Policy Briefing: Extending Smoke-free Outdoor Spaces in Wales: Opportunities through the Tobacco and Vapes Act

Introduction

Wales has implemented some of the most comprehensive smoke-free legislation in the UK, progressively extending protections from second-hand smoke (SHS) beyond enclosed public places and workplaces into a range of environments including those used by children and families. Through the Public Health (Wales) Act 2017 and the Smoke-free Premises and Vehicles (Wales) Regulations 2020, smoke-free requirements were extended to school grounds, public playgrounds, outdoor childcare and early years settings, vehicles carrying children and hospital grounds. Subsequent measures further expanded smoke-free protections to self-contained holiday accommodation and mental health units. Collectively, these developments reflect a broader shift in tobacco control policy from solely protecting individuals from SHS exposure towards creating environments where smoking is less visible, less acceptable, and increasingly viewed as outside the social norm.

This shift is particularly important for children and young people, whose attitudes and behaviours are influenced by the environments in which they live, learn and socialise. By reducing the visibility and acceptability of smoking in everyday settings, smoke-free policies can contribute to the denormalisation of tobacco use, helping to reduce smoking uptake among future generations while continuing to protect non-smokers from SHS exposure. Opportunities remain to strengthen these benefits in outdoor public spaces that are not currently covered by legislation, including parks, beaches, sports and recreational facilities, transport waiting areas, outdoor events and hospitality settings, where extending smoke-free policies has the potential to reduce both exposure to SHS and the visibility of smoking in places frequented by children and families, supporting wider ambitions for a Smoke-free Wales.

At a UK level, the Tobacco and Vapes Act present a significant opportunity to strengthen tobacco control and support the creation of a smoke-free generation. In addition to measures designed to phase out the sale of tobacco products to future generations, the Act includes powers to extend smoke-free restrictions (and create vape-free indoor and outdoor public places - not covered by this briefing), providing a legislative mechanism for further policy development in Wales.

This briefing should be read alongside the earlier Public Health Wales (2022) policy briefing, ‘Extending Wales's Current Smoke-free Legislation into Further Public Outdoor Spaces’. The earlier briefing established the public health rationale for extending smoke-free outdoor environments in Wales, while this update incorporates findings from a recent rapid evidence review. Together, the two documents provide the most current evidence base to support future policy development in Wales.

Research overview

Public Health Wales conducted a rapid review of the international evidence on smoke-free outdoor public spaces during May and June 2026. Building on earlier reviews of primary research, this review assessed the public health rationale for extending smoke-free measures to additional outdoor settings in Wales and identified key considerations for implementation. The review focused on evidence from systematic reviews and meta-analyses, synthesising the highest-quality available evidence to inform future policy development. This complements previous Public Health Wales reviews, which were broader in scope and drew mainly on primary research studies and policy case examples.

A relatively small number of applicable systematic reviews and meta-analyses were identified. This

reflects the limited availability of review-level evidence on smoke-free outdoor environments rather than an absence of evidence more broadly. Earlier Public Health Wales reviews, which included primary studies and policy case examples, identified a wider body of evidence that continues to support the public health rationale for extending smoke-free outdoor spaces. As such, the findings of this rapid review should be considered alongside the earlier evidence reviews when informing future policy development in Wales.

Rationale and evidence

Smoke-free outdoor policies: Examples of best practice can be found in Australia, California, Canada, Hong Kong, New York, New Zealand, Sweden, UK and the USA. The policies reviewed cover some or all the following outdoor locations: **Dining Areas** (outdoor seating at restaurants, bars, pubs, cafes), **Entryways** (within a specified distance of doors, windows, and other openings into enclosed public areas), **Public Events** (including concerts, fairs, festivals, farmers markets), **Recreation Areas** (including parks, beaches, sports fields), **Service Areas** (including bus stops, ATM queues, ticket lines, taxi stands), **Pavements** (public pavements, including those within shopping and business areas), Worksites (any outdoor working areas, such as construction sites), and **Institutional Settings** (campus grounds, building entrances, car parks).

Smoke-free legislation is one of the six evidence-based measures within the WHO MPOWER framework [1] and is recognised internationally as a cornerstone of effective tobacco control. As a signatory to the WHO Framework Convention on Tobacco Control (FCTC), Wales is committed to implementing measures that protect people from exposure to SHS and reduce the harms associated with tobacco use [1,2,3].

Public health benefits: Comprehensive smoke-free legislation has been associated with reductions in cardiovascular and respiratory disease, adverse birth outcomes, preterm births, lower respiratory tract infections and childhood asthma admissions [4,5]. These findings are reinforced by Cochrane review evidence demonstrating reductions in hospital admissions for acute coronary events and improvements in mortality following implementation [6].

Outdoor exposure: Although the evidence base for fully open outdoor public spaces remains more limited, studies of outdoor, semi-private and institutional settings indicate that extending smoke-free policies can reduce SHS exposure and improve respiratory outcomes, particularly for children and young people [7]. Exposure studies show that, under certain conditions—such as proximity to smokers or the presence of partial enclosures including awnings and shelters—air pollution levels in outdoor smoking areas can reach concentrations comparable to those found in indoor smoking environments [8,9]. Evidence also suggests that smoke from outdoor smoking areas can infiltrate adjacent indoor spaces, reducing the effectiveness of indoor smoke-free protections [9].

Protecting children and young people: Children and young people are particularly vulnerable to SHS exposure due to their developing respiratory systems, higher breathing rates and limited ability to avoid smoky environments [4,5,6,7]. This is especially relevant in shared public environments frequented by children and families, including beaches, outdoor events, sports facilities, transport waiting areas and hospitality settings, where exposure can be involuntary and where opportunities to avoid SHS are limited [8,9,11,15,16].

Social norms and smoking behaviour: In addition to reducing SHS exposure, smoke-free policies can reduce the visibility and acceptability of smoking in public spaces, supporting broader efforts to

denormalise tobacco use [10,11,15]. Evidence relating to smoking behaviour is more mixed but suggests that smoke-free policies may contribute to reductions in smoking in some settings [6]. Studies examining university campuses have reported reductions in on-site smoking and increases in the proportion of individuals identifying as ex-smokers following the introduction of smoke-free policies [10,13,14]. Institutional settings also provide useful insights into implementation, as their clearly defined boundaries, governance structures and identifiable populations enable assessment of compliance and evaluation of different delivery approaches [10,13,14]. These findings are particularly relevant for young people and young adults, whose attitudes and behaviours are strongly influenced by the social environments in which they live, study and work, particularly during key transition periods such as entering further or higher education, moving into employment, or becoming more independent from the family home [10,11].

Environmental benefits: There is also evidence that smoke-free policies may contribute to reductions in smoking-related litter, including cigarette butts, particularly within institutional and outdoor public settings [8,10,15]. A recent report on the cost of smoking in Wales estimated that smoking-related environmental costs were £241.2 million annually, with these costs more than three times higher in the most deprived communities than in the least deprived [17]. Although the evidence base remains limited, these findings suggest that smoke-free policies may deliver environmental benefits, including financial savings alongside health and social outcomes.

Delivery and implementation considerations

Evidence suggests that smoke-free outdoor policies can be implemented through a range of complementary approaches, including communication and education campaigns, organisational policies, local authority bylaws, and national legislation. These approaches are typically most effective when used in combination rather than as stand-alone interventions.

Communication and public engagement: Communication is a key component of successful implementation. Evidence suggests that raising awareness of the harm of SHS and clearly communicating the purpose, scope and rationale for smoke-free policies can improve public support, reduce positive attitudes towards smoking, and encourage compliance [10,11]. This is particularly important where policies introduce visible changes to public environments, as effective communication helps build understanding, acceptance and clear expectations regarding smoking behaviour. These effects are especially relevant for children, young people and young adults, whose attitudes and behaviours are strongly influenced by social and behavioural norms.

Policy design and implementation: The evidence consistently indicates that comprehensive smoke-free policies are more effective than partial or fragmented approaches. Whole-site or whole-space policies provide greater clarity for the public, reduce opportunities for displacement, and are associated with stronger health and policy outcomes than approaches that rely on designated smoking areas or limited restrictions [4,5,10].

Successful implementation is typically supported by: Successful implementation is typically supported by clear communication, visible signage, ongoing engagement, signposting to smoking cessation support, compliance monitoring and appropriate enforcement arrangements. Evidence from institutional settings suggests that these measures are most effective when delivered as part of a coordinated, whole-setting approach rather than as individual interventions [10]. This reinforces the importance of considering implementation as an ongoing process that supports awareness, acceptance and compliance, rather than as the introduction of a policy alone.

Enforcement and compliance: The available evidence suggests that effective implementation of smoke-free policies is supported by a combination of communication, public awareness, clear social expectations regarding smoking behaviours, and enforcement measures. Legal and regulatory sanctions are an important component of this approach, providing a framework that reinforces expectations, supports policy legitimacy and enables compliance where required [13,16]. Although enforcement is not consistently evaluated in the evidence base, this should not be interpreted as evidence that enforcement is ineffective. Rather, the literature suggests that enforcement forms part of a wider package of implementation measures and may strengthen compliance and policy impact when combined with communication, education and monitoring activities [7]. This highlights the importance of considering enforcement arrangements from the outset, including the roles, powers, resources and operational capacity required to support effective implementation and compliance. Enforcement approaches are also likely to vary between settings, reflecting both differences in how environments are owned, managed and governed locally, and the legislative or regulatory requirements that apply to them. These factors may influence who is responsible for implementation and enforcement, the powers available to support compliance, and the practical ability to monitor and respond to non-compliance.

What does this mean for Wales?

Public Health Wales briefing (2023) policy action recommendations:

- The immediate vicinity (4m/15 feet) of any public entryway,
- Outdoor dining and hospitality settings,
- Public transport waiting areas,
- Outdoor settings where children are present, e.g., recreation areas such as parks, beaches, public events and sports fields.

The findings of the recent rapid evidence review (2026) reinforce the public health rationale for extending smoke-free outdoor environments and provide the following considerations for future policy development, particularly in relation to protecting children and young people from both involuntary exposure to second-hand smoke and the continued visibility of smoking in shared public spaces.

1. Prioritise reducing involuntary exposure to second-hand smoke among children and young people, particularly in settings where they have limited choice or ability to avoid exposure. Consideration should be given to family-oriented environments, such as beaches, recreational spaces, sports facilities, public events and outdoor hospitality settings, where children and young people may be involuntarily exposed to second-hand smoke and where smoking remains visible in everyday social environments.

2. Use institutional settings to inform wider implementation, as evidence suggests smoke-free policies can reduce SHS exposure and support healthier social norms among young adults. Their clearly defined boundaries, governance structures and identifiable populations also provide opportunities to test, monitor and evaluate implementation approaches, generating practical learning on communication, compliance and enforcement that may be transferable to other outdoor settings.

3. Favour comprehensive smoke-free approaches over partial restrictions, as whole-site or whole-space policies are associated with stronger and more consistent health and policy outcomes.

4. Embed implementation planning from the outset, including clear communications, public awareness activity, stakeholder engagement, visible signage, clearly defined boundaries, and smoking cessation signposting.

5. Tailor implementation approaches to different settings, recognising that there is no single delivery model appropriate for all outdoor environments.

6. Ensure compliance and enforcement arrangements are clearly defined, recognising that communication and social norms play an important role, but that legal and regulatory powers provide an important framework for supporting policy implementation where required.

7. Build monitoring and evaluation into future policy developments, enabling Wales to generate setting-specific evidence on implementation, compliance, effectiveness and public acceptability.

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Authors: Public Health Wales: Michael Doogan, Public Health Practitioner; Laura Rich, Principal Public Health Practitioner; Mary-Ann McKibben, Consultant in Public Health.
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Contact details: To access the full Rapid Review (English only) or for any queries in relation to this briefing contact: PHW.TVNAP@wales.nhs.uk

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