incorrect belief that vaping is as or more harmful than smoking.[15] Blurring the lines between vape-free and smoke-free places may exacerbate this misconception. The exemption for smoking cessation settings is welcome; however, it may be insufficient to mitigate this risk. Alongside the exception for smoking cessation settings there is a need for a clear communication strategy and supporting guidance for vape-free places. This should be carefully developed to ensure that measures do not unintentionally worsen misunderstandings about the comparative harms of vaping and smoking.

The focus of vape-free places measures should shift from the limited harms of second-hand vape exposure to the benefits of reducing the number of children who see adults vaping. There is strong evidence that exposure to smoking in media and social environments increases the likelihood that young people will start smoking.[16-18] There are reasons to expect that exposure to adult vaping may have a similar effect. In contrast, the evidence of harm from second-hand vaping remains very weak.[12, 19]

Finally, the Government should set out how it intends to assess the public health impact of vape-free spaces given many workplaces and businesses already prohibit vaping.

## 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)

Yorkshire Cancer Research supports the proposed exemptions to vape-free legislation for smoking cessation services and mental health residential facilities. However, the exemption for smoking cessation settings should be extended beyond just those delivered by a local authority or the NHS to include all smoking cessation services commissioned by the NHS. This would avoid unintentionally excluding services based solely on how they have been commissioned. The exemption should also be extended to stop smoking service funded and delivered by third parties, such as charities, provided they are free to access and delivered by trained advisors in line with recognised, evidence-based support models. For example, Yorkshire Cancer Research offers free stop smoking support to people who smoke across Yorkshire, including up to 12 weeks of behavioural support and access to free NRT and vapes. Since launching in 2024, the service has supported more than 1,000 people on their quit journey, with vapes proving to be an important cessation option alongside established treatments. It is important that exemptions to vape-free places apply to these services, so the value of vaping products as a smoking cessation tool is maintained across all smoking cessation services. It is essential the exemption is accompanied by clear guidance defining what constitutes an ‘evidence-based stop smoking service’. This would prevent misuse of the exemption to permit vaping under the guise of cessation support, while ensuring that high-quality services, such as those delivered by Yorkshire Cancer Research, are able to continue supporting people to quit smoking effectively.

Guidance on eligibility criteria must be communicated effectively so that eligible services are not discouraged from using the exemption due to uncertainty or lack of awareness about how it applies. It should also reflect the wide range of local settings in which stop-smoking support is delivered, including charity delivered services. Smoking cessation practitioners and service leaders should be provided with the skills and understanding required to operate within vape-free legislation, while continuing to support the use of vapes as a smoking cessation tool.

Finally, Yorkshire Cancer Research disagrees with the proposal to retain the existing exemption allowing product sampling indoors for specialist tobacconists, while introducing a ban on vaping in vape shops. This results in a scenario where premises selling tobacco products are operating under more lenient restrictions than those selling vapes, despite the significantly lower harms associated with vaping. The Government should either remove the exemption for specialist tobacconists or introduce a comparable sampling exemption for specialist vape shops, in order to support public health objectives.

## 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 three is likely to be the most straightforward to enforce. Extending restrictions beyond the site boundary risks creating confusion, both about where the boundary is drawn and who is responsible for enforcement. All boundaries should also be supported by clear and consistent signage, so the public understands where smoking, vaping and the use of heated tobacco products are permitted or prohibited.

## 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)

> Yorkshire Cancer Research recommends that the wording, placement, size and design of signage for indoor and outdoor smoke-free, vape-free and heated tobacco product-free areas are mandated in law. Mandating these elements would ensure accuracy and national consistency, supporting both public compliance and effective enforcement by removing ambiguity about the status of any given location. This approach reflects the proven success of standardised signage introduced alongside indoor smoke-free legislation.
>
> The Government should also require standardised wording and clearly defined placement of signage in locations where exemptions apply, particularly in relation to vape-free exemptions, to ensure that both staff and members of the public are fully aware of where these exemptions operate.
>
> In developing signage requirements, the Government should take into account a number of key considerations, including: ensuring clarity about where smoking is prohibited and where vaping is permitted; incorporating opportunities to signpost individuals to smoking cessation support; avoiding messaging that implies equivalence of harm between smoking and vaping in settings where both are prohibited and addressing accessibility needs, including visual impairment and the use of multiple 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 accompany the introduction of any exemptions. A consistent national framework would support local authorities, employers and institutions to apply exemptions proportionately and based on public health principles, while avoiding unnecessary variation or confusion.
>
> Guidance should clearly reflect the current evidence on the relative risks of vaping compared with tobacco smoking. It should recognise that vaping, while not risk free, poses substantially lower health risks than smoking and plays an important role as a smoking cessation tool. Decision-makers should be encouraged to consider the potential unintended consequences of not utilising vape-free exemptions, such as discouraging smoking cessation, increasing relapse risk or forcing vapers to use

shared smoking areas where exposure to tobacco smoke may undermine quit attempts.

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)

## 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)

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

## References


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