ash scotland
Taking Action on Smoking and Health

TAKE A BREATH:
Smoke-free and SAFE

Abbreviations used throughout the report:

ASH Scotland	Action on Smoking and Health (Scotland)
COSLA	Convention of Scottish Local Authorities
EHO	Environmental Health Officer
EHS	Environmental Health Services (a statutory local government function)
FCTC	WHO Framework Convention on Tobacco Control
GP	General Practitioner
HHP	Heated Herbal Product
HTP	Heated Tobacco Product
NHS	National Health Service (in Scotland unless otherwise defined)
NRT	Nicotine Replacement Therapy
QYW	Quit Your Way (the NHS smoking cessation service in Scotland)
SAFE	Smoke and Aerosol-Free Environment
SHS	Second-Hand Smoke
SLWG	Short Life Working Group
UNCRC	United Nations Convention on Rights of a Child
2005 Act	Smoking, Health and Social Care (Scotland) Act 2005
2006 regulations	Prohibition of Smoking in Certain Premises (Scotland) Regulations 2006
2016 Act	Health (Tobacco, Nicotine, etc. and Care) (Scotland) Act 2016
2022 regulations	Prohibition of Smoking Outside Hospital Buildings (Scotland) Regulations 2022

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Foreword

The health risks of tobacco smoke are well established. In 2025, the World Health Organization (WHO) recommended 100% smoke-free public and workplace environments as its top short-term priority intervention to prevent deaths from non-communicable diseases[1]. This cost-effective measure is expected to reduce tobacco use, delivering tangible health benefits within a year.

In March 2026, Scotland marked 20 years since the introduction of smoke-free legislation in enclosed public spaces—a milestone in public health. Backed by a thorough and robust research evaluation programme[2], which demonstrated population health benefits in under two years, this legislation motivated the Scottish Parliament to go further in setting a target to halve the number of children exposed to tobacco smoke (2013, achieved by 2020), prohibiting smoking in vehicles with children present (2016) and providing in legislation for (2016), and implementing (2022), a protective smoke-free area around NHS Scotland hospital buildings. Scotland's original smoke-free legislation worked well because it was understood and widely supported.

The Short-Life Working Group membership was drawn from organisations involved in the implementation and enforcement of the regulations around NHS Scotland hospital buildings, from third and public sector stakeholders, and had input from Public Health Wales, where hospital grounds are fully smoke-free by law, from Public Health Sweden, where SAFE (Smoke-and Aerosol-Free Environments) legislation covering a variety of spaces had already been enacted, and from the Scottish Government.

ASH Scotland is deeply grateful to the members of the Short Life Working Group for their commitment and contributions in shaping this report which brings feedback from the group's discussions and considers what may come next for the future of SAFE spaces in Scotland, making recommendations to help support the effectiveness of the implementation, compliance and enforcement of current and future legislation. Any inaccuracies or omissions are ASH Scotland's.

The group supported extending smoke-free provisions to include recreational aerosol nicotine devices like vapes and heated tobacco products, to support the understanding of and compliance with the policy, to support quit attempts by removing visual cues to smoke or vape, and to help establish health-promoting environments that protect the health of children growing up in Scotland.

Following the UK Tobacco and Vapes legislation, Members of the Scottish Parliament elected in 2026 will have both an opportunity and a responsibility to safeguard public health by extending protections from second-hand smoke, reasserting Scotland's leadership in public health policy.

Executive summary

In 2024, ASH Scotland was invited by the Scottish Government to lead a short-life working group to assess the implementation of regulations that prohibit smoking within 15 metres of NHS Scotland hospital buildings, and to make recommendations for the future development of smoke-free, vape-free and heated tobacco-free spaces.

Part one of this report explores some of the learning and experiences of staff working in NHS Scotland buildings, enforcement authorities and others as they navigated the implementation of and compliance with these regulations alongside the pressures of post-COVID recovery. The working group acknowledged the success of smoke-free legislation while identifying potential lessons for future implementation improvement, including the need of clarity for staff regarding expectations and roles; the need for good planning and scheduling to avoid rushed timelines and poor coordination; and the need to communicate with and prepare the public, to generate understanding of and support for the policy aims.

The group considered evidence and experiences from stakeholders in Scotland, Wales and Sweden; a summary of a rapid review of international literature on smoke-free hospital grounds carried out by academics at the University of Stirling; a survey conducted by the Royal Environmental Health Institute of Scotland (REHIS) and feedback from NHS Scotland staff on the implementation of hospital grounds smoke-free regulations in Scotland.

Issues that were considered emotive and potentially contentious included the close association of high smoking rates with socio-economic deprivation; the availability, visibility and promotion of tobacco and related products in low-income communities; high smoking rates amongst those experiencing anxiety or mental health problems; that those in and around hospital buildings may be dealing with difficult personal circumstances. Navigating such issues requires balancing compassion for individuals with as consistent and comprehensive a policy environment as can be achieved to protect the health of those growing up towards a tobacco-free Scotland.

Introduction and scope

In 2024, the Scottish Government invited ASH Scotland to convene a Short Life Working Group (SLWG) to explore the implementation of NHS hospital smoke-free perimeters and recommendations for the future development of issue of Smoke and Aerosol-Free Environments (SAFE).

The following commitments are in the first *Tobacco and Vaping Framework: Roadmap to 2034* implementation plan[3]:

- **Review the effectiveness of *The Prohibition of Smoking Outside Hospital Buildings (Scotland) Regulations 2022*[4] which prohibited smoking within 15 metres of any NHS building.**
- **Understand the impact of this policy and wider policy options that could be implemented to enhance its effectiveness and options to extend policy in the future.**

The remit of the SLWG was to develop a set of recommendations and learning that could contribute to future national implementation plans of the Tobacco and Vaping Framework.

Its purposes were two-fold:

Purpose 1: Identify learning and recommendations from implementing NHS Scotland hospital buildings smoke-free perimeters

Review the implementation of 2022 regulations enacting measures in 2016 legislation[5] which extended existing indoor smoke-free legislation (implemented 2006) out to encompass a 15-metre no smoking area around NHS Scotland hospital buildings, to protect doorways, windows and vents from second-hand smoke (SHS) ingress. Specifically:

- **Review the implementation of the regulations and identify lessons for implementing future similar policy measures.**
- **Seek diverse perspectives on current compliance, drawing out lessons for better effectiveness of existing measures.**
- **Consider similar approaches beyond Scotland, highlighting learning**
- **Note any inequalities considerations and concerns, including potential mitigations.**

Purpose 2: Make recommendations towards a smoke-free and SAFE future

- **Identify learning from good practice examples beyond Scotland.**
- **Indicate options for further expansion of existing smoke-free legislation.**
- **Identify evidence and recommend approaches to creating SAFE spaces.**
- **Highlight evidence and data gaps.**

The SLWG aimed throughout this process to highlight any inequality issues raised as part of the review and make recommendations to address these.

The group was drawn from organisations involved in the implementation, compliance and enforcement of the regulations, those with an interest in the topic, and included inputs from Public Health Wales, where hospital grounds are fully smoke-free by law, and Public Health in Sweden, where SAFE legislation covering a variety of spaces had already been enacted.

Evidence for the report was gathered from:

- **Discussions and shared experiences.**
- **Presentations on specific topics, including experiences from outside Scotland.**
- **Reports and a survey carried out by organisations involved in implementation, compliance, and enforcement.**
- **An academic rapid review of the international evidence base on smoke-free hospital grounds.**

Background: Legislation and regulations

Pre-legislative situation

All NHS Scotland hospital grounds (including GP surgeries, health centres, NHS car parks and gardens) had a smoke-free policy and NHS boards were working towards smoke-free estates before the year 2000. Enforcement, however, was limited to asking people to stop or leave. Compliance with NHS Scotland's policy was therefore flagged as an issue.

The Smoking, Health and Social Care (Scotland) Act 2005[6]

The Act prohibited smoking in designated 'no smoking premises' including most workplaces, public transport and other enclosed public places.

Creating a Tobacco-free Generation 2013

A Scottish Government five-year (2013-2018) strategy[7], developed with input from NHS Scotland, COSLA, the third sector and research community, set out the next steps on Scotland's journey to becoming tobacco-free with the themes of prevention, protection and cessation. It was a non-legislative action point implemented by the NHS Estate in Scotland from this strategy that brought about smoke-free grounds by March 2015. A refreshed five-year strategy (2018-2023) was in place from 2018[8], and the Scottish Government's Tobacco and Vaping Framework was introduced in 2023, with two-year action-focused implementation plans.

The Health (Tobacco, Nicotine, etc. and Care) (Scotland) Act 2016

A Part of the 2016 Act included provision for secondary legislative powers to enforce no smoking areas outside NHS Scotland hospital buildings and amended the Smoking, Health and Social Care (Scotland) Act 2005.

The 2016 Act created designated no smoking areas outside hospital buildings, with a defined 15-metre no smoking area and with a requirement that hospitals erect conspicuous no smoking signage.

It made smoking in the 15-metre no smoking area an offence, with fines up to £1,000. Moreover, it established that those responsible for the management and control of the no smoking area would be penalised for knowingly allowing smoking within the 15-metre perimeter, with defences for those who took reasonable precautions. Vapes and heated nicotine products were not a feature in Scotland at the time of the 2005 Act. The 2016 Act permitted exemptions for certain facilities like psychiatric hospitals and hospices, originally intended for a transition period. By 2016, these facilities had transitioned to designated outdoor areas.

Outside of the designated no smoking area, health boards would have discretion to continue operating a no smoking policy. The restrictions would be enforced by hospital authorities, but fines for breaching the regulations were imposed by local authority environmental health services.

Learning from the implementation of the 2022 hospital grounds regulations

Implementation

The 2016 Act enabled Scottish Ministers to bring in regulations to implement any aspect of the 2016 Act. This was cited as the 'Health (Tobacco, Nicotine, etc. and Care) (Scotland) Act 2016 (Commencement No. 5) Regulations 2022' and came into force on 1 March 2022.

Subsequently, the 'Prohibition of Smoking Outside Hospital Buildings (Scotland) Regulations 2022' (herein referred to as the '2022 Regulations') were tabled as a Scottish Statutory Instrument on 27 April 2022 and came into force on 5 September 2022.

The regulations set out how no smoking notices should be displayed, what constitutes hospital buildings and the perimeter distance, and amended the 'Prohibition of Smoking in Certain Premises (Scotland) Regulations 2006'[9] referred to in this report as the 2006 Regulations.

Impact assessments

Several impact assessments were carried out in support of the regulations being proposed by the Scottish Government and considered for approval by the Scottish Parliament, including child rights and wellbeing screening, equality impact assessment and an island communities impact assessment.

The overarching aim of the regulations, supported by these impact assessments, is to:

- Denormalise smoking.
- Reduce tobacco use across the population.
- Prevent and reduce exposure to harmful Second-hand Smoke on NHS hospital grounds.
- Ensure NHS Scotland is an exemplar in promoting public health.

Research evidence

Professor Sean Semple and Dr Rachel O'Donnell from the Institute for Social Marketing and Health at the University of Stirling undertook a rapid review of the published evidence on smoke-free grounds in hospital settings.

The review was conducted to identify studies that have examined the impact of smoke-free hospital grounds policies in terms of smoking frequency or any other direct or indirect effects, including knowledge, attitudes and perceptions, use of smoking cessation services, or enforcement-related activity.

The review examined the international scientific literature between 2014 and 2024 and identified ten relevant studies from hospital settings globally. Six were from Europe, with four in Spain and one each in Denmark and Poland. Additionally, there were two studies in Australia and one each in Vietnam and Canada. Five of the studies were carried out at either one or two hospitals as case studies, while the other five reported data collected from between 13 and 100 hospitals, which were deemed representative of a broader national position in relation to smoking on hospital grounds.

These studies analysed data regarding the presence of smoke-free signage, evidence of recent tobacco use (such as cigarette butts), observed smoking behaviour (staff and

patient compliance), staff understanding of the guidance/legislation, enforcement activities, and smoking consumption or cessation among staff. There were no published data examining patients' perspectives on smoke-free hospital grounds.

In summary, the review identified the following key themes:

- Policies on smoke-free hospital grounds were sometimes incomplete, with evidence of continued smoking frequently reported.
- Health professionals should be role models in supporting tobacco cessation, and smoke-free policies helped health care professionals to take a more active role in tobacco use reduction.
- Continued monitoring and evaluation are necessary to promote the importance of smoke-free environments

Review of the 2022 regulations

Evidence, including written reports referenced or appended to this report, was provided to the SLWG by members with experience of implementation, compliance, enforcement or research into the harms of second-hand smoke and the creation of smoke-free spaces. All evidence was presented to the group for information and discussion.

Implementation

This section relates the experience of NHS Scotland staff involved in health improvement and smoking cessation services, those working in mental health facilities, and facilities management, and considers other factors that would support effective implementation.

The implementation of the regulations lies with NHS Scotland in terms of planning and communicating what would be required, who would be responsible, and what they would be accountable for, following the Scottish Government's guidance in terms of the provision of signage, building work to cover the estate and roll out to NHS Scotland building managers. All staff are expected to support compliance with the regulations (and with any local policy covering the grounds). Therefore, all staff would be required to know what these responsibilities would be and the scope of their authority when engaging with people smoking. The 2022 regulations were implemented at a time when the NHS was recovering after the demands and disruption caused by the COVID pandemic which put pressures on capacity and led to changes in personnel and remits.

NHS Scotland staff concerns

Staff expressed concern on several factors regarding the implementation of the 2022 regulations on NHS Scotland grounds, all of which impacted the effectiveness of the main purpose to create a no smoking area within 15-metres of any NHS hospital building. The following points are drawn from feedback and information from the Smoking Cessation Co-ordinators Group, as requested by the Scottish Health Improvement Managers Group:

Short timescales

There was insufficient time between the publication of the guidance for enacting the legislation and the date of enactment. This resulted in rushed communication plans with inadequate time to develop coordinated action with relevant internal stakeholders and with environmental health officers in each local authority.

Poor communications

Clear, timely communication between key members of NHS Scotland staff responsible for smoke-free actions and the Scottish Government was reportedly variable across health boards.

There were no national mass media publicity promotions of the 2022 regulations, which staff felt would have been useful.

Signage

Signage was not on site in several health board areas before the legislation came into effect. It was felt that there was no visual reinforcement for staff, patients and visitors. The 15 metre no smoking area in many cases was not visually marked out. A clear demarcation of the smoke-free perimeter, along with signage, could have informed people who smoke that the 2022 regulations would preclude them by law from smoking in that area. The Scottish Government considered this was not feasible due to two factors: the size of estates that would need painting and the confusion this could cause for especially people with visual impairments with other markings on NHS Scotland hospital grounds.

Enforcement

There were mixed experiences regarding communication between the health boards and environmental health services. Some effort to bring these parties together before legislation enactment to consider action planning regarding enforcement would have been welcome. Some environmental health services across the country indicated they would not be able to have a presence on NHS Scotland hospital sites.

Promoting the wider benefits of the legislation

Implementation of the 2022 regulations could have been given more impetus by describing the wider benefits beyond the health gains from not breathing in second-hand smoke. For example, the implementation of the 2005 Act was supported by describing how much money NHS Scotland could save due to compliance, and increased opportunities for non-smokers to socialise.[10] These countered arguments from the hospitality industry, which believed the legislation would harm their business.

Mental health facilities

There were difficulties in implementing the 2022 regulations on sites providing mental health care, particularly in-patient care, for a population with historically high smoking prevalence rates. People with mental health issues smoke more cigarettes per day and are more addicted to nicotine[11].

Implementation is particularly challenging in settings where people are very unwell, especially if patients are required to leave the grounds to smoke. There are implications for staff who may have to accompany patients to smoke within a designated area and for patients who might abscond. Discussions with the Scottish Government took place, and these challenges were reportedly encountered across sites in Scotland. Implementation should consider the needs of patients, the character of the environment, and additional challenges that may be encountered and balance these against the intent of the policy to protect health and save lives.

Current implementation activity

Health boards continue to work on staff training, signage, and communications to improve compliance with the regulations. Other actions taken to support implementation include Tobacco Champions at mental health sites and ensuring that Quit Your Way Scotland[i] personnel and services are visible in all healthcare sites, as well as recorded messages and positive visual encouragement to abstain from smoking. Some health boards have conducted surveys and consultations to evaluate how the regulations were implemented. During discussions, SLWG members expressed the view that some health boards still find implementation challenging.

Compliance

In this report, 'compliance' refers to actions to ensure people on hospital grounds follow the regulations voluntarily and 'enforcement' refers to when sanctions are applied to individuals for not following the regulations.

The factors that impacted the implementation of the 2022 regulations continued to have an impact on compliance after the regulations were enacted. There were other factors identified which may have impacted compliance.

Lack of designated smoking areas

Some NHS Scotland staff suggested that the removal of smoking shelters led to more people smoking outside entrances to buildings and suggested that the provision of a dedicated smoking area/shelter might encourage people who smoke to go there rather than ignore the regulation or policy. Experience from Wales suggested that this could be viewed as weakening the smoke-free policy.

Where environmental health services were involved in compliance and enforcement, they noted that for those people who did engage with them, many would respond positively, but would want to know where they could go to smoke.

Caution was expressed that designated smoking areas can act as a signal to encourage smoking, diluting an NHS Scotland policy which aims to provide smoke-free grounds in a healthcare setting.

i Quit Your Way Scotland is an NHS smoking cessation service run by NHS 24, local health boards and community pharmacies.

NHS responsibilities

In one local authority Environmental Health Staff commented that they felt that the NHS Scotland staff did not understand their duties and responsibilities regarding compliance and expected environmental health services to manage the issue of non-compliance. This suggests the need for better NHS Scotland staff awareness and communications around enforcing the 2022 regulations.

Compliance by visitors and patients with the regulations might be undermined by the sight of NHS Scotland staff smoking on the grounds or even within 15 metres of an NHS Scotland building. Staff awareness and observance are a vital part of maintaining compliance.

Within eight weeks of the 2005 legislation, there was a recorded 99.4% compliance rate in pubs[12]. This was reinforced by a comprehensive national evaluation strategy that reported on short-term benefits e.g. to bar staff who were previously exposed to tobacco smoke and, over the longer term, on health gains in terms of fewer heart attacks, strokes and child asthma attack admissions to NHS hospitals[13].

Other activities to support compliance

Some NHS health boards in Scotland have a system of broadcasting public messages but cannot be independently operated at a time of need.

Compliance is hindered by the appearance of tobacco (and subsequently vaping) waste discarded on the grounds. The sight of this waste may suggest that smoking/vaping is permitted and may also act as a trigger to relapse for some people who have given up smoking. This would be overcome by the quick removal of such waste.

The legislation has been successful in the respect that most people who smoke now comply with the regulations and smoke-free policies by not smoking on hospital grounds and are now aware that exposing others to second-hand smoke is a health risk. It has also been successful in raising awareness of tobacco smoke as a harmful substance.

Enforcement

Formal enforcement actions under smoke-free legislation are the responsibility of environmental health services. NHS Scotland staff have no legal authority to impose sanctions, except regarding other health service staff, for example through disciplinary procedures.

Environmental health

Environmental health is primarily a local authority responsibility with a close alignment to public health that strives to improve, protect and maintain health and wellbeing through action on the physical environment and life circumstances.

By statute, each local authority in Scotland is required to establish an environmental health function within its organisational structure.

The Environmental Health Services in Scotland are primarily concerned with protecting the

public from the harmful exposures they may encounter in the environment. Environmental Health Officers are public health professionals, educated to degree level and professionally qualified. They have the authority to issue fixed penalty notices to anyone contravening environmental protection regulations, including breaches of the 15-metre no smoking area regulation. This SLWG found that very few local authorities took part in active, on-site enforcement in Scotland because services did not have the resources to do this (see Figure 2).

Other issues

- There was no additional funding for local environmental services to enforce the 2022 regulations. Although health boards were aware of their responsibilities around education, encouragement and behaviour change, the feeling to date by patients and visitors who raised issues with boards is that they want to see change, and they want to know if people are being fined for smoking in designated no smoking areas.

- Communication between health boards and local authority environmental health services was mixed. Attempts to bring parties together before the implementation of the regulations to consider action planning regarding enforcement would have been welcome, and an approach that coordinates action for maximum impact may make best use of limited resources across sectors.

- Enforcement of the 15-metre no smoking area regulation is challenging, as the 2022 regulations are only about that area for which fixed penalty notices can be issued or prosecutions can take place for those not complying. NHS Scotland policy, however, is for the whole grounds, including the 15-metre no smoking areas, but no sanctions can be imposed against someone not employed by the health board for not complying with the policy beyond those areas. The 2022 regulations may be further compromised where the 15-metre no smoking area is not visually delineated, which could allow some people to offer a defence that they did not realise they were within that area.

- Some environmental health services across the country have indicated they do not have the resources to carry out proactive work in respect of monitoring smoking on NHS Scotland hospital grounds (see Figure 2). If there are 'hot spots' where the 2022 regulations are consistently not adhered to or problem areas of non-compliance, health boards can approach their local authority for support. The clear indication across Scotland is that spot checks have not happened and are unlikely to happen without a clear agreed strategy.

- When considering any type of enforcement, the impact on patients and visitors must be considered. It has been suggested that enforcement could be viewed as insensitive such as when someone has just received bad news about their own or a loved one's health. As the aim is to create positive understanding and promote compliance, and to change social norms, a stepped 4Es approach is preferred, backed by advance awareness raising, preparation, and signposting to support for tobacco and nicotine dependency.

- The 4Es: Engage, Educate, Encourage and Enforce. These steps are used in environmental enforcement and regulation, focusing on achieving compliance and promoting healthy environmental practices, using penalties as a final resort.

Figure 1: REHIS Survey of Local Authority Engagement in Enforcement of the 2022 Regulations

A survey by the Royal Environmental Health Institute of Scotland (REHIS) of 16 local authorities revealed significant challenges in enforcing smoking legislation around Scottish hospitals.

Only four out of 16 local authorities have a formal enforcement policy, and three of the 16 reported having taken formal enforcement actions (issuing fixed penalty notices, warning letters, or letters to hospitals). While most (13) report using the '4 Es' approach (Engage, Educate, Encourage, Enforce), comments indicate there is a lack of proactive engagement.

Key concerns raised by the local authorities include:

- **Low priority: Enforcement of this legislation is not considered a priority.**
- **Resource limitations: Services lack the funding and staff to conduct proactive monitoring or respond effectively to complaints.**
- **Responsibility parameters: Local authorities emphasised that the NHS holds the primary responsibility for managing site compliance.**
- **Staff safety: Enforcement can lead to aggression from the public, posing safety concerns for staff.**
- **Lack of complaints: Some authorities haven't received any complaints therefore taking active enforcement activity is unlikely.**

(Source: REHIS, January 2025)

The survey highlights a significant gap in the formal enforcement of smoke-free hospital perimeters, mainly due to a lack of priority and resources.

Only 4 out of 16 local authorities have a formal enforcement policy

Police Scotland

Responding to complaints about people smoking on NHS Scotland hospital grounds is generally not a priority for Police Scotland, however, they will support agencies involved in enforcement if their actions result in an escalation from violating the smoking ban to other acts that may require police action.

Enforcement responsibilities

Formal enforcement of the 2022 regulations, including issuing fixed penalty notices, is the responsibility of Environmental Health Services. Police Scotland has responsibility for enforcing the law banning smoking in vehicles with children present.

Conclusions

Healthcare services play a vital role in proactively addressing the tobacco epidemic and protecting population health. Smoke-free provisions in and around hospital buildings protect patients from exposure to an avoidable pollutant and avoid reinforcing the impression that smoking is a normal adult activity.

This review of the Prohibition of Smoking Outside Hospital Buildings (Scotland) Regulations 2022 has highlighted critical learning points from its implementation, compliance and enforcement, particularly concerning the challenges faced by NHS Scotland staff and Local Authority enforcement teams, the need for robust communication and the current limitations in enforcement resourcing and capacity.

The SLWG has provided invaluable insights into the complexities and opportunities regarding the creation of smoke-free spaces across Scotland that can help to strengthen future regulations to extend smoke-free and vape- and aerosol-free environments.

Evaluating the 2022 regulations

Drawing on the evidence base and experience of the implementation, compliance and enforcement of the 2022 regulations, effective smoking bans on NHS hospital grounds in Scotland required a multi-faceted approach and, for the regulations to be more effective, should have included:

Pre-implementation

The implementation of legislation requires a high level of planning to effectively engage all those who will have a responsibility for the implementation process and adequate time to deliver the plan. In this case, there were some implementation gaps due to the relatively short time between the regulations being passed by the Scottish Parliament and coming into force.

Implementation

All resources required to support compliance should have been in place before the date of enactment. NHS Scotland staff needed to be better supported with earlier training about their own responsibilities, the responsibilities of enforcement agencies and the scope of the legislation in the space they are working in.

A national publicity campaign about any new regulations targeting people who may use a new smoke-free space would have helped communicate the policy intent and generate support ahead of implementation.

Compliance

Compliance may be compromised if, as in the case of NHS Scotland grounds, there is a perceived conflict between a health service policy that hospital grounds are smoke-free and legislation that only covers a small part of the estate. This could result in a fixed penalty notice being issued for someone smoking within the 15-metre no smoking area but not for someone smoking just a few feet outside of it.

Enforcement

Health boards across Scotland could have been better prepared for the implementation of regulations, with an agreed approach with local partners who hold statutory powers of enforcement and the consideration of using a ‘4Es’ strategy as a stepped and shared approach. The need for adequate capacity and resourcing of enforcement was emphasised.

Recommendations

The recommendations in this report draw on evidence and diverse perspectives which aim to help inform the second implementation plan of the Scottish Government's Tobacco and Vaping Framework: Roadmap to 2034.

Learning identified from the implementation, compliance, and enforcement of the 2022 regulations (purpose 1 of the SLWG) includes:

HOW? Systems and processes

→ National and local leadership:

Leadership by the Scottish Government and COSLA/local councils was needed to emphasise the importance of tackling tobacco use as a public health priority both nationally and locally, and to affirm the importance of measures to keep smoking rates on a downward track towards reaching Scotland's tobacco-free goal by 2034. Government communications of the 2022 regulations focused more on penalties, missing a valuable opportunity for public engagement and education.

→ Preparations and scheduling

Some health boards areas said that signage had arrived late and was not in place for the implementation date. Ensure timelines and dates for implementation are confirmed and that equipment (e.g. signage, recorded audio messaging) is delivered and in place and consider using patient correspondence and local and national media to help raise awareness in advance of impending changes.

→ Monitoring and evaluation

An effective system of evaluation should be considered: including establishing and monitoring targets and collecting baseline data ahead of implementation; work with stakeholders including health professionals, third sector advocates and academics to identify key evaluation questions and set clear accountabilities, identify data sources and agree reporting milestones.

→ Reporting and learning

Build in defined periodic feedback and analysis to identify barriers or emerging issues, as well as successes and good practice; disseminate solutions-focused learning to enable continuous improvement.

→ Enforcement:

- Ensure that resources and capacity keep pace with need and demands.
- Consider and plan a periodic day or a week of coordinated cross-sectoral enforcement activities to raise public awareness and maximise the impacts of individual organisations' contributions, especially during times of restricted capacity and constrained resources. This would also allow for agreed coordinated action to escalate enforcement actions if needed.
- Ensure those with enforcement responsibilities have the necessary allocated funding and capacity to contribute to effective enforcement.

→ Comprehensive and consistent policies:

- Comprehensive policies should be backed by offers of smoking cessation support.
- Ensure the prompt removal of smoking related litter on grounds to reinforce the policy/regulations.
- The SLWG considered the merits of partial approaches (such as part smoke-free grounds and providing smoking shelters), and the majority view was that partial measures are harder to understand and enforce and can undermine messaging.
- The use of tobacco products is harmful to health. It was noted, however, that these products have been deceptively marketed as beneficial for stress, and that people with multiple disadvantages are more likely to use them and to experience consequent addictions or dependencies. The SLWG underlined the need always to balance clear policies that are implemented as fully as possible with offering compassion and support to individuals.

WHO? People

→ Effective communications

Ensure effective advance communications.

- The Scottish Government should map stakeholders and work with them to develop key messages and communications plans that explain the policy intention and benefits, as well as giving information on practical changes.
- NHS health boards and local councils in Scotland should engage with and brief staff and develop communications plans for the public to support the reach of these messages, explain changes and signpost sources of support and embed these in correspondence ahead of planned appointments or admissions.

- Pay attention to sectors that are points of contact with people likely to be affected by the changes e.g. community pharmacy, community mental health, and GP practices.

→ Clarity on roles and responsibilities

Some NHS Scotland staff had wanted enforcement support from Environmental Health Services and some staff reported being unsure of their roles in relation to the new regulations.

→ Staff support, preparation and planning

Some staff felt disengaged or unsure regarding expectations. Colleagues from Wales stressed the importance of starting by engaging with the whole workforce, explaining the impending changes and rationale, with the offer of behavioural and medicinal support to staff for smoking cessation and abstinence support. A clear statement of staff policy and, if required, using staff disciplinary processes would ensure compliance and address persistent breaches.

→ Compliance and enforcement

Some issues were raised regarding confusion over enforcement areas in grounds and the lack of enforcement levers for NHS Scotland staff. The staged 4Es enforcement approach generally adopted during the COVID -19 pandemic, to "engage, explain, encourage and if necessary, enforce", was recognised as good, but needs to be applied as a whole system multi-sectoral approach. Some health boards employed staff to monitor, advise and assist, particularly in the early days of implementation.

WHERE? Place-based recommendations

→ Signage and cues

Ensure signage is in place ahead of implementation and that advance notice is given to patients and visitors through routine correspondence, including signposting to smoking cessation support.

→ Reinforce messaging

Ensure prompt removal of all tobacco and related litter on the grounds to avoid prompting thoughts of smoking. Consider visual and audio cues e.g. introduce voice messaging in doorways that can be activated as required from reception.

→ Consistent and comprehensive approach

Make all NHS Scotland hospital grounds fully smoke-free environments to avoid confusion about the policy.

The Global Network for Tobacco Free Health Services sets out a rationale, provides a self-audit toolkit and lists eight key elements for going tobacco-free.[14]

Case study: Smoke-free hospital grounds in Wales

Following on from the law implemented in Wales in 2007 that prohibited smoking in 'enclosed' or 'substantially enclosed' public places and workplaces, legislation introduced in Wales in March 2021 extended smoke-free protection to some outdoor areas including hospital grounds, school grounds and public playgrounds, as well as outdoor day care and child-minding settings.

Indoor protections were further extended in 2022 to include fully smoke-free hospitality establishments and self-contained holiday accommodation, to end smoking rooms in mental health units, to increase protections in adult care homes and adult hospices, and for people working in others' homes or receiving goods or services from a dwelling[15]*.*

Looking to the future – smoke-free, vape-free and SAFE (Smoke and Aerosol-free Environments)

As well as reviewing the lessons learned from the 2022 implementation extending indoor smoke-free legislation to include a 15-metre outdoor perimeter around NHS hospital buildings in Scotland, the Short Life Working Group was also tasked with considering future directions for extending protections from exposure to second-hand smoke, vapour and heated product aerosols. Implementation of these measures is expected to be considered following a national consultation when the Tobacco and Vapes Bill is passed.

Implementation of these measures is expected to be considered following a national consultation when the Tobacco and Vapes Bill becomes law. In making these recommendations, the group considered evidence of exposure in terms of the health harms of breathing in these pollutants as well as the impacts of these products being used around children and adults seeking to quit. Health colleagues from Sweden shared their experience of introducing SAFE as a precautionary measure.

Background

Scotland's 2006 smoke-free legislation, the first to be introduced in the UK and one of the first in Europe, is recognised as a major public health success[16]. A comprehensive programme of research evaluation funded by the Scottish Government demonstrated that this legislation produced health and societal benefits[17].

Among other benefits, it led to a 17% reduction in adult heart attack admissions to Scottish hospitals, reversing a previous rising trend[18], and to an 18% decline in child asthma admissions[19]. Second-hand smoke exposure among bar workers was reduced by 86%[20] and there were measurable improvements in their health[21] after implementation. More than 80% of second-hand smoke is invisible and without smell yet contains toxic chemicals and ultra-fine particles that can cause harm to lungs and the bloodstream[22].

This legislation was widely debated and consulted on as it passed through the Scottish Parliament. A high level of public support was polled for the measure before implementation which increased after, and excellent levels of voluntary public compliance were noted[23].

Reducing smoking and creating smoke-free public places and workplaces are recommended by the World Health Organization (WHO) as highly cost-effective structural public health interventions.[24] Reducing smoking among people with mental illness was identified by WHO in 2021 as the single most effective action for reducing the gap in life expectancy[25].

E-cigarettes raise significant public health concerns at population level due to addiction risks, unknown long-term health effects of exposure to second-hand aerosol, and consistent evidence that young never-smokers who use vapes are up to three times at greater risk of both nicotine addiction and starting to smoke tobacco[26]. The risks of exposure to vapour from heated tobacco and herbal products remain unclear due to the

relative newness of these products, however a number of countries have adopted or are considering precautionary approaches to vapes and heated products to prevent harm, to support quit attempts, and to ensure that policies and legislation are clear, comprehensive and straightforward to enforce.

European public health organisations such as the European Respiratory Society (2024)[27], the European Society of Cardiology (2025)[28], and the International Agency for Research on Cancer in its updated European Code Against Cancer (2026)[29] propose comprehensive Smoke and Aerosol-Free Environments, in line with WHO advice (2025)[30].

Conclusions

Twenty years after implementation, smoke-free enclosed public places are normal to a generation growing up in Scotland. Some groups in society, however, are still being exposed to second-hand smoke including children and workers in domestic settings.

The UK Government's Tobacco and Vapes Bill brings powers to extend smoke-free laws (including extending bans into outdoor areas and bringing particulate aerosol producing products like vapes, heated tobacco and herbal products under legislation). Changes will be enacted under devolved health powers, following consultation in each of the four UK nations[31].

Members of the SLWG agreed on the importance of maintaining the effectiveness of Scotland's existing smoke-free laws as these continue to protect people from breathing harmful tobacco smoke, support quit smoking attempts, and help to denormalise the visibility and use of tobacco for children. Public awareness and enforcement are important in maintaining that integrity. This legislation could be extended, as it was for hospitals, to include outdoor perimeters around public buildings, as well as defined spaces such as playgrounds, beaches and outdoor public events and spaces that are family-friendly.

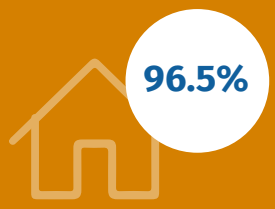
The need for further action to protect people working in settings not covered by existing smoke-free legislation and to protect children and non-smokers from exposure to tobacco smoke at home was discussed, informed by University of Stirling research.

Figure 2

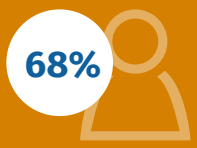
Professor Sean Semple with Dr Rachel O'Donnell presented research indicating current concerns about second-hand smoke exposure in Scotland.

- **Policies should target where most harm occurs**
- **Harm is linked to dose of SHS inhaled**
- **Dose is a function of *Concentration x Time x Breathing volume***
- **Population dose is a function of *Number of people exposed x concentration x time x breathing volume***

96.5% of reported tobacco smoke exposure in Scotland amongst non-smokers occurs in domestic settings with **90.94%** of SHS exposure reported as occurring in people's own homes.



An average working 40-year-old in Scotland spends **68%** of their time at home.



Previous research using air quality monitors in homes suggests tobacco smoke can take **one to five hours** to clear from indoor enclosed spaces.

University of Stirling research

Sweden had mandated Smoke and Aerosol-free Environments, including products like vapes and heated tobacco products which can produce particulate emissions along with smoked tobacco. This policy sent a strong message by removing visual cues to use the products. The group recognised the value of maintaining comprehensive policies that create health-promoting environments.

Case study: SAFE in Sweden

Sweden's pioneering smoke-free legislation from 1993 introduced smoke-free child-care, public premises and transport, and smoke-free school yards. In 2018, under broader Tobacco and Similar Products legislation, Sweden extended its existing smoke-free law on a precautionary basis to include prohibiting the use of e-cigarettes and heated tobacco products in designated smoke-free areas[32 33].

Smoke and Aerosol-Free Environments help to protect the rights of every child to breathe unpolluted air and to enjoy the highest attainable standard of health, both by preventing harmful exposures and by reducing children's exposure to the use of health harming products.

Recommendations

HOW? Systems and processes

→ Lead by example:

- Extend SAFE provisions to all government and public estates.
- Establish SAFE perimeters around public buildings and facilities.
- Protect employees from exposure to tobacco smoke and particulate aerosol emissions.

→ Protect against commercial interference: In line with Scottish and UK commitments to the international public health treaty, the Framework Convention on Tobacco Control (FCTC), take steps at all levels of government and public offices to protect tobacco health policy development and the implementation of regulation from industry interference, including required declarations of interest in consultation processes.

→ Hold corporates financially liable for the harms caused by their products: Tobacco and related products are health harming and costly in human and economic terms. The burden of costs should not fall on public budgets and fiscal recovery measures could include a polluter pays levy, advance collection of disposal costs through a conditional register or licensing fee, a levy on industry profits, and if a minimum unit price is applied for tobacco, windfall taxes. Money generated could be used to support prevention, cessation and enforcement.

→ Ensure adequate funding reaches front line activities:

Budget allocations should be

- Sufficient to the demands of implementation.
- Tied to accountability to ensure funding reaches those tasked with implementation and enforcement duties.

→ Monitor and learn

- Set targets and indicators to monitor progress and ensure progress.
- Create learning cycles to identify barriers and share solutions.
- Share Scotland's learning internationally and learn from European and global good practice.

→ Join up on national and regional enforcement activities

Which may include for example:

- The Scottish Government and UK Government ensure that UK-wide provisions are equitably allocated across the UK and joined up with national activities.
- Major employers and sectors understand their management responsibilities for SAFE/smoke-free and responsibilities of others involved in enforcement (e.g. Environmental Health, Trading Standards, Police Scotland).
- Make Scotland's national Tobacco and Vapes Register conditional so that regulations can be considered and applied making it easier for those breaking the law to be suspended.

→ Cross-sectoral collaboration:

During a time of constrained capacity and resources, joined up and multi-stakeholder approaches can provide good value by reinforcing awareness and enhancing compliance.

WHO? People

A joined-up approach brings complementary expertise and resources to bear. The group considered forward looking recommendations for various sectors.

→ Scottish Government and COSLA/local councils

Work together to promote good practice by:

- Ensuring comprehensive, well-enforced policies across estates and work-force that cover all staff and protect workers from exposure to SHS and SHA in the course of their employment.
- Requiring those in receipt of public funds to have robust smoke-free and SAFE policies in place.
- Setting targets to reduce children's exposure.
- Expanding SAFE provisions in public spaces, by y clearing estates of tobacco and nicotine litter, by requiring health-promoting environments in children's and family spaces.
- Promoting the benefits of SAFE/smoke-free through awareness raising campaigns.
- Allocating funding with accountability for impacts in meeting targets.
- Sharing intelligence and taking enforcement action on breaches of the law.
- Ensuring that communications campaigns promoting the benefits of SAFE/smoke-free measures do not stigmatise consumers but focus on reducing the harms of exposure to health harming pollutants.

→ Health boards and health care providers

Promote good practice by:

- Making management commitments to SAFE and smoke-free working environments with direction to clinical and estates staff.
- Committing to clear communications of policy intent and the roles and expectations for staff.
- Protecting employees from second hand smoke and particulate aerosol exposure at work, including in domestic settings. This may involve agreements for temporary abstinence by patients, and opt-out shift patterns to protect workers who are especially vulnerable to air pollutants, and increasing awareness about effective strategies for clearing the air.
- A Robust response to dealing with staff policy breaches.
- Ensuring public communications about the policy, including by using visual cues, audio cues and pre-admission correspondence and a staged approach to enforcement.
- Offering evidence-based cessation support for quitting vaping and other non-medicinal nicotine products and ensure expert support is targeted at people the greatest need.

→ Education and children's/youth leisure settings

Promote good practice by:

- Having whole school or college SAFE estates and a comprehensive policy approach.
- Designing SAFE sporting facilities and ensuring minimal visibility of tobacco related and recreational nicotine products
- Adults role modelling good practice and confiscating tobacco and related products (e.g. vapes, heated products, nicotine pouches) from children.
- Creating events (concerts and competitive events) that are protected by comprehensively SAFE provisions.
- Providing pathways for support and advice to tackle nicotine addiction.

→ Social care and housing sector

Promote good practice by:

- Protecting employees from second-hand smoke and particulate aerosol exposure at work, including in domestic settings. This may involve agreements for temporary abstinence, and opt-out shift patterns to protect workers who are especially vulnerable to air pollutants, and increasing awareness about effective and ineffective strategies for clearing the air.

- Working with kinship carers and staff in looked-after and accommodated children's facilities to raise their awareness and extend protection from exposure to second-hand tobacco smoke and particulate aerosols and.
- Ensuring positive choices for SAFE social housing are available.

→ Third sector and academics

Promote good practice by:

- Providing and highlighting robust evidence to inform policies.
- Help evaluate and analyse the impacts of measures.
- Monitor and share international good practice.
- Engage with communities and sectors to surface views, issues and propose solutions.
- Analyse policy and challenge tobacco industry misinformation.
- Share Scotland's experiences and findings internationally.

WHERE NEXT? Place-based recommendations

The right to breathe unpolluted air must be prioritised. Tobacco smoke and particulate aerosol emissions are preventable. Some people have heightened health risk e.g. during pregnancy, due to health conditions like asthma, angina, lung, heart and cardiovascular disease or as children who are growing. The Scottish Government should consult on ways of achieving increased protections by various means including laws, policies, education and support, with a view to increasing protection.

→ Maintain existing smoke-free provisions:

Public awareness existing smoke-free laws and the reasons for them was strong around the time of the implementation, however, it needs to be reinforced. The group recommends:

- Public awareness-raising campaigns (like Take it Right Outside) to maintain public understanding of and support for protections from the harmfulness of second-hand smoke exposure.
- Target communication campaigns at specific groups likely to be at high risk (e.g. smoking cessation interventions in pregnancy, people using community-based mental health services, accessing debt counselling, and engagement with children through schools and youth settings.)
- Communications should be co-developed with targeted audiences.

→ Children and Young People First:

Children are at increased risk from exposure to smoke and aerosol pollutants with limited ability to avoid exposure.

- Extend SAFE legislation to cover existing smoke-free areas and outdoor areas, including children's play areas, beaches, outdoor areas of hospitality establishments where food is consumed, outdoor daycare and child-minding settings, college and university grounds, and sports facilities.

→ Motivate healthier homes and domestic workplaces:

- Consult on a range of options to protect people exposed in domestic settings by reducing or eliminating health harming exposure to tobacco smoke and particulate aerosol emissions (in domestic settings – especially to protect children and adults who are vulnerable.
- A public consultation could set out the health harms from exposure, the scale of the problem, and assess views on a range of potential options including raising public awareness (e.g. Take it Right Outside campaign).
- Use of air quality measurements and monitoring for health and social care professionals.
- Providing advice and support and protecting people who risk exposure while working in domestic settings.

There should be a national effort to raise awareness of harms including:

- People exposed to second-hand smoke in the course of their work.
- Children and young people exposed at home or in residential care settings.

→ Comprehensive policy:

Future-proof policy by including all nicotine, synthetic and analogue nicotine and recreational aerosol producing devices like e-cigarettes and heated products within SAFE policy and make existing smoke-free provisions also Smoke and Aerosol-Free Environments. Experience from Sweden suggests that comprehensive clean air policies are easiest to understand and enforce.

ASH Scotland thanks the members of the Short Life Working Group who so generously shared their views and experiences. and shared additional data and research information. The group met five times between September 2024 – April 2025. The recommendations in this report may not reflect the policies of individual SLWG member organisations, but the report is designed to stimulate discussions and help inform future policy consideration.

The work was funded by a grant from the Scottish Government. The recommendations in this report are independent and do not reflect current Scottish Government policy and the report is designed to inform future policy consideration.

Editorial responsibility is ASH Scotland's, but the responsibility for building on Scotland's smoke-free achievements and extending protections lies with us all.

Member organisations of the Short-Life Working Group

- **ASH Scotland**
- **Asthma + Lung UK**
- **NHS Smoking Cessation Coordinators Group (smoking cessation & health improvement, representatives from NHS Dumfries & Galloway and NHS Lanarkshire)**
- **NHS Tayside (in-patient mental health)**
- **National Services Scotland National Planning Group (NHS Greater Glasgow & Clyde)**
- **Police Scotland**
- **Play Scotland**
- **Royal College of Nursing, Scotland**
- **Royal Environmental Health Institute of Scotland (REHIS)**
- **Society of Chief Officers of Environmental Health Scotland**
- **University of Stirling**

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