



FOR HR · EHS · WELLBEING LEADS · 2026

# The Tobacco and Vapes **Act 2026.**

*An HR readiness brief for UK manufacturers. The two key dates, the policy and procurement updates, and the structural gap you'll still need to close.*

This brief is for **HR, EHS, and benefits leads at UK manufacturers** planning the 2026 to 2027 policy cycle. It covers what the Act actually changes, when, and on which surfaces of your business. It also names one structural exposure the Act doesn't reach: the workforce already on your shift rosters and on your annual claims report.

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App, NHS signposting, and employer-funded cohort, with honest trade-offs.

**Dr Kirath Sidhu (Harkirath Singh Harbans Singh)**  
Occupational Health Doctor (Malaysia), Quit Smoking Coach

ONLINE  
[kirathsidhu.com](https://kirathsidhu.com)

CORPORATE  
[corporate@kirathsidhu.com](mailto:corporate@kirathsidhu.com)

## Three milestones for the policy calendar.

The Tobacco and Vapes Act 2026 introduces three operational milestones HR teams need on the calendar before the close of 2026. Two are fixed sales-age cut-overs. The third is an outdoor-spaces consultation still in flight, with the outcome landing later in the year.

### **29 OCT 2026** The age-18 line moves across the consumer-nicotine shelf.

#### WHAT CHANGES

Minimum sales age of 18 extends to nicotine pouches, oral pouches, and zero-nicotine vapes. The age-18 floor that already applies to cigarettes now covers the rest of the consumer-nicotine range. Retailers, vending operators, and contractor breakroom suppliers all fall inside the new line.

#### WHAT HR NEEDS TO PLAN FOR

Procurement contract reviews, vending machine inventories, contractor site rules, and on-site security briefings on the new sales-age line. The contractor and concession surfaces are where most employers will find the lag.

### **1 JAN 2027** The rolling generational sales ban begins.

#### WHAT CHANGES

Anyone born on or after 1 January 2009 can never legally be sold tobacco or nicotine products in the UK. The ban is rolling, not a one-off cut-over. Each year, the eligible-buyer cohort moves one year forward.

#### WHAT HR NEEDS TO PLAN FOR

Apprentice intake documents, hiring induction materials, and occupational health screening references. The 2009 cohort starts arriving at apprenticeship gates from late 2026 onward. Induction language should explain the rolling-ban context, not just the current cut-off.

### **LATE 2026** Smoke-free outdoor spaces consultation outcome.

#### WHAT'S PENDING

The UK Government consultation on extending smoke-free perimeters to certain outdoor areas closed on 8 May 2026. The outcome lands later in 2026 and may extend the smoke-free perimeter beyond enclosed spaces.

#### WHAT HR CAN PRE-EMPT NOW

The site-level smoke-free perimeter is an employer call you can make ahead of the consultation outcome, particularly for shared contractor sites where current ambiguity is expensive. A designated-smoker break protocol that survives the consultation outcome is worth drafting this year, not next.

## The policy, procurement, and induction updates.

The checklist below groups the required updates by deadline. Most items sit inside HR or EHS remits; a small number cross into procurement, payroll, and reception. Owner allocation matters more than perfect sequencing.

### Before 29 October 2026

- Update site-canteen procurement contracts to remove or restrict the nicotine-product range to the new age-18 floor.
- Audit vending machine inventories, both company-owned and concession-operated, for compliant ranges.
- Revise contractor breakroom rules and contractor handbooks to align with the new sales-age line.
- Review any on-site tobacco or nicotine-product retail outlets (rare but present on some manufacturing campuses).
- Brief on-site security, reception, and gatehouse teams on the new sales-age line and the contractor-side responsibilities.

### Before 1 January 2027

- Update apprentice intake forms and hiring documents to reference the 1 January 2009 cohort cut-off.
- Refresh induction materials so the rolling-ban context is correctly explained to new starters across all intake cohorts.
- Revise occupational health screening prompts to capture nicotine-product exposure beyond cigarettes (pouches, midwakh, vaping, oral nicotine).
- Coordinate with payroll and benefits teams if any nicotine-product subsidies, vouchers, or co-payment arrangements exist in current packages.
- Brief line managers and shift supervisors on the rolling-ban mechanics so the message to apprentices is consistent across sites.

### Pre-empt the outdoor-spaces outcome

- Define the site-level smoke-free perimeter ahead of regulatory ambiguity, particularly for shared contractor sites.
- Draft a designated-smoker break protocol that survives any extension of the smoke-free perimeter.
- Update mental-health and stress-leave policy language so designated smokers are not unintentionally excluded from break or rest provisions.
- Coordinate with site facilities on shelter, signage, and waste-management implications of any extended perimeter.

## The workforce already on your shift rosters.

Every milestone on page two moves the floor for new starters. None of them reach the workforce already on your site, on your shift rosters, and on your annual claims report. That cohort is where the structural cost sits, and it stays where it sits unless something is done about the people already on the wrong side of the policy floor.

### UK ADULT AVERAGE

# 12.7%

Smoking prevalence, ONS 2024 figure.

### UK MANUFACTURING LINE

# 16–20%

Production and shift-floor crew smoking prevalence band.

### ASH UK ESTIMATE

# £1,887

Annual cost per smoker to the employer, productivity and absence load.

### WORKED EXAMPLE: ANNUAL STRUCTURAL COST BY HEADCOUNT

Line workforce	At 16% prevalence	At 18% prevalence	At 20% prevalence
250 workers	£75K	£85K	£94K
500 workers	£151K	£170K	£189K
1,000 workers	£302K	£340K	£377K
2,500 workers	£755K	£849K	£944K
5,000 workers	£1.51M	£1.70M	£1.89M

Calculation: line workforce × prevalence × £1,887 (ASH UK per-smoker annual cost).

**These are conservative figures.** They exclude elevated insurance-premium loadings, increased occupational health consultation rates, smoking-attributable presenteeism beyond the productivity figure, and ESG-reporting drag. The line on your annual claims report is real money, every year, in the baseline state. The Tobacco and Vapes Act 2026 doesn't change it.

## Three approaches, with honest trade-offs.

Three approaches address the existing-workforce smoking line. They are not mutually exclusive. The right choice for a given site depends on headcount, current EAP utilisation, and the level of in-house programme infrastructure you already run.

### Option 1 · Wellbeing apps and EAP referrals

**STRENGTHS** Low marginal cost. Already in flight for most employers. No new procurement cycle required.

**LIMITATIONS** Self-directed. Engagement is the bottleneck. App-only quit attempts produce roughly 3 to 5 percent sustained abstinence at 12 months. For workforces with daily-driver smokers, the bite is low.

### Option 2 · Signposting to NHS Stop Smoking Services

**STRENGTHS** Free to the employee. NHS structured behavioural support plus NRT produces around 25 percent sustained abstinence at 12 months, the highest of any free pathway.

**LIMITATIONS** No employer reporting layer, no cohort effect, no programme structure inside your worksite. Employee uptake is the bottleneck. Most don't refer themselves without an internal nudge.

### Option 3 · Employer-funded cohort quit programme

**STRENGTHS** Cohort accountability, doctor-led structure, pre- and post-programme reporting back to HR. Same evidence base as NHS structured programmes. Built around the moment quit attempts fail (Day 3, the 48 to 72-hour withdrawal peak) and the receptor-reset window over the three weeks that follow.

**LIMITATIONS** Higher per-employee cost than an app. Justified by the structural cost numbers on page three for line workforces above roughly 250 workers.

*The Doctor-Led Quit Stack is a 4-week structured cohort programme built for UK manufacturing workforces. Doctor-led, cohort delivery, pre- and post-programme reporting. Designed for the workforce already smoking, not the cohort the Act will eventually exclude.*

#### FREE 30-MINUTE SMOKING AUDIT

### Before you commit to anything, get the workforce-specific numbers.

The audit gives you a workforce-specific cost-exposure estimate, an honest assessment of which option fits your headcount, and the actual quit-rate evidence in plain English. No obligation, no follow-up sales sequence.

#### BOOK THE AUDIT

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#### CORPORATE ENQUIRIES

[corporate@kirathsidhu.com](mailto:corporate@kirathsidhu.com)

#### Dr Kirath Sidhu (Harkirath Singh Harbans Singh)

Occupational Health Doctor (Malaysia), Quit Smoking Coach

*This is education and behaviour-change coaching, not medical diagnosis or treatment of disease, and it is not a substitute for care from your treating physician.*

#### BRIEF VERSION

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