

The Smoke-free Premises and Vehicles (Wales) Regulations 2018

Consultation response form

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Responses should be returned by **17 August 2018** to:

Risk Behaviours (Tobacco, Alcohol, Gambling)
Public Health Division
Directorate of Health Policy
Welsh Government
Cathays Park
Cardiff
CF10 3NQ

or completed electronically and sent to: tobaccopolicy@gov.wales

Category of respondent	Primary school	<input type="checkbox"/>
	Secondary school	<input type="checkbox"/>
	Special school	<input type="checkbox"/>
	Maintained school	<input type="checkbox"/>
	Independent school	<input type="checkbox"/>
	Higher education sector	<input type="checkbox"/>
	Further education sector	<input type="checkbox"/>
	Pre-school organisation	<input type="checkbox"/>
	Other childcare setting	<input type="checkbox"/>
	Registered child-minder	<input type="checkbox"/>
	NHS hospital	<input type="checkbox"/>
	Private hospital	<input type="checkbox"/>
	Public health professional	<input type="checkbox"/>
	Local government	<input type="checkbox"/>
	Mental health unit	<input type="checkbox"/>
	Hospitality sector	<input type="checkbox"/>
	Enforcement officer	<input type="checkbox"/>
	Police	<input type="checkbox"/>
	Representative group	<input type="checkbox"/>
	Other public sector organisation	<input type="checkbox"/>
Third sector organisation	<input checked="" type="checkbox"/>	
Private individual	<input type="checkbox"/>	

	Other	<input type="checkbox"/>
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Responses to consultations are likely to be made public, on the internet or in a report. If you would prefer your response to remain anonymous, please tick here:

Questions

The Smoke-free Premises and Vehicles (Wales) Regulations 2018

Question 1 – Do you agree with the overall approach that has been taken to implementing the smoke-free provisions in the Public Health (Wales) Act 2017?

Agree	✓	Disagree	<input type="checkbox"/>	Neither agree nor disagree	<input type="checkbox"/>
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Supporting comments

The British Lung Foundation are pleased to have the opportunity to respond to this consultation. We're the only UK charity looking after the nation's lungs.

We offer hope, help and a voice to patients and their loved ones living with lung disease. Our research finds new treatments and cures. We help people who struggle to breathe to take control of their lives through providing services and campaigning to improve health services.

Tobacco is the leading single cause of premature death in Wales and a major contributor to health inequalities. Smoking-attributable mortality still accounts for over 5,000 deaths each year around one in every six of all deaths in people aged 35 and over.

Smoking is a significant causal factor of poor respiratory health, particularly for chronic obstructive pulmonary disease (COPD) and lung cancer with 35% of all respiratory deaths attributable to smoking in 2015.

We believe the provisions contained in the Act are both workable and proportionate to support a reduction in smoking prevalence.

Definition of substantially enclosed and not enclosed or substantially enclosed

Question 2 – Do you think the proposed amendment to the meaning of 'substantially enclosed' provides clarity as to whether other structures that form part of the perimeter of the premises should be included when assessing whether the premises is 'substantially enclosed'? (Regulation 3(2))

Agree	✓	Disagree	<input type="checkbox"/>	Neither agree nor disagree	<input type="checkbox"/>
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Supporting comments

Question 3 – Do you consider the proposed meaning of ‘not enclosed or substantially enclosed’ provides clarity to the types of premises that such a meaning would relate to? (For example, hospital grounds, school grounds, or public playgrounds.) (Regulation 3(5))

Agree	✓	Disagree	<input type="checkbox"/>	Neither agree nor disagree	<input type="checkbox"/>
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Supporting comments

Exemptions: dwellings

Question 4 – Do you agree with the proposal to exempt dwellings that are workplaces when all of the people who work there are members of the household and when no members of the public might attend the dwelling to receive goods and services? (Regulation 4(1)-(5))

Agree	✓	Disagree	<input type="checkbox"/>	Neither agree nor disagree	<input type="checkbox"/>
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Supporting comments

Question 5 – Do you agree that the following activities should be excluded from the assessment of work when considering whether a dwelling is a workplace under Section 7(2) of the 2017 Act? Please provide evidence to support your response. (Regulation 4(7))

- Providing personal or health care for a person living in the dwelling.
- Assisting with the domestic work of the household in the dwelling.
- Maintaining the structure or fabric of the dwelling.
- Installing, inspecting, maintaining or removing any service provided to the dwelling for the benefit of persons living in it.

Agree	<input type="checkbox"/>	Disagree	✓	Neither agree nor disagree	<input type="checkbox"/>
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Supporting comments

Tobacco smoke contains over 5,000 chemicals, at least 250 of which are known to be harmful and more than 70 of which are carcinogenic.ⁱ Exposure to second-hand smoke (SHS) has been proven to be damaging to the health of non-smokersⁱⁱ, and increasing the likelihood of lung cancer by 20-30%ⁱⁱⁱ. SHS has also been found to be detrimental to children in particular, placing them at higher risk of respiratory infections, asthma, bacterial meningitis and cot death.^{iv} It has been estimated

domestic exposure to SHS in the UK causes around 2,700 deaths in people aged 20-63 and a further 8,000 deaths a year among people aged 65 years and older.

33.5% of people with COPD in Wales smoked in 2014^v, many of whom find it difficult to quit and therefore will be smoking at home. This puts personal or healthcare providers, and others, at risk of exposure to SHS.

We appreciate the need to balance government regulation of public and private spaces. However, we believe that those carrying out activities in dwellings deserve the same protection from SHS as the wider public. Those undertaking activities described in Regulation 4(7) are at risk of exposure to SHS if the 2018 Regulations do not provide that these activities are considered in the assessment of work under Section 7(2) of the 2017 Act. We believe that the regulations under the 2017 Act should be applied to these categories of activities, whereby the dwelling must be smoke-free for the duration that it is used as a workplace, providing some protection to those undertaking activities in those dwellings.

Exemptions: holiday or temporary accommodation

Question 6 – Do you agree that self-contained holiday or temporary accommodation should **never** be smoke-free? If not, please describe the scenario(s) in which you consider such accommodation should be smoke-free. (Regulation 5)

Agree	<input type="checkbox"/>	Disagree	<input type="checkbox"/>	Neither agree nor disagree	<input checked="" type="checkbox"/>
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Supporting comments

There is some evidence that third-hand smoke (THS) can be harmful as smoke can linger on furniture and surfaces, causing harm to other people who use the property at later times.

A 2010 study^{vi} suggested non-smokers living in former smoker’s homes are exposed to THS in dust and on surfaces. In addition, a WHO report on SHS^{vii} states that toxic chemicals from second-hand tobacco smoke contamination persist well beyond the period of active smoking.

We believe the evidence on THS should be regularly reviewed, and if further evidence comes to light a ban should be considered Welsh Government in the future.

Exemptions: adult care homes and adult hospices

Question 7 – Do you agree with the exemption that permits the managers of adult care homes or adult hospices to designate a room in the premises for smoking? (Regulation 6)

Agree	<input type="checkbox"/>	Disagree	<input checked="" type="checkbox"/>	Neither agree nor disagree	<input type="checkbox"/>
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Supporting comments

Echoing earlier responses, there will be individuals living and working in care homes and adult hospices who are non-smokers. Patients and staff have the right to be expected from the harms of tobacco smoke whilst at work or receiving care.

In addition, it would not be guaranteed that smoke from within a designated smoking room would not permeate outwards into communal or other spaces and be inhaled by non-smokers. Exposure to SHS has a major adverse impact on the health of non-smoking bystanders.^{viii ix}

We are therefore of the opinion that this exemption should not be introduced.

Question 8 – Do you agree that a room designated for smoking within an adult care home or adult hospice should be used by residents only? (Regulation 6(2)(a))

Agree	✓	Disagree	<input type="checkbox"/>	Neither agree nor disagree	<input type="checkbox"/>
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Supporting comments

If Regulation 6 were to be introduced, yes.

Exemptions: mental health units

Question 9 – Do you agree with the proposal to remove the exemption that permits the designation of smoking rooms in mental health units? (Regulation 8) (Please note that the removal of the exemption would not prevent the person in charge of the premises from designating outdoor areas as places where patients can smoke).

Agree	✓	Disagree	<input type="checkbox"/>	Neither agree nor disagree	<input type="checkbox"/>
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Supporting comments

We believe that the removal of the exemption for mental health units is essential for the further de-normalisation of smoking and to encourage quit attempts.

In Wales, smoking prevalence among adults dealing with a mental illness and the population average was 14% higher in 2004/05 and rose to 17% higher in 2016/17^{xxi}. People with mental health conditions die on average 10 to 20 years earlier than the general population and smoking is the single largest reason for this.^{xii} They are just as likely to want to quit as the general population but can face barriers to engaging with stop smoking services.^{xiii}

NICE guidance on smoking in secondary care settings issued in 2013 concluded that a smoke-free NHS estate, including all mental health trusts, is essential to providing a healthy environment and promote non-smoking as the norm for people using NHS services^{xiv}. The 2013 NICE guidance also stresses supporting patients to quit smoking requires hospital grounds as well as buildings to be smoke-free, with no exemptions, and therefore shelters or other designated outdoor smoking areas should be removed. NICE guidance rejected calls to permit smoke-free shelters by arguing it consumes staff time and financial resources which would be better used providing effective cessation support and in other aspects of patient care.^{xv}

A 2018 report by the Royal College of Physicians (RCP)^{xvi} evidenced that the implementation of smoke-free policies is often undermined in mental health settings by regular institutionalised smoking breaks which often became a fixation for patients and reduced their motivation to try to quit smoking.³⁴

We further believe that an additional Regulation is required so that e-cigarettes are not restricted by smoke-free policies where evidence shows that the permitted use of e-cigarettes in some spaces would aid successful quit attempts.



Question 10 – Do you agree that the proposed transition period of 18 months after the Regulations come into force is sufficient time to allow mental health units to implement indoor smoke-free conditions in a safe and secure way? (Regulation 8(6))

Agree	✓	Disagree	<input type="checkbox"/>	Neither agree nor disagree	<input type="checkbox"/>
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Supporting comments

Question 11 – Is there anything else that should be taken into account in relation to smoking in residential mental health treatment establishments?

Agree	<input type="checkbox"/>	Disagree	<input type="checkbox"/>	Neither agree nor disagree	<input type="checkbox"/>
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Supporting comments

E-cigarettes are an important method to deal with nicotine withdrawal symptoms and support the effectiveness of a smoke-free policy, as considered in a 2018 RCP report^{xvii}. E-cigarettes have been found to be useful sources of nicotine for mental health patients dealing with nicotine withdrawal symptoms and support the effectiveness of a comprehensive smoke-free policy^{xviii}. This is supported by CQC guidance^{xix} and a statement by ASH England’s ‘Mental Health and Smoking Partnership’.^{xx}

The statement recommends information provided on the use of e-cigarettes, alongside licensed treatments, should form part of the care package for people with mental health conditions who smoke. This advice should include information explaining that e-cigarettes are significantly less harmful than tobacco cigarettes, to counter false beliefs which are found to deter individuals coping with a mental illness from using e-cigarettes instead of cigarettes.^{xxi} Public Health England have also recommended approaches to e-cigarette use are developed to support smoke-free sites.^{xxii}

Although the settings are very different, lessons can be learned from the fact e-cigarettes have also been found as a useful way to develop a smoke-free policy in prisons. For example, a pilot on the Isle of Man^{xxiii} found allowing inmates to use e-cigarettes resulted in a decrease in behaviour warnings (58%), 25% of newly received offenders asking for help to quit smoking and an annual saving of £8,500 on NRT. The report also noted a 2% drop in offender adjudication.

We believe that an additional Regulation is required so that e-cigarettes are not restricted by smoke-free policies where evidence shows that the permitted use of e-cigarettes in some spaces would aid cessation.

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Exemptions: hotels, guesthouses, inns, hostels and members’ clubs

Question 12 – Do you agree with the proposal to remove the exemption that permits the designation of smoking bedrooms in hotels, guesthouses, inns, hostels and members’ clubs? (Regulation 9)

Agree	✓	Disagree	<input type="checkbox"/>	Neither agree nor disagree	<input type="checkbox"/>
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Supporting comments

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Question 13 – Do you agree that the proposed transition period of 12 months after the Regulations come into force is sufficient transition time for hotels, guesthouses, inns, hostels and members’ clubs to remove their smoking bedrooms? (Regulation 9(5))

Agree	<input checked="" type="checkbox"/>	Disagree	<input type="checkbox"/>	Neither agree nor disagree	<input type="checkbox"/>
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Supporting comments

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Smoke-free hospital grounds, school grounds and public playgrounds

Question 14 – Do you consider the proposed conditions for areas designated for smoking in the grounds of schools with residential accommodation are appropriate? (Regulation 10)

Agree	<input type="checkbox"/>	Disagree	<input type="checkbox"/>	Neither agree nor disagree	<input checked="" type="checkbox"/>
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Supporting comments

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Question 15 – Do you consider the proposed conditions for areas designated for smoking in hospital grounds are appropriate? (Regulation 11)

Agree	<input type="checkbox"/>	Disagree	<input type="checkbox"/>	Neither agree nor disagree	<input checked="" type="checkbox"/>
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Supporting comments

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Question 16 – Do you agree that the duty to prevent smoking should **not** be applied by these Regulations to hospital grounds, school grounds and public playgrounds?

Agree	<input checked="" type="checkbox"/>	Disagree	<input type="checkbox"/>	Neither agree nor disagree	<input type="checkbox"/>
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Supporting comments

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No-smoking signs

Question 17 – Do you agree with the proposed reduced requirements for no-smoking signs for enclosed and substantially enclosed premises? (Regulation 12)

Agree	✓	Disagree	<input type="checkbox"/>	Neither agree nor disagree	✓
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Supporting comments

As noted in Question 11, signs should provide clarification on whether e-cigarettes are permitted in certain spaces where cessation would be aided.

Question 18 – Do you agree with the proposed requirements for no-smoking signs in hospital grounds, school grounds and public playgrounds? (Regulation 13)

Agree	✓	Disagree	<input type="checkbox"/>	Neither agree nor disagree	<input type="checkbox"/>
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Supporting comments

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Smoke-free vehicles

Question 19 – Do you agree that vehicles should be smoke-free when being used by only one person for paid or voluntary work purposes whilst carrying a person who is receiving goods or services from another person also in the vehicle? (Regulation 14(3)(a))

Agree	<input type="checkbox"/>	Disagree	✓	Neither agree nor disagree	<input type="checkbox"/>
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Supporting comments

This should fall in line with Regulation 14(5) whereby a vehicle would only be smoke-free during the time when it is being so used as described by Regulations 14.

Question 20 – Do you agree that vehicles being used by only one person for paid or voluntary work purposes whilst carrying a person who is receiving goods or services from another person also in the vehicle should be smoke-free only when being so used? (Regulation 14(5))

Agree	✓	Disagree	<input type="checkbox"/>	Neither agree nor disagree	<input type="checkbox"/>
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Supporting comments

This is a proportionate response to tackling vehicle smoking and exposure to SHS.

Fixed penalty amounts

Question 21 – Do you agree that the fixed penalty amount (£200) and discounted amount (£150) for the offence of failing to provide smoke-free signage that meets the specified requirements are appropriate and proportionate? (Regulations 19(a) and 20(a))

Agree	✓	Disagree	<input type="checkbox"/>	Neither agree nor disagree	<input type="checkbox"/>
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Supporting comments

We agree with maintaining the fixed penalty and discounted amounts as currently stipulated. Any decrease in the penalty amount could be perceived or interpreted as a sign that government is relaxing its efforts to create a smoke-free Wales.

Question 22 – Do you agree that the fixed penalty (£50) and discounted amounts (£30) for the offence of smoking in smoke-free premises are appropriate and proportionate? (Regulations 19(b) and 20(b)).

Agree	✓	Disagree	<input type="checkbox"/>	Neither agree nor disagree	<input type="checkbox"/>
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Supporting comments

Question 23 – Do you agree that the fixed penalty (£50) and discounted amounts (£30) for the offence of failing to prevent smoking in smoke-free private vehicle carrying a person(s) under the age of 18 are appropriate and proportionate? (Regulations 19(c) and 20(c)).

Agree	✓	Disagree	<input type="checkbox"/>	Neither agree nor disagree	<input type="checkbox"/>
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Supporting comments

Additional smoke-free premises

Question 24 – There are no current proposals for additional smoke-free premises; however, we welcome your views on the types of premises that could be considered in future consultations on moving towards the ambition of a smoke-free Wales.

Comments

We would support a range of measures including councils and housing associations offering a proportion of new tenancies as non-smoking tenancies to enable people who want to live in a completely non-smoking environment to do so. Councils, housing associations and Public Health Wales should also provide more publicity around the need to smoke outdoors rather than in the home, and more partnership working should be facilitated between housing providers and stop smoking services to help people quit.

Any other comments

Question 25 – We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them.

Impact Assessment

We have published a number of impact assessments alongside this consultation and would welcome your views on these.

Question 26 – Are you aware of any challenges or positive effects as a result of the proposed regulations that you believe to be missing from the Regulatory Impact Assessment, particular to your field of interest?

Supporting comments

Question 27 - Do you have any comments on the draft impact assessments for Welsh Language, Children's Rights, or Equality and Human Rights? The Equality Act 2010 prescribes protected characteristics that include gender; age; religion; race; sexual orientation; transgender; marriage or civil partnership; pregnancy and maternity; and disability.

Supporting comments

Question 28 – We would like to know your views on the effects the changes and the amendments to regulations would have on the Welsh language, specifically on:

- i) opportunities for people to use Welsh
- ii) treating the Welsh language no less favourably than the English language.

What effects do you think there would be? How could the positive effects be increased, or negative effects be mitigated?

Supporting comments

Question 29 – Please also explain how you believe the proposed policy could be formulated or changed so as to have:

- i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language
- ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

Supporting comments

ⁱ <http://www.cancerresearchuk.org/about-cancer/causes-of-cancer/smoking-and-cancer/whats-in-a-cigarette>

ⁱⁱ Llewellyn DJ, Lang IA, Langa KM, Naughton F, Matthews FE. Exposure to secondhand smoke and cognitive impairment in non-smokers: national cross sectional study with cotinine measurement, *BMJ* , 2009, vol. 338 pg. b462

ⁱⁱⁱ U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.

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- ^v Baxter N, Holzhauser-Barrie J, McMillan V, Saleem Khan M, Roberts CM. (2016) Time to take a breath. National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme: Clinical audit of COPD in primary care in Wales 2014-15. National clinical audit report. London: RCP p.35
- ^{vi} Matt, George E et al. When smokers move out and non-smokers move in: residential thirdhand smoke pollution and exposure. *Tobacco Control*, 2011;20:e1. <http://tobaccocontrol.bmj.com> [Accessed 06 May 2011]
- ^{vii} BBC News 2017. http://www.who.int/tobacco/mpower/2009/c_gtcr_protect_people_tobacco_smoke.pdf
- ^{viii} ITC Project, World Health Organization, and World Heart Federation (April 2012). Cardiovascular harms from tobacco use and secondhand smoke: Global gaps in awareness and implications for action. Waterloo, Ontario, Canada and Geneva, Switzerland.
- ^{ix} U.S. Department of Health and Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.
- ^x National Survey for Wales. <https://gov.wales/docs/statistics/adhocrequests/2017/170821-reported-smoking-prevalence-adults-report-have-long-standing-mental-health-condition-2016-17-en.ods>
- ^{xi} Welsh Health Survey. <https://gov.wales/docs/statistics/adhocrequests/2016/161017-reported-smoking-prevalence-adults-currently-treated-mental-illness-2003-04-to-2015-en.ods>
- ^{xii} Chang CK, Hayes R, Broadbent M, Perera G, Fernandes A, Lee W, Stewart R. Life expectancy at birth for people with serious mental illness and other major disorders from a secondary mental health care case register in London. *PLoS One*. 2011; 6(5): e19590. 9. 4 Royal College of Physicians and Royal College of Psychiatrists. Smoking and Mental Health, 2013
- ^{xiii} NHS Digital, Health Survey for England 2010, 2011.
- ^{xiv} National Institute for Health and Care Excellence (NICE). Smoking: acute, maternity and mental health services (PH48). London: NICE, 2013. nice.org.uk/guidance/ph48 [Accessed 26 February 2018].
- ^{xv} National Institute for Health and Care Excellence (NICE). Smoking: acute, maternity and mental health services (PH48). London: NICE, 2013. nice.org.uk/guidance/ph48 [Accessed 26 February 2018].
- ^{xvi} Royal College of Physicians. Hiding in plain sight: treating tobacco dependency in the NHS. London: RCP, 2018.
- ^{xvii} Royal College of Physicians. Hiding in plain sight: treating tobacco dependency in the NHS. London: RCP, 2018.
- ^{xviii} The Stolen Years: The Mental Health and Smoking Action Report. The report is available at www.ash.org.uk/stolenyears
- ^{xix} Care Quality Commission. Brief guide: smoke-free policies in mental health inpatient services. London: CQC, 2017. www.cqc.org.uk/sites/default/files/20170109_briefguide-smokefree.pdf [Accessed 1 March 2018].
- ^{xx} Action on Smoking and Health (ASH). The stolen years: the mental health and smoking action report. ASH, 2016. <http://ash.org.uk/information-and-resources/reportsubmissions/reports/the-stolen-years/> [Accessed 25 February 2018].
- ^{xxi} Action on Smoking and Health (ASH). The stolen years: the mental health and smoking action report. ASH, 2016. <http://ash.org.uk/information-and-resources/reportsubmissions/reports/the-stolen-years/> [Accessed 25 February 2018].
- ^{xxii} Public Health England. Use of e-cigarettes in public places and workplaces. Advice to inform evidenced-based policy making. London: Public Health England, 2016. www.gov.uk/government/uploads/system/uploads/attachment_data/file/534586/PHE-advice-on-use-of-e-cigarettes-in-public-places-and-workplaces.PDF [Accessed 4 March 2018].
- ^{xxiii} BBC News February 2018. <https://www.bbc.co.uk/news/world-europe-isle-of-man-42909703>