Agenda – Y Pwyllgor Iechyd a Gofal Cymdeithasol

Lleoliad:
Ystafell Bwyllgora 4 – Tŷ Hywel
Dyddiad: Dydd Iau, 1 Hydref 2015
Amser: 09.10

I gael rhagor o wybodaeth cysylltwch a:
Llinos Madeley
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Yn ei gyfarfod ar 23 Medi 2015 penderfynodd y Pwyllgor wahardd y cyhoedd ar gyfer eitem 1 o'i gyfarfod ar 1 Hydref 2015, a hynny o dan Reol Sefydlog 17.42 (xi)

1 Blaenraglen waith y Pwyllgor

(09.10 – 09.30) (Tudalennau 1 – 9)

2 Cyflwyniadau, ymddiheuriadau a dirprwyon

(09.30)

3 Bil Iechyd y Cyhoedd (Cymru): sesiwn dystiolaeth 13

(09.30 – 10.15) (Tudalennau 10 – 36)

Dr Steven Macey, ASH Cymru

Jamie Matthews, ASH Cymru

4 Bil Iechyd y Cyhoedd (Cymru): sesiwn dystiolaeth 14

(10.15 – 11.05) (Tudalennau 37 – 43)

Yr Athro Linda Bauld, Ymchwil Canser y DU

Yr Athro John Britton, Canolfan y DU ar gyfer Astudiaethau Tybaco ac Alcohol ac Ymgynghorydd mewn Meddygaeth Resbiradol, Prifysgol Nottingham ac Ysbyty Dinas Nottingham

Egwyl (11.05 –11.20)

5 Bil Iechyd y Cyhoedd (Cymru): sesiwn dystiolaeth 15

(11.20 – 12.10)

Sesiwn dystiolaeth â'r Athro Peter Hajek, Canolfan Astudio Tybaco ac Alcohol y DU, a chydawdur yr adroddiad '[E-cigarettes: an evidence update]' a gomisiynwyd gan Iechyd Cyhoeddus Lloegr (adroddiad Saesneg yn unig)

Cinio (12.10 – 13.00)

6 Bil Iechyd y Cyhoedd (Cymru): sesiwn dystiolaeth 16

(13.00 – 13.50) (Tudalennau 44 – 50)

Dr Phil Banfield, Cymdeithas Feddygol Prydain (Cymru)

Dr Iain Kennedy, Cymdeithas Feddygol Prydain (Cymru)

Coleg Brenhinol y Meddygon (cynrychiolydd i'w gadarnhau)

7 Bil Iechyd y Cyhoedd (Cymru): sesiwn dystiolaeth 17

(13.50 – 14.20) (Tudalennau 51 – 53)

Yr Athro Alan Maryon-Davis, Cyfadran Iechyd Cyhoeddus y DU

8 Papurau i'w nodi

(14.20)

Cofnodion y cyfarfodydd ar 17 a 23 Medi 2015

(Tudalennau 54 – 61)

Bil Iechyd y Cyhoedd (Cymru): gwybodaeth ychwanegol

(Tudalennau 62 – 72)

9 Cynnig o dan Reol Sefydlog 17.42 (vi) i benderfynu gwahardd y cyhoedd o weddill y cyfarfod ac ar gyfer eitem 1yn y cyfarfod ar 7 Hydref 2015

(14.20)

10 Bil Iechyd y Cyhoedd (Cymru): trafod y dystiolaeth

(14.20 – 14.50)

Mae cyfyngiadau ar y ddogfen hon

Mae cyfyngiadau ar y ddogfen hon

National Assembly for Wales / Cynulliad Cenedlaethol Cymru
Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal Cymdeithasol

Public Health (Wales) Bill / Bil Iechyd y Cyhoedd (Cymru)

Evidence from Ash Wales – PHB 48 / Tystiolaeth gan Ash Cymru – PHB 48

Ymgynghoriad ar Fil Iechyd y Cyhoedd (Cymru) – ymateb gan ASH Cymru

ASH Cymru yw'r unig elusen iechyd cyhoeddus yng Nghymru sy'n gweithio'n unswydd i fynd i'r afael â'r niwed mae tybaco'n ei achosi i gymunedau. Gellir gweld mwy o wybodaeth am ein gwaith ar http://www.ashwales.org.uk/

Rydym yn ymwneud ag amrywiaeth fawr o weithgareddau gan gynnwys:

- Dadlau o blaid polisi rheoli tybaco ym maes iechyd y cyhoedd
- Cyflawni prosiectau ymchwil ym maes rheoli tybaco
- Hyfforddi pobl ifanc a'r rheiny sy'n gweithio gyda phobl ifanc i ddarparu gwybodaeth ffeithiol am effeithiau economaidd ac amgylcheddol smygu a'i effaith ar iechyd
- Ymgysylltu â phobl Ifanc a gweithwyr proffesiynol sy'n gweithio gyda phobl ifanc trwy brosiect ASH Cymru, The Filter
- Dod â gwybodaeth a chyngor am iechyd i ganol y gymuned

Rydym hefyd yn goruchwylio Rhwydwaith Tybaco neu Iechyd Cymru (rhwydwaith o fwy na 300 o aelodau unigol) a Chynghrair Rheoli Tybaco Cymru (cynghrair o 35 o gyrff gwirfoddol a phroffesiynol yng Nghymru) sy'n darparu fforymau ar gyfer rhannu gwybodaeth ac arfer gorau.

Nid oes gan ASH Cymru unrhyw gysylltiadau uniongyrchol nac anuniongyrchol â'r diwydiant tybaco, ac nid yw'n cael ei ariannu ganddo.

Nifer y bobl sy'n smygu ac yn defnyddio sigaréts electronig (e-sigaréts) yng Nghymru

Ar sail data Arolwg Iechyd Cymru 2014, 20% yw canran yr oedolion (16 oed a hŷn) yng Nghymru a ddisgrifir fel smygwyr. Mae'r ffigur hwn yn uwch i wrywod (22%) nag i fenywod (19%).[1] Yn nhermau nifer y smygwyr, mae hyn yn golygu bod tua 518,000 o oedolion yng Nghymru'n smygu ar hyn o bryd. Smygu yw prif achos marwolaethau cynnar y gellid eu hosgoi yng Nghymru. Yn 2010, achoswyd oddeutu 5,450 o farwolaethau ymysg pobl 35 oed a hŷn gan smygu[2], a bydd rhyw hanner yr holl bobl sy'n smygu ar hyd eu hoes yn marw cyn pryd o ganlyniad i'w harfer.[3]

Yn nhermau defnyddio e-sigaréts, mae ASH UK yn dweud bod 2.6 miliwn o oedolion (18+ oed) ym Mhrydain Fawr, ar amcangyfrif, yn defnyddio e-sigaréts ar hyn o bryd.[4] Ar sail y data mwyaf diweddar o ran poblogaeth Cymru, mae hyn gyfystyr ag oddeutu 129,000 o ddefnyddwyr e-sigaréts (18+ oed) yng Nghymru[Δ].

Cwestiynau yr ymgynghoriad

Rhan 2: Tybaco a Chynhyrchion Nicotin

- A ydych yn cytuno y dylai'r defnydd o e-sigaréts gael ei wahardd mewn mannau cyhoeddus a mannau gwaith caeedig yng Nghymru, yn yr un modd ag y mae tybaco sy'n cael ei ysmygu wedi'i wahardd ar hyn o bryd?

Credwn y dylai unrhyw gynnig i wahardd e-sigaréts mewn mannau cyhoeddus a mannau gwaith caeedig yng Nghymru fod yn seiliedig ar dystiolaeth. Cafodd y gyfraith i wahardd smygu mewn mannau cyhoeddus caeedig ei rhoi ar waith er mwyn gwarchod pobl rhag dod i gysylltiad â mwg tybaco ac felly lleihau baich afiechyd a marwolaeth cyn pryd a achosir gan fwg ail-law. Yn dilyn adolygiad cynhwysfawr o'r dystiolaeth fwyaf diweddar ar e-sigaréts, mae Public Health England wedi dod i'r casgliad "EC [e-cigarette] use releases negligible levels of nicotine into ambient air with no identified health risks to bystanders".[5] Mewn erthygl a gyhoeddwyd yn 2012, dadansoddodd McAuley et al[6] grynodiadau llygryddion o e-sigaréts a sigaréts tybaco, a dangosasant fod anwedd yr e-sigaréts yn creu risg arwyddocaol is na mwg sigaréts o dan yr un amodau profi. Mae awduron eraill wedi nodi bod lefelau'r gwenwynau a geir mewn e-sigaréts yn debyg i gynhyrchion amnewid nicotin confensiynol, yn hytrach na chynhyrchion tybaco.[7]

Cyn cymryd camau i reoleiddio credwn y dylai gwneuthurwyr polisi adolygu'r holl dystiolaeth sy'n bodoli eisoes a gwerthuso barn arbenigwyr yn y maes. Mae hyn yn hanfodol er mwyn gwneud yn siŵr y byddai unrhyw fesur arfaethedig yn cael effaith gadarnhaol ar iechyd y cyhoedd. Ar hyn o bryd nid oes unrhyw dystiolaeth glir i awgrymu y byddai cynnwys e-sigaréts o dan y rheoliadau Mangreoedd Di-fwg o fudd

[Δ] Nid oes ffigur manwl gywir ar gyfer defnyddio e-sigaréts yng Nghymru. Mae'r amcangyfrif a roddir wedi'i seilio ar boblogaeth Cymru fel cyfran o boblogaeth Prydain Fawr wedi'i chymhwyso i nifer y defnyddwyr e-sigaréts ym Mhrydain Fawr

i iechyd y cyhoedd mewn ffordd debyg i'r ddeddfwriaeth ddi-fwg sy'n weithredol ar hyn o bryd. Mae rhai pobl wedi dadlau, oherwydd bod cymaint yn dal i fod yn anhysbys am yr effaith mae defnyddio e-sigaréts yn ei chael ar iechyd, y dylid mabwysiadu'r egwyddor ragofalus h.y. rhybuddio yn erbyn eu defnyddio hyd nes y gallwn fod yn siŵr eu bod yn ddiogel. Fodd bynnag, gallai gwneud hyn greu risg i iechyd y cyhoedd, gan ei bod yn glir bod smygwyr yn defnyddio'r dyfeisiau i'w helpu i ddefnyddio llai o dybaco a/neu i roi'r gorau i smygu'n gyfan gwbl.[5,8] I fod yn rhagofalus mae angen ystyried holl effeithiau gor-reoleiddio a than-reoleiddio. Gellid dadlau yn yr un modd bod tan-reoleiddio'n ymagwedd ragofalus, er enghraifft.

Mae'r Sefydliad Cenedlaethol dros Ragoriaeth mewn Iechyd a Gofal (NICE) wedi datblygu arweiniad ar ymagwedd lleihau niwed at smygu.[9] Nod argymhellion NICE yw llywio'r ffordd orau o leihau'r afiechyd a'r marwolaethau y gellir eu priodoli i smygu trwy ymagwedd lleihau niwed. Fel rhan o'r arweiniad hwn, mae NICE yn cefnogi defnyddio cynhyrchion trwyddedig ac ynddynt nicotin i helpu smygwyr i smygu llai, er mwyn ymatal dros dro ac yn lle smygu, o bosibl yn ddi-ben-draw. Ni all arweiniad NICE argymell defnyddio cynhyrchion didrwydded ac ynddynt nicotin. Fodd bynnag, mae'r arweiniad yn glir bod defnyddio e-sigarét yn debygol o fod yn llai niweidiol na smygu. Mae ASH Cymru'n cefnogi ymagwedd lleihau niwed er mwyn mynd i'r afael â smygu.

Nid oes unrhyw dystiolaeth glir i gefnogi'r ddamcaniaeth bod defnyddio e-sigaréts yn ail-normaleiddio smygu neu'n borth i gynhyrchion tybaco ymysg pobl ifanc. Yn nhermau ail-normaleiddio, mae adroddiad 2015 gan Public Health England yn dweud "there is no clear evidence to date that EC [e-cigarettes] are renormalising smoking, instead it's possible that their presence has contributed to further declines in smoking, or denormalisation of smoking".[5] O ran y posibilrwydd y gallai e-sigaréts fod yn borth i smygu ymysg pobl ifanc, ni chanfu Public Health England unrhyw dystiolaeth o hyn yn ystod ei adolygiad cynhwysfawr, gan beri iddo ddod i'r casgliad "Whilst never smokers are experimenting with EC [e-cigarettes], the vast majority of youth who regularly use EC [e-cigarettes] are smokers. Regular EC [e-cigarettes] use in youth is rare".[5] Mae'r dystiolaeth bresennol yn awgrymu nad yw'r sefyllfa'n wahanol yng Nghymru'n benodol. Er enghraifft, canfu astudiaethau gan ASH Cymru[10] a Moore et al[11], oedd wedi'u seilio ar garfan o bobl ifanc oedd yn byw yng Nghymru, mai smygwyr tybaco yn unig oedd yn defnyddio e-sigaréts yn rheolaidd, at ei gilydd, ac mai prin oedd y defnydd ohonynt ymysg rhai nad oeddent erioed wedi smygu.

Hefyd, mae'n werth nodi bod gan yr ansicrwydd ynghylch effaith e-sigaréts, ac yn benodol y drafodaeth ynghylch gwahardd defnyddio e-sigaréts mewn mannau cyhoeddus a mannau gwaith caeedig, y potensial i newid barn y cyhoedd am e-sigaréts. Mae ASH UK yn cynnal arolwg blynyddol ar ddefnyddio e-sigaréts ymysg oedolion a phobl ifanc ym Mhrydain Fawr. Rhwng 2013 a 2015 cynyddodd canran yr oedolion oedd yn barnu, ar gam, fod e-sigaréts yr un mor niweidiol â sigaréts confensiynol o 6% i 20%.[4] O gofio manteision posibl e-sigaréts fel ffordd o roi'r gorau

i smygu, mae hon yn duedd sy'n peri pryder gan ei bod yn bwysig i'r cyhoedd beidio â chael camargraff o beryglon e-sigaréts.

Felly mae ASH Cymru'n argymell y dylid gohirio unrhyw benderfyniad i wahardd defnyddio e-sigaréts mewn mannau cyhoeddus a mannau gwaith caeedig yng Nghymru hyd nes y daw tystiolaeth ychwanegol i law. Yn y cyfamser, mae ASH Cymru'n argymell y dylid parhau i ganiatáu i fangreoedd benderfynu drostynt eu hunain ynghylch caniatáu defnyddio e-sigaréts ai peidio, er ein bod yn cydnabod y gall fod rhai amgylcheddau lle mae defnyddio'r dyfeisiau hyn yn amhriodol, megis ysgolion er enghraifft. Mae ASH UK wedi darparu briffiad ar y materion mae angen i sefydliadau eu hystyried mewn perthynas â chaniatáu defnyddio e-sigaréts ar eu safleoedd.[12] Mae ASH Cymru'n argymell i Iechyd Cyhoeddus Cymru ddosbarthu arweiniad cyfrifol fel hwn i fusnesau a sefydliadau eraill.

- Beth yw eich barn ar ymestyn y cyfyngiadau ar ysmygu ac e-sigaréts i rai mannau nad ydynt yn gaeedig (gallai enghreifftiau gynnwys tir ysbytai a meysydd chwarae i blant)?

Rydym o blaid ymestyn y cyfyngiadau presennol ar smygu tybaco i gynnwys rhai mannau nad ydynt yn gaeedig, megis tiroedd ysbytai ac unedau iechyd meddwl. Hefyd rydym yn cefnogi cyflwyno gwaharddiadau gwirfoddol ar smygu mewn mannau fel meysydd chwarae, gatiau ysgolion a thraethau. Rydym yn barnu bod hwn yn ddatblygiad pwysig a fydd yn dadnormaleiddio smygu fel gweithgaredd yn fwy byth mewn cymunedau ledled Cymru, yn ogystal â gwarchod pobl rhag y niwed i'w hiechyd a achosir gan anadlu mwg ail-law. Mae'r ddeddfwriaeth ddi-fwg bresennol, a gyflwynwyd yn y Deyrnas Unedig yn 2007, yn gwahardd smygu ym mron pob un man cyhoeddus a man gwaith caeedig a sylweddol gaeedig. Dangoswyd bod y rheoliadau hyn yn effeithiol yn nhermau creu manteision o ran iechyd i smygwyr/pobl nad ydynt yn smygu a newidiadau mewn agweddau at smygu ac ymddygiad smygu.[13] At hynny, dangoswyd bod ymestyn gwaharddiadau ar smygu i gynnwys mannau cyhoeddus nad ydynt yn gaeedig yn effeithiol hefyd. Er enghraifft, ar ôl i'r parciau a'r traethau yn ninas Efrog Newydd fynd yn ddi-fwg yn 2011, canfu Johns et al duedd i breswylwyr y ddinas sylwi'n llawer llai aml ar bobl yn smygu yn y parciau lleol ac ar y traethau lleol dros y chwe chwarter ar ôl i'r gyfraith ddod i rym. Perodd hyn i'r awduron ddod i'r casgliad bod eu canlyniadau'n darparu tystiolaeth ar lefel poblogaeth sy'n awgrymu bod y gyfraith wedi lleihau smygu mewn parciau ac ar draethau.[14] At hynny, mae cefnogaeth gref ymysg y cyhoedd yng Nghymru i ymestyn y gwaharddiad ar smygu i gynnwys mannau ychwanegol nad ydynt yn gaeedig. Yn ôl arolwg YouGov yn 2015 a gomisiynwyd gan ASH Cymru, mae 54% o'r ymatebwyr yn cytuno y dylid gwahardd smygu mewn mannau hamdden cymunol fel parciau a thraethau.[15]

Mewn gwrthgyferbyniad, nid ydym o blaid cyfyngu ar ddefnyddio e-sigaréts mewn rhai mannau nad ydynt yn gaeedig. Fel y dywedwn yn ein hateb uchod, ni chredwn fod digon o dystiolaeth yn bodoli ar hyn o bryd i gyfiawnhau gwahardd defnyddio e-sigaréts mewn mannau cyhoeddus a mannau gwaith caeedig, ac felly teimlwn hefyd ei bod yn rhy gynnar i ystyried gwahardd e-sigaréts mewn mannau nad ydynt yn gaeedig.

- A ydych yn credu y bydd y darpariaethau yn y Bil yn sicrhau cydbwysedd rhwng y manteision posibl i ysmygwyr sydd am roi'r gorau iddi ac unrhyw anfanteision posibl sy'n gysylltiedig â'r defnydd o e-sigaréts?

Rydym yn teimlo ar hyn o bryd bod y darpariaethau yn y Bil yn rhoi gormod o bwys ar warchod y cyhoedd rhag yr anfanteision posibl sy'n gysylltiedig â defnyddio e-sigaréts, ar draul y manteision posibl i smygwyr o ddefnyddio e-sigaréts fel ffordd o roi'r gorau i smygu.

Cytunwn ei bod yn bwysig sicrhau y caiff iechyd y cyhoedd ei ddiogelu bob amser, ac o gofio'r ffaith bod e-sigaréts yn dal i fod yn gymharol newydd, fod angen bod yn ofalus o ran y peryglon posibl i iechyd. Fodd bynnag, ar hyn o bryd nid yw'r rhan fwyaf o'r dystiolaeth yn awgrymu bod e-sigaréts yn arbennig o niweidiol i iechyd. Er bod rhai carsinogenau a gwenwynau mewn e-sigaréts, maent ar lefelau llawer is na'r rheiny sydd mewn mwg tybaco, ac o'r herwydd mae llawer yn barnu bod e-sigaréts yn llawer mwy diogel na sigaréts tybaco. Nid yw nifer o astudiaethau wedi sôn am unrhyw effeithiau niweidiol arwyddocaol ar iechyd gan e-sigaréts. Fel rhan o un o adolygiadau Cochrane, edrychodd McRobbie et al ar a yw'n ddiogel defnyddio e-sigaréts fel cymorth i roi'r gorau i smygu.[16] Ni chanfu unrhyw un o'r astudiaethau fod gan smygwyr a ddefnyddiai e-sigaréts dros y tymor byr (am 2 flynedd neu lai) fwy o risg i iechyd o gymharu â smygwyr nad oeddent yn defnyddio e-sigaréts. Fel rhan o adolygiad systematig a arfarnodd ymchwil labordy a chlinigol oedd yn bodoli eisoes ar y risgiau posibl o ddefnyddio e-sigaréts, daeth Farsalinos a Polosa i'r casgliad bod y dystiolaeth oedd ar gael ar y pryd yn awgrymu bod e-sigaréts yn llawer llai niweidiol na smygu.[17] At hynny, mewn astudiaeth o lefelau rhai carsinogenau a gwenwynau penodol yn yr anwedd o e-sigaréts, canfu Goniewicz et al fod lefelau'r gwenwynau 9 - 450 gwaith yn is nag mewn mwg sigaréts[18], ac yn ôl yr adroddiad o 2015 a gomisiynwyd gan Public Health England, mae defnyddio e-sigaréts oddeutu 95% yn fwy diogel na smygu.[5]

Un o'r pryderon cysylltiedig ynghylch e-sigaréts yw y gallant ddod yn fath newydd o gaethiwed i nicotin. Fodd bynnag, mae tystiolaeth yn dod i'r amlwg sy'n awgrymu nad yw e-sigaréts, ar hyn o bryd, yr un mor gaethiwus â sigaréts tybaco o gofio bod y pethau eraill mewn mwg tybaco yn gwneud nicotin yn fwy caethiwus. Yn ôl Guillem et al mae'n bosibl bod cyfansoddion sy'n bresennol mewn mwg tybaco'n cyfuno â

nicotin i gynhyrchu priodweddau atgyfnerthu dwys smygu sigaréts sy'n arwain at gaethiwed.[19]

Mewn gwrthgyferbyniad â diffyg cymharol tystiolaeth o ran effaith niweidiol e-sigaréts ar iechyd, mae tystiolaeth gynyddol sy'n awgrymu bod e-sigaréts yn cael eu defnyddio mwyfwy at ddiben rhoi'r gorau i smygu. Yn Lloegr, ers trydydd chwarter 2013 mae canran uwch o smygwyr wedi ceisio rhoi'r gorau i smygu gan ddefnyddio e-sigaréts o gymharu ag unrhyw gymorth poblogaidd arall i roi'r gorau i smygu. Yn wir, erbyn chwarter olaf 2014 roedd tua 15% yn fwy o smygwyr yn defnyddio e-sigaréts fel ffordd o roi'r gorau i smygu o gymharu â therapi amnewid nicotin dros y cownter.[20] Mae ymchwil hefyd yn dechrau dod i'r amlwg sy'n nodi effeithiolrwydd e-sigaréts fel cymorth i roi'r gorau i smygu. Yn 2014 cynhaliodd Brown et al astudiaeth poblogaeth groestoriadol gyda'r nod o asesu effeithiolrwydd e-sigaréts o'u defnyddio i gynorthwyo â rhoi'r gorau i smygu yn y byd go iawn.[8] Un o ganfyddiadau'r astudiaeth oedd bod defnyddwyr e-sigaréts yn fwy tebygol o ddweud eu bod yn ymatal na'r rheiny oedd yn defnyddio therapi amnewid nicotin a brynwyd dros y cownter neu'r rheiny nad oeddent yn defnyddio unrhyw gymorth i roi'r gorau i smygu.

O gofio'r uchod, a hefyd y ffaith bod cyfyngiadau ar ddefnyddio e-sigaréts yn atgyfnerthu'r gred ymysg y cyhoedd bod y cynhyrchion yr un mor beryglus â sigaréts tybaco, teimlwn fod angen cymryd mwy o amser i asesu'r manteision ac anfanteision sy'n gysylltiedig â defnyddio e-sigaréts. Rydym yn barnu mai hwn yw'r dewis gorau, yn hytrach na rheoleiddio ar sail tystiolaeth annigonol, fel sy'n wir ar hyn o bryd mewn perthynas â Bil Iechyd y Cyhoedd (Cymru). Pe bai gwaharddiad ar ddefnyddio e-sigaréts ym mhob man cyhoeddus caeedig, gallai defnyddwyr fod yn llai tebygol o'u defnyddio, a allai achosi i fwy ohonynt fynd yn ôl at smygu. Byddai gwaharddiad hefyd yn ei gwneud yn fwy tebygol y byddai'n rhaid i fepwyr a smygwyr rannu'r un mannau, i bob pwrpas. Nid yn unig mae hyn yn tanseilio ymdrechion i roi'r gorau iddi, byddai hefyd yn golygu y byddai defnyddwyr e-sigaréts yn dod i gysylltiad â mwg ail-law. Cyn i reoleiddio o'r math hwn fynd rhagddo, mae angen iddi fod yn glir bod y niwed i bobl eraill yn fwy na'r manteision i'r rheiny sy'n defnyddio e-sigaréts at ddibenion lleihau niwed neu roi'r gorau i smygu, neu fel arall mae perygl y gallai'r rheoleiddio dan sylw niweidio iechyd y cyhoedd trwy wneud ffordd bosibl o roi'r gorau i smygu'n llai deniadol i bobl sy'n smygu ar hyn o bryd.

- <u>A oes gennych farn ynghylch a yw'r defnydd o e-sigaréts yn ail-normaleiddio ysmygu mewn mannau di-fwg, ac o ystyried eu bod yn efelychu sigaréts o ran eu hymddangosiad, a ydynt yn hyrwyddo ysmygu yn anfwriadol?</u>

Hyd yma, ychydig iawn o ymchwil sydd wedi bod ynghylch beth yw barn pobl am e-sigaréts ac a ellir dadlau eu bod yn normaleiddio neu'n dadnormaleiddio smygu ai

peidio. Mae e-sigaréts yn wahanol i gynhyrchion tybaco. Er bod y fersiwn cynnar o e-sigaréts wedi'i ddylunio i edrych yn debyg i rai tybaco, nid yw hyn yn tueddu i fod yn wir mwyach. Mae'r datblygiadau presennol yn nyluniad e-sigaréts yn golygu bod y rhan fwyaf o ddyfeisiau erbyn hyn yn edrych yn debycach i ysgrifbinnau nag i sigaréts confensiynol. At hynny, mae e-sigaréts heb briodwedd fwyaf nodweddiadol smygu - ei arogl (sy'n ymledu'n gyflym) - ac nid ydynt yn creu lludw. Felly mae'n anodd gweld sut y gellid drysu'r cynhyrchion am amser hir. Yn wir, mae'r adroddiad o 2015 gan Public Health England oedd yn adolygu'r dystiolaeth fwyaf diweddar mewn perthynas ag e-sigaréts yn dweud "there is no clear evidence to date that EC [e-cigarettes] are renormalising smoking, instead it's possible that their presence has contributed to further declines in smoking, or denormalisation of smoking".[5]

Yn wir, mae tystiolaeth sy'n dod i'r amlwg yn awgrymu bod dyfodiad e-sigaréts yn chwarae rhan yn y gostyngiad a welir yn nifer y bobl sy'n smygu. Yn ôl yr Athro Robert West, amcangyfrifir mai 20,340 yw nifer y smygwyr yn Lloegr a roddodd y gorau iddi yn 2014 na fyddent wedi rhoi'r gorau iddi pe na fuasai e-sigaréts ar gael.[21] Ymddengys fod hyn yn cael ei gadarnhau gan dystiolaeth bellach o'r Smokers' Toolkit Study, a ddatgelodd fod pobl sy'n ceisio rhoi'r gorau i smygu heb gymorth proffesiynol oddeutu 60% yn fwy tebygol o ddweud eu bod wedi llwyddo os ydynt yn defnyddio e-sigaréts nag os ydynt yn defnyddio grym ewyllys yn unig neu therapïau amnewid nicotin dros y cownter.[8]

- A oes gennych farn ynghylch a yw e-sigaréts yn apelio'n benodol at bobl ifanc ac y gallant arwain at fwy o ddefnydd ohonynt ymysg y grŵp oedran hwn, ac efallai yn y pen draw arwain at ysmygu cynhyrchion tybaco?

Mae ffigurau diweddar yn awgrymu bod ymwybyddiaeth pobl ifanc o e-sigaréts yng Nghymru ac ym Mhrydain Fawr yn gyfan, a'u defnydd ohonynt, yn cynyddu.[10, 22] Rydym yn barnu bod y canfyddiad hwn yn destun pryder ac yn awyddus i weld defnydd pobl ifanc o nicotin yn cael ei leihau gymaint ag sy'n bosibl.

Mae'n bwysig nodi, fodd bynnag, nad yw'r dystiolaeth a gasglwyd hyd yma o nifer o wledydd am bobl ifanc ac arbrofi ag e-sigaréts a'u defnyddio wedi dangos unrhyw effaith 'porth' hyd yma, sef bod pobl nad ydynt yn smygu yn dechrau defnyddio e-sigaréts, llai fyth eu bod yn mynd ymlaen i ddefnyddio cynhyrchion tybaco confensiynol. Gan ysgrifennu mewn adroddiad ar farchnata e-sigaréts a gomisiynwyd gan Public Health England, mae Bauld, Angus a de Andrade yn nodi mai ymysg pobl ifanc sy'n smygu mae'r nifer fwyaf o bobl sydd wedi defnyddio e-sigaréts erioed. Dywedant hefyd na allent "identify any evidence to suggest that non-smoking children who tried e-cigarettes were more likely then to try tobacco."[23] Awgrymodd arolwg diweddar gan ASH Cymru o bobl ifanc ledled Cymru hefyd nad

yw e-sigaréts yn borth i smygu ar hyn o bryd ymysg pobl nad ydynt yn smygu. Canran fach iawn o bobl nad ydynt erioed wedi smygu sy'n eu defnyddio'n rheolaidd, sef 0.16%. O'r ymatebwyr hynny a ddywedodd eu bod yn defnyddio e-sigaréts a hefyd sigaréts tybaco ar ryw adeg (n=84), roedd 98% wedi defnyddio sigaréts tybaco yn gyntaf, gan awgrymu nad oes unrhyw effaith porth.[10] Canfu arolwg a gomisiynwyd gan ASH UK yn 2014, o'r rheiny nad oeddent erioed wedi smygu sigarét, y dywedodd 99% nad oeddent erioed wedi rhoi cynnig ar e-sigarét, a dywedodd 1.5% eu bod wedi rhoi cynnig arnynt "unwaith neu ddwywaith". Ychydig iawn, iawn o dystiolaeth a ganfuwyd o ddefnyddio e-sigaréts yn rheolaidd ymysg plant nad ydynt erioed wedi smygu neu nad ydynt wedi rhoi cynnig ar smygu ond unwaith. Hefyd, dim ond 1% o'r rheiny nad oeddent erioed wedi smygu oedd yn meddwl y byddent yn rhoi cynnig ar e-sigarét yn fuan.[22] Mae ymchwil a wnaethpwyd yn yr Unol Daleithiau gyda'r nod o ganfod y credau oedd yn rhagfynegi defnydd o e-sigaréts yn ddiweddarach hefyd wedi canfod mai nifer gymharol fach o ymatebwyr nad oeddent wedi smygu erioed (llinell sylfaen) a ddywedodd eu bod wedi defnyddio e-sigarét erioed (2.9%) o gymharu â chyn-smygwyr (llinell sylfaen) (11.9%) neu smygwyr presennol (llinell sylfaen) (21.6%).[24] Cafwyd canfyddiadau tebyg mewn arolwg a gynhaliwyd ymysg pobl ifanc (15-24 oed) yng Ngwlad Pwyl mewn perthynas â phobl nad oeddent yn smygu. Er i ryw bumed o'r ymatebwyr ddweud eu bod wedi rhoi cynnig ar e-sigarét ar ryw adeg, gostyngodd y ganran i 3.2% ymysg y rheiny nad oeddent erioed wedi smygu sigarét. Gostyngodd ymhellach byth, i 1.4%, pan ofynnwyd a oeddent wedi defnyddio e-sigarét yn ystod y 30 diwrnod blaenorol, gan awgrymu, ar gyfer llawer o bobl nad oeddent yn smygu oedd wedi rhoi cynnig ar e-sigarét, nad oedd hyn wedi arwain at eu defnyddio yn y tymor hir.[25]

At ei gilydd, felly, o'r dystiolaeth sydd ar gael ar hyn o bryd ar bwnc pobl ifanc ac e-sigaréts, mae'r rhan fwyaf o'r data'n dangos mai ymysg pobl sy'n smygu ar hyn o bryd a chyn smygwyr mae'r nifer fwyaf sydd wedi defnyddio sigaréts erioed, ac mai ychydig iawn, iawn o dystiolaeth sydd bod pobl nad ydynt erioed wedi smygu'n rhoi cynnig ar e-sigaréts, llai fyth eu bod yn mynd ymlaen i ddefnyddio e-sigaréts yn rheolaidd, heb sôn am gynhyrchion tybaco. Er hynny, mae ASH Cymru'n cydnabod yr angen i barhau i fonitro'r sefyllfa a gwella'r dystiolaeth yn y maes hwn.

- A oes gennych unrhyw farn ynghylch a fydd cyfyngu ar y defnydd o e-sigaréts mewn mannau di-fwg cyfredol yn cynorthwyo rheolwyr mangreoedd i orfodi'r drefn dim ysmygu bresennol?

Er ein bod yn cydnabod y pryderon ynghylch gorfodi'r rheoliadau Mangreoedd Di-fwg, nid ydym yn gwybod am unrhyw dystiolaeth i awgrymu bod y rheoliadau'n cael eu tanseilio'n gyson gan y defnydd o e-sigaréts mewn mannau cyhoeddus h.y. achosi i bobl ddefnyddio cynhyrchion tybaco'n anghyfreithlon. O ganlyniad, nid yw ASH Cymru'n teimlo y gellir cyfiawnhau gwaharddiad llwyr ar ddefnyddio dyfeisiau

ac ynddynt nicotin (e-sigaréts) mewn mannau cyhoeddus caeedig o dan y rheoliadau presennol. Fel y nodir uchod, nid smygu yw fepio a chredwn ei bod yn amhriodol gosod dyfeisiau cyflenwi nicotin anhylosg o dan ddeddfwriaeth ddi-fwg.

Mae'n bosibl y bydd rhywfaint o ansicrwydd ynghylch sut mae busnesau'n ymdrin yn briodol ag e-sigaréts, ac, yn benodol, a allant fabwysiadu a gorfodi gwaharddiadau eu hunain. Am y rheswm hwn teimlwn fod angen amlwg i ddarparu addysg ac arweiniad clir i fusnesau fel bod ganddynt wybodaeth lawn am e-sigaréts a beth yw eu hawliau a'u cyfrifoldebau. Mae ASH UK wedi darparu briffiad ar y materion y mae angen i sefydliadau eu hystyried mewn perthynas â chaniatáu defnyddio e-sigaréts ar eu safleoedd[12] a dylem fabwysiadu arweiniad tebyg yng Nghymru.

- A ydych yn cytuno â'r cynnig i greu cofrestr genedlaethol o fanwerthwyr tybaco a chynhyrchion nicotin?

Rydym yn cytuno â'r cynnig i gael cofrestr genedlaethol o fanwerthwyr tybaco a chynhyrchion nicotin. Byddem o blaid rhoi manwerthwyr tybaco ar gofrestr ar wahân i fanwerthwyr cynhyrchion nicotin, o gofio bod y rhain yn gynhyrchion gwahanol iawn.

Rydym yn croesawu'r mesur fel cam cyntaf pwysig i leihau nifer y bobl ifanc yng Nghymru sy'n dechrau smygu neu ddefnyddio e-sigaréts, ac yn barnu ei fod yn ymarferol ac yn gymesur. Mae tystiolaeth o'r Alban yn awgrymu bod y gofrestr wedi bod yn ddefnyddiol fel ffordd o wella cyfathrebu rhagweithiol â manwerthwyr ynghylch eu cyfrifoldebau. Fodd bynnag, o safbwynt gorfodi, ymddengys fod y gofrestr manwerthwyr sydd ar waith yn yr Alban yn llai llwyddiannus. Ychydig iawn o erlyniadau sydd wedi bod ac nid yw'r gofrestr yn gwella gallu swyddogion gorfodi i fynd i'r afael â thybaco anghyfreithlon y tu allan i fanwerthwyr cyfreithlon. Am y rheswm hwn ystyriwn y cynnig i sefydlu cofrestr genedlaethol o fanwerthwyr yng Nghymru yn gam cyntaf at gynllun trwyddedu positif, sef yr hyn yr hoffem iddo gael ei fabwysiadu ar gyfer tybaco yn yr un modd ag sy'n berthnasol i alcohol. Byddai cynllun o'r fath yn golygu bod yn rhaid i fanwerthwyr tybaco fodloni amodau penodol er mwyn cael trwydded i werthu tybaco, gyda'r potensial i atal trwydded dros dro, ei dirymu neu amrywio ei hamodau. Credwn y byddai cynllun trwyddedu positif yn rhoi cychwyn ar waith gorfodi mwy effeithiol na chofrestr manwerthwyr, gan roi mwy o bwerau i swyddogion gorfodi fynd i'r afael â thybaco anghyfreithlon a werthir y tu allan i fanwerthwyr cyfreithlon.

- A ydych yn credu y bydd sefydlu cofrestr yn helpu i amddiffyn pobl o dan 18 oed rhag cael mynediad i dybaco a chynhyrchion nicotin?

Ydym. Bydd sefydlu cofrestr genedlaethol o fanwerthwyr tybaco a chynhyrchion nicotin yn dal manwerthwyr yn fwy atebol am eu gweithredoedd os cânt eu dal yn gwerthu i bobl dan oed a bydd yn ei gwneud yn haws iddynt gael eu monitro a'u tracio dros amser. Mae hyn yn bwysig gan fod tystiolaeth o Ogledd-ddwyrain Lloegr yn 2013 wedi dangos bod smygwyr ifanc (14-15 oed) yn llawer mwy cyfforddus nag oedolion wrth brynu tybaco anghyfreithlon. Roedd 30% o bobl 14-15 oed yn prynu tybaco anghyfreithlon, gan olygu eu bod dwywaith mor debygol â smygwyr mewn oed o fod wedi prynu tybaco anghyfreithlon.[26] Credwn y bydd cynllun trwyddedu positif yn rhoi mwy o warchodaeth i bobl o dan 18 oed, fodd bynnag, a byddem yn cefnogi cyflwyno cynllun o'r fath i ddisodli'r gofrestr manwerthwyr yn y tymor hir.

- A ydych yn credu y bydd y drefn Gorchymyn Eiddo o dan Gyfyngiad, gyda chofrestr genedlaethol, yn cynorthwyo awdurdodau lleol i orfodi'r gyfraith mewn perthynas â throseddau tybaco a nicotin?

Ydym. Bydd hwn yn fwy tebygol o atal unrhyw fanwerthwyr sy'n cael eu temtio i weithredu'n groes i'r gofynion newydd. Mae'n bwysig, fodd bynnag, bod y drefn yn hawdd ei gorfodi ar ôl unrhyw newidiadau, a hefyd dylai fod canllawiau clir i swyddogion gorfodi ac ynadon ar sut i weithredu'r drefn ar ei newydd wedd.

- Beth yw eich barn ynglŷn â chreu trosedd newydd ar gyfer trosglwyddo tybaco a chynhyrchion nicotin yn fwriadol i berson o dan 18 oed, sef yr oedran gwerthu cyfreithiol yng Nghymru?

Credwn y byddai'r mesur hwn yn unol â'r ymrwymiad a ddangosir gan gamau deddfwriaethol eraill, megis y gwaharddiad ar beiriannau gwerthu, y gwaharddiadau ar arddangosiadau mewn mannau gwerthu a chyflwyno cofrestr manwerthwyr, i gyfyngu cymaint ag sy'n bosibl ar allu pobl ifanc i gael tybaco/cynhyrchion nicotin.

Byddem yn cefnogi'r cynnig i atal rhai o dan 18 oed rhag derbyn danfoniad o dybaco/cynhyrchion nicotin mewn egwyddor, gan fod caniatáu i rai o dan 18 oed dderbyn danfoniad o dybaco/cynhyrchion nicotin, yn fwriadol ai peidio, yn cymylu'r neges sy'n cael ei datblygu ar fater prynu trwy ddirprwy. Os mai rhywun o dan 18 oed yw'r unig un sy'n bresennol i dderbyn danfoniad, hyd yn oed os oedd wedi'i archebu gan oedolyn, ni fyddai unrhyw ffordd o'i atal rhag cael at y nwyddau a ddanfonwyd, pa un oeddent wedi'u bwriadu iddo ef eu defnyddio ai peidio. Fodd

bynnag, cyn i'r drosedd hon gael ei chreu, credwn ei bod yn bwysig sicrhau fod yna dystiolaeth bod y mater hwn yn peri problem. Mae angen i bob penderfyniad o natur reoliadol fel hyn gael ei seilio ar dystiolaeth.

- A ydych yn credu y bydd y cynigion yn ymwneud â thybaco a chynhyrchion nicotin a gynhwysir yn y Bil yn cyfrannu at wella iechyd y cyhoedd yng Nghymru?

Credwn y bydd y cynigion i sefydlu cofrestr genedlaethol o fanwerthwyr tybaco a chynhyrchion nicotin, gan gryfhau'r drefn Gorchmynion Mangre o dan Gyfyngiad, a gwahardd trosglwyddo tybaco a/neu gynhyrchion nicotin i berson o dan 18 oed, ill dau'n cyfrannu at wella iechyd y cyhoedd yng Nghymru.

Fodd bynnag, rydym yn pryderu y gallai'r cynnig i osod cyfyngiadau ar ddefnyddio dyfeisiau mewnanadlu nicotin megis e-sigaréts mewn mannau cyhoeddus a mannau gwaith caeedig niweidio iechyd y cyhoedd yng Nghymru. Mae perygl amlwg y bydd y rheoliad hwn yn golygu y bydd llai o ddefnydd o e-sigaréts ymysg oedolion sy'n smygu ar hyn o bryd a allai fel arall fod wedi defnyddio'r ddyfais i geisio rhoi'r gorau i smygu tybaco neu i leihau niwed. Felly mae ASH Cymru'n argymell y dylid gohirio unrhyw benderfyniad i wahardd defnyddio e-sigaréts mewn mannau cyhoeddus a mannau gwaith caeedig yng Nghymru hyd nes y daw tystiolaeth ychwanegol i law.

Sylwadau eraill

Fel yr ydym wedi dweud eisoes, credwn fod yna nifer o rannau o Fil Iechyd y Cyhoedd (Cymru) a fydd yn fodd i wella iechyd y cyhoedd yng Nghymru. Fodd bynnag, mae perygl y caiff yr agweddau cadarnhaol hyn ar y Bil eu taflu i'r cysgod gan y ddadl ynghylch y cynnig i wahardd defnyddio e-sigaréts mewn mannau cyhoeddus a mannau gwaith caeedig. Am y rheswm hwn rydym yn argymell tynnu'r cynnig penodol hwn o Fil Iechyd y Cyhoedd (Cymru), petai ond dros dro, fel y gellir ei drafod ar wahân yn ddiweddarach. Bydd hyn yn caniatáu cynnal trafodaeth fwy ystyriol a chlywed mwy o dystiolaeth gan arbenigwyr. Trwy gyflwyno amserlen hirach i ystyried y cynnig ynghylch e-sigaréts, bydd yna gyfle i fwy o dystiolaeth ddod i law i lywio'r drafodaeth. O gofio'r ansicrwydd presennol ynghylch a yw e-sigaréts yn borth i gynhyrchion tybaco ymysg pobl ifanc a/neu yn ail-normaleiddio smygu fel gweithgaredd, mae aros i fyfyrio fel hyn yn beth i'w groesawu.

Yn nhermau rhannau eraill o faes iechyd y cyhoedd lle mae angen deddfwriaeth i helpu i wella iechyd pobl yng Nghymru, rydym yn cefnogi ymestyn y ddeddfwriaeth ddi-fwg bresennol i gynnwys gwaharddiad ar smygu tybaco mewn rhai mannau nad ydynt yn gaeedig, megis tiroedd ysbytai ac unedau iechyd meddwl. Rydym hefyd o blaid cyflwyno gwaharddiadau gwirfoddol ar smygu mewn mannau fel meysydd

chwarae, gatiau ysgolion a thraethau. Rydym yn barnu bod y cynigion hyn yn ddatblygiad pwysig a fydd yn gwneud rhagor i ddadnormaleiddio smygu fel gweithgaredd mewn cymunedau ledled Cymru yn ogystal â gwarchod y cyhoedd rhag y niwed i'w hiechyd a achosir gan anadlu mwg ail-law.

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National Assembly for Wales / Cynulliad Cenedlaethol Cymru
Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal Cymdeithasol

Public Health (Wales) Bill / Bil Iechyd y Cyhoedd (Cymru)

Evidence from Cancer Research UK – PHB 43 / Tystiolaeth gan Ymchwil Canser y DU – PHB 43

Cancer Research UK response to the Health and Social Care Committee call for evidence on the Public Health (Wales Bill)

About Cancer Research UK[1]

1. Every year around 330,000 people are diagnosed with cancer in the UK and more than 160,000 people die from cancer. Cancer Research UK is the world's leading cancer charity dedicated to saving lives through research. Together with our partners and supporters, our vision is to bring forward the day when all cancers are cured. As the largest fundraising charity in the UK, we support research into all aspects of cancer through the work of over 4,000 scientists, doctors and nurses. In 2014/15, we spent £341 million on research. In Wales we fund the Wales Cancer Trials Unit which is dedicated to improving clinical practice through quality research evidence. We also fund the Cardiff Cancer Research UK Centre which draws together world class research and areas of medical expertise to provide the best possible results for cancer patients nationwide. . The charity's pioneering work has been at the heart of the progress that has already seen survival rates in the UK double in the last forty years. We receive no funding from the Government for our research.

2. Cancer Research UK has an ambition for a tobacco-free UK by 2035, where less than 5% of the adult population smoke. We call on the government to share in this ambition and to help bring this vision to reality, through a continued commitment to tobacco control measures. Public health policy should be designed and implemented, independently of the tobacco industry, consistent with the World Health Organization's Framework Convention on Tobacco Control (WHO FCTC). The WHO FCTC is the first international treaty negotiated under the auspices of the WHO[2].

Overview

3. Tobacco is the single biggest cause of premature mortality in the UK causing over 100,000 premature deaths each year. Over a quarter of cancer cases are caused by tobacco. In our response to this consultation we make the following key points:

- E-cigarettes are almost certainly far less harmful than conventional tobacco cigarettes.
- E-cigarette use in enclosed public and work spaces does not require legislation as there is insufficient evidence to support the claims that they normalise smoking, are harmful to bystanders or undermine the enforcement of smokefree legislation.
- A voluntary approach to smoke free open spaces is sufficient.
- A tobacco retailers' register can reduce illegal tobacco sales to minors.
- A tobacco retailers' register would assist with the display ban.
- There is insufficient evidence to suggest whether or not minors' access to tobacco over the internet is a significant problem in the UK.

Do you agree that the use of e-cigarettes should be banned in enclosed public and work places in Wales, as is currently the case for smoking tobacco?

Do you believe the provisions in the Bill will achieve a balance between the potential benefits to smokers wishing to quit with any potential dis-benefits related to the use of e-cigarettes?

Do you believe the proposals relating to tobacco and nicotine products contained in the Bill will contribute to improving public health in Wales?

4. No, we do not believe that these provisions of the Bill represent an appropriate response or a balanced approach.

5. According to a recent independent review, commissioned by Public Health England, electronic cigarettes (e-cigarettes) are almost certainly much safer than tobacco cigarettes and the overall evidence to date points to e-cigarettes actually helping people to give up smoking tobacco[3]. The authors also noted that there is insufficient evidence that e-cigarettes renormalize smoking or act as a gateway to smoking.

6. Cancer Research UK believes e-cigarettes have significant potential to help smokers who are not otherwise ready or able to quit smoking[4,5]. Free Stop Smoking Services remain the most effective way for people to quit but, given the relative popularity and acceptability of e-cigarettes among smokers, we recognise the potential benefits for e-cigarettes in helping large numbers of people move away from tobacco.

7. Cancer Research UK has consistently supported effective legislative measures to tackle the huge burden of tobacco, the only consumer product which kills up to two thirds of its long term users. This includes our support for standardised packaging and smokefree legislation to protect workers from second hand tobacco smoke, both of which were supported by a substantial evidence base. We believe that public health policy should be based on evidence.

8. According to Professor Robert West, Professor of Health Psychology and Director of Tobacco Studies at Cancer Research UK's Health Behaviour Research Centre, smoking cessation makes a greater contribution to changes in smoking prevalence compared to preventing uptake[6]. Policymakers should ensure public health policy aims to increase quit attempt rates as this would lead to the greatest impact on prevalence reduction. According to ASH data, we are seeing rising numbers of smokers who perceive e-cigarettes to be as harmful as tobacco[7]. Between 2013 and 2015 the number of people who wrongly assume they are as harmful has increased from 6% to 20% and a further 22.7% were unsure. Extending smokefree legislation to cover e-cigarettes could potentially increase this confusion and risks dissuading smokers from moving away from tobacco and therefore undermining quit attempts.

9. In response to concerns raised around the potential harm of second hand or third hand e-cigarette vapour to bystanders, to our knowledge there are currently no scientific studies convincingly demonstrating harm to bystanders from second or third hand vapour. In the UK, around 11,000 people die of diseases caused by toxicants in tobacco smoke as a result of passive smoking[8]. Although sidestream tobacco smoke is about 4 times more toxic than mainstream tobacco smoke, it is inhaled by others in a more diluted form so tobacco smoke is not as harmful to bystanders as it is to the smoker. E-cigarettes do not use combustion and there is no sidestream vapour so the only source of second hand vapour is that exhaled by the user. The relatively limited evidence to date suggests toxicants may be present but mostly at much lower levels in second hand e-cigarette vapour than second-hand cigarette smoke [9] [10] [11] [12].The relative harm to both users and bystanders is likely to be much lower than that of tobacco.

10. We do not believe the Bill as currently drafted offers an appropriate balance between the potential benefits of helping large numbers of smokers to quit using e-cigarettes versus the potential risks in terms of renormalization or gateway effect, for which there is limited, if any, evidence.

What are your views on extending restrictions on smoking and e-cigarettes to some non-enclosed spaces (examples might include hospital grounds and children's playgrounds)?

11. We believe tobacco products and e-cigarettes require different regulatory approaches which use different regulatory frameworks, to recognise their likely relative harms and the role the latter can play in helping some people to quit smoking. The arguments in favour of smokefree legislation relating to tobacco smoke are not relevant for e-cigarettes based on the evidence available.

12. NICE guidance is clear that non-smoking should be the norm in all NHS premises and grounds.[13] The guidance states that hospitals should ensure that there are no designated smoking areas or staff-facilitated smoking breaks for anyone using secondary care services.

13. We support the principal that patients should not be exposed to carcinogenic tobacco smoke in the very place they have gone to get well. We are aware that Health Boards across Scotland have already implemented completely smokefree policies[14][15]. We note the recommendations of the WHO which highlight that compliance with smokefree legislation requires three components: good legislation, a good enforcement strategy and; a good communications and outreach strategy.[16] This supports the case that compliance with Health Boards' smokefree policies would be improved through the granting of a legislative mandate. However, there were a number of issues which we raised in response to the Scottish Government's consultation on the issue with respect to the enforcement of smokefree bans:

- There are issues of enforcement which need to be confronted, one of the most pressing is the size of some NHS facilities, which are not 'contained', but rather are separated by trunk roads and alike. It will be extremely difficult to prevent enforcement across such large areas becoming an arbitrary exercise.
- The responsibility of that enforcement is unclear. The Royal College of Nursing, for example, have been clear in their position that nursing staff should not be expected to enforce complete smokefree bans[17].

14. A number of media reports have noted the practical difficulty of enforcing the smokefree policies in NHS sites across Scotland[18][19][20]. While this does not constitute an 'evaluation' of the measures, it does highlight the high-level scrutiny these measures are subject to.

15. It may be appropriate, as has been the case with a number of local authorities in England and Wales, to introduce voluntary bans on tobacco smoking in areas such as children's playgrounds, parks and school grounds.

Do you have any views on whether the use of e-cigarettes re-normalizes smoking behaviours in smoke-free areas, and whether, given their appearance in replicating cigarettes, inadvertently promote smoking?

16. One of the consequences of the smokefree legislation was to 'denormalise' smoking which helped to facilitate quit attempts.[21][22] We recognise there are concerns that the introduction of new behaviours that imitate smoking may undermine the denormalisation of smoking and may affect the number of people who quit but there is very limited evidence to support this view. It is equally fair to argue that the converse could be true and e-cigarettes could normalise quitting and moving away from tobacco, though again there is insufficient evidence to say which way this would go.

17. One study has shown that exposure to e-cigarette use does increase the urge to smoke among young adult daily smokers.[23] However, there were some methodological problems with this small, lab-based

study and it is unclear to what extent e-cigarette use will increase urges to smoke in a real world context. Furthermore this study was conducted in 2013 using a cig-a-like e-cigarette so we cannot say whether this finding would still be applicable as public perception of e-cigarettes progresses or for newer devices that do not resemble a cigarette. Further research is needed to understand how exposure to e-cigarettes affects attitudes towards smoking conventional tobacco cigarettes amongst smokers and non-smokers.

Do you have any views on whether e-cigarettes are particularly appealing to young people and could lead to a greater uptake of their use among this age group, and which may ultimately lead to smoking tobacco products?

18. Uptake of e-cigarettes by children is of concern because nicotine use in adolescence may cause lasting adverse consequences for brain development.[24] We support restrictions on advertising and age of sale to ensure they do not appeal to children.

19. We recognise there are concerns that the use of e-cigarettes may renormalize the use of tobacco among children, but this is currently speculation and there is insufficient evidence to support this view.

20. Currently, there is little evidence that children are using e-cigarettes in great numbers. In particular, among children who have never smoked only 1% of children surveyed have used an e-cigarette once or twice in the UK.[2] However, this is subject to regional variation with some areas showing evidence of higher use.

21. For example, in Wales, the proportion of children aged 11-16 years old who had never smoked but had experimented with e-cigarettes was 5.3% at age 10-11 and 8.0% at age 15-16. Importantly, this does not translate to regular use with only 0.3% of never smokers regularly using e-cigarettes more than once a month.[25]

22. Experimentation with e-cigarettes in 'never smokers' remains low and coincides with the continuing decline in youth smoking – for now arguments about renormalisation and e-cigarettes being a gateway to taking up smoking aren't based on evidence.

Do you have any views on whether restricting the use of e-cigarettes in current smoke-free areas will aid managers of premises to enforce the current non-smoking regime?

23. We recognise that the growth of e-cigarette use may present some challenges for individual businesses and organisations. However, so far there remains very little evidence of systematic problems around the enforcement of the current smoking ban which has high compliance rates. A more effective solution would be the provision of further information and guidance to local authorities and businesses to help them make sure that the enforcement of the current ban on tobacco use continues. Such guidance should be developed with expert organisations.

Do you have any views on the level of fines to be imposed on a person guilty of offences listed under this Part?

24. As previously stated we do not believe that it would be a proportionate response to ban the use of e-cigarettes in enclosed spaces and work places. We believe that should the Welsh Government wish to pursue a ban, greater consideration should be given to how best it can be done to minimise unintended consequences. Given the differences between e-cigarettes and traditional tobacco cigarettes, they would need to undertake a detailed assessment to determine which enclosed public places and work places any potential ban would apply to.

25. Given the likely reduced harm of second hand vapour compared to second hand smoke, it would **not** be reasonable to apply the same penalties for use of e-cigarette as for use of tobacco cigarettes in smokefree places.

Do you agree with the proposal to establish a national register of retailers of tobacco and nicotine products?

26. Cancer Research UK supports the introduction of a tobacco retailer's register is Wales, in consideration of the following points**:**

- A tobacco retailers' register can reduce illegal tobacco sales to minors – through enabling easier detection and enforcement by Trading Standards Officers. The Chartered Institute of Environmental Health recognises that a positive licensing system (as proposed in this consultation) provides an effective deterrent to retailers considering selling tobacco to underage customers.[26,27]
- In enabling easier identification of retailers who sell tobacco, a retail register would also enable analysis of tobacco retailer outlet density – which evidence shows has contributed to the underage purchase in 'high-risk' areas such as near schools, and which may inform further policy.[28,29,30]

27. Legislation introducing a form of a tobacco retail registers' has already been introduced in Scotland[31], Northern Ireland[32] and The Republic of Ireland[33]. In Scotland, the first country to introduce such a measure, the *Tobacco Strategy for Scotland* notes the register has allowed enforcement agencies to target their activity.[34]

28. Evidence also suggests that simply providing information about the law is not effective, but sustained compliance is reliant on regular enforcement (or warning thereof)[35], underlining the importance that the measure is backed by a commitment to support compliance.

Do you believe the establishment of a register will help protect under 18s from accessing tobacco and nicotine products?

29. Trading Standards Officers have commented that a tobacco retailers' register would help them to identify retailers who sell tobacco once the display ban[36] is operational in small shops in April 2015. Furthermore, as noted in the response to question one, the *Tobacco Strategy for Scotland* notes their register has allowed enforcement agencies to target their activity.[37]

30. Based on this information, we believe a central register of tobacco sellers, maintained by a nominated local authority, would assist in the enforcement of the display ban – providing the scheme is adequately funded and staffed, and coordinated between the nominated local authority and Trading Standards officers.

What are your views on creating a new offence for knowingly handing over tobacco and nicotine products to a person under 18, which is the legal age of sale in Wales?

31. There is insufficient evidence to demonstrate whether or not there is a significant number of young people accessing tobacco products over the internet.

32. However, the EU Tobacco Products Directive (TPD) (2014/40/EU) recognises the potential for tobacco control legislation to be undermined by cross-border distance sales, and gives a proviso for member states to prohibit cross-border distance sales of tobacco and related products[i].

i See section (33) of Directive 2014/40/EU on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco and related products and repealing Directive 2001/37/EC: *Cross-border distance sales of tobacco products could facilitate access to tobacco products that do not comply with this Directive. There is also an increased risk that young people would get access to tobacco products. Consequently, there is a risk that tobacco control legislation would*

33. We believe that more research is needed to give a clearer picture, but welcome the enabling instrument which the TPD has put in place in enabling member states to act if they choose to do so. Therefore, if research demonstrated there to be a problem, implementation of UK-wide action would be optimal.

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References

1 Registered charity in England and Wales (1089464), Scotland (SC041666) and the Isle of Man (1103). Registered as a company limited by guarantee in England & Wales No.4325234. Registered address: Angel Building, 407 St John Street, London EC1V 4AD
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be undermined. Member States should, therefore, be allowed to prohibit cross-border distance sales. Where cross-border distance sales are not prohibited, common rules on the registration of retail outlets engaging in such sales are appropriate to ensure the effectiveness of this Directive. Member States should, in accordance with Article 4(3) of the Treaty on European Union (TEU) cooperate with each other in order to facilitate the implementation of this Directive, in particular with respect to measures taken as regards cross-border distance sales of tobacco products.

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Royal College of Physicians | Coleg Brenhinol y Meddygon (Cymru)

National Assembly for Wales / Cynulliad Cenedlaethol Cymru
Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal Cymdeithasol

Public Health (Wales) Bill / Bil Iechyd y Cyhoedd (Cymru)
Evidence from Royal College of Physicians – PHB 25 / Tystiolaeth gan Goleg Brenhinol y Meddygon – PHB 25

Bil Iechyd y Cyhoedd (Cymru)

Ymateb i'r ymgynghoriad gan RCP (Cymru)

About us

The Royal College of Physicians (RCP) plays a leading role in the delivery of high quality patient care by setting standards of medical practice and promoting clinical excellence. We provide physicians in Wales and across the world with education, training and support throughout their careers. As an independent body representing more than 29,000 fellows and members worldwide, including 800 in Wales, we advise and work with government, the public, patients and other professions to improve health and healthcare.

Amdanom ni

Mae Coleg Brenhinol y Meddygon yn arwain y ffordd o ran darparu gofal o ansawdd uchel i gleifion drwy osod safonau ar gyfer arferion meddygol a hybu rhagoriaeth glinigol. Rydym yn darparu addysg, hyfforddiant a chefnogaeth i feddygon yng Nghymru a ledled y byd drwy gydol eu gyrfa. Fel corff annibynnol sy'n cynrychioli mwy na 29,000 o gymrodorion ac aelodau ym mhedwar ban byd, gan gynnwys 800 yng Nghymru, rydym yn cynghori ac yn gweithio gyda'r llywodraeth, y cyhoedd, cleifion, a gweithwyr proffesiynol eraill i wella iechyd a gofal iechyd.

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25 Awst 2015

Annwyl gydweithiwr,

YMGYNGHORIAD AR FIL IECHYD Y CYHOEDD (CYMRU) GAN LYWODRAETH CYMRU

Diolch i chi am y cyfle i roi tystiolaeth ysgrifenedig a llafar ar ymgynghoriad Llywodraeth Cymru ar Fil Iechyd y Cyhoedd (Cymru).

Ein Hymateb

Mae'r RCP yn cytuno y dylai

- bil iechyd y cyhoedd fod yn *fframwaith galluogi* ar gyfer deddfwriaeth iechyd y cyhoedd newydd ac yn y dyfodol
- deddfwriaeth fod yn gymesur, yn seiliedig ar dystiolaeth ac yn hanfodol mewn rhai amgylchiadau
- fod cofrestr manwerthu tybaco yng Nghymru
- fod gwaharddiad ar werthu e-sigarét i bobl sydd dan 18 oed
- ysmygu sigarét gael ei wahardd ar dir ysbytai a meysydd chwarae plant.

Nid yw'r RCP yn cytuno y dylai

- bod gwaharddiad llwyr ar e-sigarét mewn lleoedd cyhoeddus gan fod hyn yn wrthgynhyrchiol ac nid yw'n adlewyrchu'r sylfaen dystiolaeth ar yr hon y dylai'r llywodraeth geisio llunio deddfwriaeth

Mae'r RCP yn annog y llywodraeth i

- gynnal y ffocws ar iechyd cyhoeddus ac *iechyd i bawb* mewn polisïau

- estyn y rheoliadau presennol ar gyfer safonau bwyd
- ailddatgan y rheidrwydd i'r GIG weithredu Llwybr Gordewdra Cymru Gyfan yn llawn
- sefydlu Fforwm Cenedlaethol gydag arweinyddiaeth trawslywodraethol er mwyn ymdrin â Gordewdra
- deddfu cyn gynted ag sy'n bosibl er mwyn lleihau'r niwed o yfed gormod o alcohol

Cyflwyniad

Mae'r RCP yn credu'n gryf y dylai'r bil iechyd y cyhoedd hwn fod yn sylweddol a gweithredu fel *fframwaith galluogi* a fydd yn symbylu ac yn cefnogi Llywodraeth Cymru a chyrff eraill i ymdrin â phroblemau iechyd y cyhoedd sy'n dod i'r amlwg fel y maen nhw'n ymddangos yn rhagweithiol ac yn gweithredu yn ogystal fel y 'fframwaith' ar gyfer deddfwriaeth a rheoliadau yn y dyfodol.

Mae'r RCP yn credu y dylai'r Bil

- amlinellu'n eglur y cyfeiriad, yr uchelgais a'r fframwaith ar gyfer polisi iechyd y cyhoedd yng Nghymru, yn cynnwys diffinio swyddogaeth unigryw Llywodraeth Cymru, ei chymwyseddau deddfwriaethol uniongyrchol a'r rhai hynny sydd ar gael i Gymru ar gyfer y dyfodol
- sbarduno a chefnogi newid seiliedig ar dystiolaeth sydd wedi'i dargedu ar iechyd a llesiant preswylwyr Cymru ac mae'n bwysig, fel blaenoriaeth, cyflwyno deddfwriaeth sydd wedi'i phrofi er mwyn leihau anghydraddoldebau
- dod yn gydran hanfodol ac ar wahân o'r arfau deddfwriaethol sydd ar gael i Lywodraeth Cymru, a thrwy wneud hynny, lliniaru'r potensial ar gyfer Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 a'r gofyn ar gyrff cyhoeddus i gynhyrchu cynlluniau llesiant lleol i fod yr unig gyfrwng ar gyfer ymdrin â heriau iechyd y cyhoedd sy'n wynebu Cymru
- gorchymyn deddfwriaeth, ond dylai'i ddefnydd fod yn gymesur ac yn adlewyrchu sylfaen dystiolaeth gadarn bob amser.

Wrth ddarparu tystiolaeth ddiweddar i'r Pwyllgor Iechyd a Gofal Cymdeithasol ym mis Mehefin 2015, cyfeiriodd y Gweinidog Iechyd at gyfyngiadau a therfynau'r pwerau sydd ar gael yng Nghymru i gael eu gweithredu'n syth. Rydym yn cydnabod y sefyllfa hon, ond rydym yn rhwystredig fod hyn yn atal Cymru rhag cymryd dull rhagweithiol ehangach a mwy uniongyrchol er mwyn lliniaru heriau brys iechyd y cyhoedd fel yr epidemig gordewdra a lleihau niwed o'r niferoedd cynyddol o bobl sy'n yfed gormod o alcohol. Nodwn fod y gweinidog wedi datgan y

> *'ceir cyfyngiadau gwirioneddol arnom, ac mae'r cyfyngiadau hynny yn arbennig ym maes gordewdra'*

Bydd yr RCP yn parhau i roi ei gefnogaeth, drwy dynnu ar ei aelodaeth eang a'i wybodaeth, i gynorthwyo Llywodraeth Cymru i ddylanwadu ar bolisi heb ei ddatganoli yn Llywodraeth San Steffan, yn ogystal â chefnogi Llywodraeth Cymru i gael pwerau datganoledig ychwanegol ar gyfer Cymru er mwyn gweithredu deddfwriaeth sy'n adlewyrchu polisi a dyheadau'r RCP.

Ein Hymateb

Rhan dau: Cynhyrchion tybaco a nicotin

Dros y ddegawd olaf, mae'r RCP wedi siarad yn bwerus o blaid lleihau'r niwed i bobl sy'n gaeth i ysmygu tybaco. Mae'r RCP yn cydnabod bod sigarét's electronig a dyfeisiadau nicotin newydd eraill yn gallu darparu ffordd amgen, effeithiol, fforddiadwy i ysmygu tybaco ac sydd ar gael yn hawdd gan

fanwerthwyr. Yn ôl adolygiad tystiolaeth annibynnol ddiweddar o e-sigarét gan *Public Health England*, a gyhoeddwyd ym mis Awst 2015, mae gan e-sigarét y potensial i leihau lefelau ysmygu yn sylweddol, ac maen nhw'n 95% yn llai niweidiol nag ysmygu tybaco. Mae'r adolygiad diweddaraf hwn yn darparu tystiolaeth gadarn i gefnogi ein barn bod ysmygu e-sigarét yn arf effeithiol a gwerthfawr er mwyn cefnogi pobl i roi'r gorau i ysmygu ac nad yw'n darparu llwybr i bobl ddechrau ysmygu sigarét.

Nid yw'r RCP yn cefnogi gwaharddiad cynhwysfawr ar ddefnyddio e-sigarét mewn lleoedd cyhoeddus caeedig a sylweddol gaeedig. Mae'r adroddiad diweddar a gyhoeddwyd gan *Public Health England* yn dangos yn eglur bod ysmygu e-sigarét wedi dod yn ddull poblogaidd i roi'r gorau i ysmygu tybaco. Nid oes unrhyw dystiolaeth fod ysmygu e-sigarét mewn lleoedd caeedig yn achosi risg sylweddol i bob eraill wrth anadlu ei anwedd. Yn ogystal, rydym yn nodi'r cyhoeddiad diweddar fod Llywodraeth yr Alban wedi tynnu bwriad tebyg yn ôl, gan gydnabod bod buddion iechyd i ysmygwyr wrth ddefnyddio e-sigarét. Rydym yn teimlo bod gwaharddiad cyfan gwbl ar ddyfeisiadau sy'n cynnwys nicotin (e-sigarét) mewn lleoedd cyhoeddus yn annoeth ac yn wwrthgynhyrchiol, ac nid yw'n adlewyrchu'r sylfaen dystiolaeth y dylai'r llywodraeth ei geisio er mwyn cyflwyno deddfwriaeth newydd. Ni fydd yn helpu i gyflawni targed uchelgeisiol Llywodraeth Cymru er mwyn lleihau cyfraddau ysmygu i 16% erbyn 2020; fodd bynnag, mae'n hanfodol bwysig y dylai effeithiau ysmygu e-sigarét mewn lleoedd cyhoeddus barhau i gael eu monitro.

Rydym yn cefnogi'n gryf y pwysigrwydd o reoleiddio e-sigarét er mwyn sicrhau eu diogelwch a gosod rheolau priodol wrth eu gwerthu a'u marchnata. Rydym yn nodi'r gofyniad i Gymru gydymffurfio â Chyfarwyddeb Cynhyrchion Tybaco'r UE sy'n dod i rym ym mis Mawrth 2016. Nid yw'r RCP yn ymwybodol o unrhyw dystiolaeth sy'n dangos bod sigarét electronig yn normaleiddio ysmygu tybaco mewn lleoedd cyhoeddus dan do, er y bydd yn bwysig diogelu'r defnydd o e-sigarét drwy gyfyngiadau ar hysbysebu a marchnata, a mesurau eraill i sicrhau nad yw e-sigarét yn cael eu hyrwyddo fel eitem ffasiwn, yn arbennig felly, i blant.

Pe bai gwaharddiad ar ddefnyddio e-sigarét mewn lleoedd cyhoeddus caeedig a sylweddol gaeedig yn cael ei weithredu yng Nghymru, **byddwn yn cefnogi esemptiad ar gyfer y rhai hynny sy'n byw mewn carchar**. Mae nifer achosion o ysmygu mewn carchardai yn parhau ar lefel sylweddol uwch na'r boblogaeth yn gyffredinol, ac mae hyn yn rhoi carcharorion a staff mewn risg o niwed a achoswyd drwy anadlu mwg. Mae'n hanfodol bod carcharorion yn cael help a chefnogaeth i roi'r gorau i ysmygu, a allai gynnwys defnyddio e-sigarét mewn ffordd a reolir.

Mae'r RCP yn cefnogi gwaharddiad ar ysmygu tybaco yn gryf ar dir ysbytai ac mewn meysydd chwarae i blant. Mae'r sefyllfa o waharddiad gwirfoddol yn creu ansicrwydd, dryswch ac mae angen deddfwriaeth er mwyn sicrhau nad yw pobl yn dioddef o effeithiau niweidiol cynhyrchion sy'n cynnwys tybaco. Mae lleoedd cyhoeddus lle gall plant fod yn bresennol, cyfleusterau gofal iechyd, canolfannau hamdden a pharciau yn fannau cychwyn synhwyrol. Fodd bynnag, mae angen trafodaeth ar ba mor bell y dylai'r cyfyngiad hwn ymestyn. Mae'r RCP yn nodi bwriad rhai awdurdodau lleol yn Lloegr, er enghraifft Cyngor Brighton a Hove, i wahardd ysmygu ar ei draethau o 2016.

Creu cofrestr genedlaethol o fanwerthwyr a chynhyrchion nicotin

Mae'r RCP yn croesawu'r cynnig am gofrestr fanwerthu sy'n unol â Chynllun Gweithredu Rheoli Tybaco. Bu cyflwyno cofrestr fanwerthu yn yr Alban yn ffordd effeithiol o fonitro argaeledd a thueddiadau mewn argaeledd, ac felly byddwn yn cefnogi cyflwyno cynllun tebyg yng Nghymru. Yn ogystal, credwn y byddai cofrestr fanwerthu yn helpu awdurdodau lleol i ymdrin â'r broblem o werthu dan oed a chynorthwyo wrth orfodi'r gwaharddiad arddangos. Yn ogystal, mae ysmygu wedi'i ganoli

fwyfwy mewn rhannau llai cyfoethog o Gymru lle mae llawer efallai wedi prynu cynhyrchion tybaco sydd wedi cael eu smyglo neu sy'n ffug. Bydd cofrestr yn lliniaru effeithiau'r ymarfer hwn ar fusnesau bychain cyfreithlon. Croesewir unrhyw fesur sy'n helpu i leihau'r tebygrwydd o werthiant o dan oed yn gryf.

Mae'r RCP yn cefnogi rheoleiddio sigarét̂s electronig a chynhyrchion nicotin newydd eraill fel meddyginiaethau ac mae'n bwysig nodi, petai e-sigarét̂s yn cael eu rheoleiddio fel meddyginiaethau yn y DU gan Asiantaeth Rheoleiddio Meddyginiaethau a Chynhyrchion Gofal Iechyd (ARhMGI), byddai'n amhriodol i atal cleifion rhag defnyddio meddyginiaethau rhagnodedig o dan do.

Gwahardd rhoi cynhyrchion tybaco neu nicotin i rai o dan 18 oed

Rydym yn croesawu'r gwaharddiad arfaethedig ar werthu e-sigarét̂s i bobl o dan 18 oed, ac ar brynu e-sigarét̂s drwy ddirprwy i'r rhai hynny o dan 18 oed. Yn ogystal, byddem yn cefnogi mesurau i atal marchnata i blant a'r rhai nad ydyn nhw'n ysmygu, a rheoleiddio'r cynhyrchion hyn er mwyn gwarantu safonau ansawdd a diogelu defnyddwyr. Byddai'r cynnig ar gyfer ei wneud yn drosedd i roi cynhyrchion tybaco i unigolyn sydd o dan yr oed cyfreithiol i brynu cynhyrchion tybaco yn unol â mesurau eraill, fel y gwaharddiad ar beiriannau gwerthu, gwaharddiadau ar arddangos mewn mannau gwerthu a chyflwyno cofrestr fanwerthu, er mwyn cyfyngu mynediad pobl ifanc i gynhyrchion tybaco cyn belled ag sy'n bosibl.

Mae'r RCP yn cefnogi'r cynnig i ddefnyddio gorchmynion mangre o dan gyfyngiad (GMGau) wedi'u gweithredu drwy swyddogion gorfodi'r awdurdodau lleol yng Nghymru fel ataliad pellach er mwyn lleihau gwerthiant p dan oed o gynhyrchion sy'n cynnwys tybaco.

Sylwadau eraill

Mae ffocws cyfyng yr ymgynghoriad arbennig hwn yn cael ei ddeall, a gwnaethom groesawu'r cyhoeddiad diweddar gan Lywodraeth Cymru i ymgynghori ar gynnig i osod isafbris o 50c yr uned am alcohol. Fodd bynnag, mae'r RCP yn dymuno cymryd y cyfle hwn i ailddatgan ei bryder ynglŷn â'r canlynol:

Cynnal y ffocws ar iechyd cyhoeddus ac iechyd i bawb mewn polisïau

- Mewn amser o gyni a phwysau uniongyrchol ar wasanaethau, mae'r lefel buddsoddiad mewn iechyd cyhoeddus a chamau i weithredu polisïau iechyd cyhoeddus yn llithro i lawr yr agenda. Mae maint a chwmpas yr 'her iechyd cyhoeddus ataliadwy' yn parhau i godi ar raddfa frawychus. Mae angen ffocws parhaus ac arweinyddiaeth genedlaethol gref er mwyn hyd yn oed atal pwysau mwy ar adnoddau.

- Dylai Bil Iechyd y Cyhoedd (Cymru) gynnwys ymrwymiad i symud ***iechyd ym mhob polisi*** ymlaen, yn cynnwys darpariaeth yn y Bil i nodi'n ddiweddarach, cyfrifoldeb statudol i gwblhau asesiad effaith iechyd ar gyfer cynlluniau lleol a chenedlaethol. Petai hyn yn dod yn realiti, yn cynnwys polisïau'r polisïau'r llywodraeth, byddai'n codi proffil iechyd cyhoeddus mewn cymdeithas; helpu i gynyddu ymwybyddiaeth a gwybodaeth am faterion iechyd cyhoeddus pwysig a phryderon drwy adrannau'r llywodraeth ac ym mhob sector. Bydd yr RCP yn dilyn, gyda diddordeb, y datblygiad o Ddangosyddion Llesiant Cenedlaethol yn 2016 ac effeithiolrwydd y cynlluniau llesiant lleol arfaethedig gan gyrff cyhoeddus, a gobeithiwn y bydd y rhain yn rhoi hwb ymlaen i ymdrin â rhai o'n heriau cyson a chyffredin y mae clinigwyr yn dod ar eu traws yn rheolaidd.

Safonau bwyd, maethiad gwael a gordewdra

- Mae'r RCP yn siomedig nad yw rheoleiddio safonau bwyd mewn lleoliadau megis rhai cyn- ysgol ac mewn cartrefi gofal yn cael eu cynnwys o fewn Bil Iechyd y Cyhoedd (Cymru). Mae safonau bwyd yn cael effaith bwysig ar iechyd pobl.
- Mae risg bod lawer o gyflyrau cronig, yn arbennig felly, clefyd coronaidd y galon, gordewdra, diabetes a rhai canserau, yn cynyddu gyda diet gwael, ac amcangyfrifir bod clefydau sy'n gysylltiedig â diet yn costio oddeutu £6 biliwn y flwyddyn i'r GIG. Rhagwelir y bydd cost gordewdra yn unig yn cyrraedd £49.9 biliwn y flwyddyn erbyn 2050 gan adroddiad Foresight.[26] Mae Cymru yn wynebu rhai o'r heriau mwyaf yn y DU, gyda'r Rhaglen Mesur Plant yn adrodd bod nifer achosion o blant sy'n rhy drwm neu sy'n ordew yn 26% yn y flwyddyn dderbyn.[27]
- Gall cynnal safonau bwyd, yn arbennig felly, mewn lleoliadau iechyd fel ysbytai sy'n ceisio cadw pobl yn iach, ddylanwadu ar ganfyddiad pobl o fwydydd sy'n cael eu hystyried yn dderbyniol ac yn iach. Mae'r sector cyhoeddus yn darparu bwyd ar gyfer rhai o'r bobl dlotaf a'r mwyaf bregus sy'n byw yng Nghymru. Mae Safonau Maeth ac Arlwyo ar gyfer Bwyd a Diod ar gyfer Cleifion Preswyl mewn Ysbytai, a'r safonau Fframwaith Bwydlenni Ysbytai Cymru Gyfan yn sicrhau bod cleifion yn derbyn maethiad digonol i gynorthwyo eu hadferiad tra maen nhw yn yr ysbyty, ond gellir cyflawni llawer mwy os ydym yn sicrhau bod prydau a bwyd iach a chytbwys yn cael eu cynnig mewn bwytai staff (a all yn ogystal gynnwys staff, cleifion ac ymwelwyr). Byddai meini prawf gorfodol ar gyfer darparu eitemau manwerthu iachach yn unig mewn bwytai ysbytai a siopau yn helpu ysbytai yng Nghymru i gyflawni eu cyfrifoldeb dros wella iechyd y boblogaeth y maen nhw'n eu gwasanaethu.
- Byddai ymestyn y Gyfarwyddeb ar Werthu sy'n Hybu Iechyd mewn Ysbytai i mewn i leoliadau eraill yn y sector cyhoeddus, megis adeiladau Awdurdodau Lleol, yn cynnwys canolfannau hamdden a chanolfannau cymunedol, yn rhoi hwb ymlaen i'r newid diwylliannol sydd ei angen ynglŷn â bwyd iach ac afiach.
- Ymddengys bod argymhellion gan y Pwyllgor Iechyd a Gofal Cymdeithasol yn ystod 2014 a gweithredu **Llwybr Gordewdra Cymru Gyfan** gan y llywodraeth yn cael eu hanwybyddu, aros yn eu hunfan neu wedi sicrhau amlygrwydd cyfyngedig mewn dogfennau strategol a chynlluniau cyflawni Byrddau Iechyd Lleol.
- Cyfeiriodd y Cynllun Strategol dros Iechyd Cyhoeddus Cymru 2015-2018 at gamau gweithredu dros y tair blynedd nesaf i osgoi gordewdra mewn plant (0-7 oed); fodd bynnag, nid oedd yn nodi unrhyw gamau gweithredu ar gyfer oedolion na phlant hŷn. Mae data o Arolwg Iechyd Cymru o 2009/12 yn dangos bod 28 y cant o oedolion yn yr ardaloedd o amddifadedd mwyaf yng Nghymru yn ordew o'i gymharu â 17 y cant yn yr ardaloedd o amddifadedd lleiaf. Ar gyfer rhy drwm a gordewdra gyda'i gilydd, roedd y ffigyrau hyn yn 61 y cant yn yr ardaloedd o amddifadedd mwyaf a 53 y cant yn yr ardaloedd o amddifadedd lleiaf. Mae gordewdra yn cynyddu'r risgiau o glefydau, megis diabetes, clefyd y galon, canser a strôc. Mae angen dull holistaidd i ymdrin â'r epidemig gordewdra sy'n adnabod plant o fewn cyd-destun teuluol ac yn lleihau'r nifer cynyddol o oedolion sy'n dioddef o ordewdra.
- Mae'r potensial **ar gyfer arweiniad trawslywodraethol a grŵp cenedlaethol** i oruchwylio camau gweithredu cydgysylltiedig ar ordewdra yn enghraifft o sut y gall y llywodraeth ddangos

arweinyddiaeth, wrth hwyluso ymgysylltiad strategol o amrediad eang o randdeiliaid a all, gyda'i gilydd, drefnu adnoddau sylweddol a chael effaith sylweddol ar ddatrys problemau a rennir. Byddai'r RCP yn ymrwymo'n llwyr i fforwm o'r fath, ac yn ei gefnogi.

Lleihau'r niwed o orddefnyddio alcohol

- Dylid cymryd cyfleoedd i gyfyngu ar hysbysebu alcohol a thrawsfarchnata alcohol mewn siopau manwerthu, fel y gall Cymru fabwysiadu ymarferion deddfwriaethol tebyg i'r Alban, lle y bo hynny'n bosibl.
- Rydym yn croesawu yr ymgynghoriad ar Ddrafft y Bil Iechyd y Cyhoedd (Isafsbris am Alcohol) yn gryf.

Yn olaf, mae'r RCP yn falch o dderbyn gwahoddiad i roi tystiolaeth lafar a thrafod ein safbwyntiau yn fwy manwl ar 17 Medi 2015. Bydd Dr David Price, Cynghorydd Rhanbarthol dros yr RCP yng Nghymru a Beverlea Frowen yn bresennol.

Gyda dymuniadau gorau,

Dr Alan Rees
RCP vice president for Wales
Is-lywydd yr RCP dros Gymru

Dr Andrew Goddard
RCP registrar
Cofrestrydd yr RCP

Faculty of Public Health

Of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

National Assembly for Wales / Cynulliad Cenedlaethol Cymru
Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal Cymdeithasol

Public Health (Wales) Bill / Bil Iechyd y Cyhoedd (Cymru)

Evidence from UK Faculty of Public Health – PHB 67 / Tystiolaeth gan Cyfadran Iechyd y Cyhoedd y DU – PHB 67

Health and Social Care Committee
National Assembly for Wales
Pierhead Street
Cardiff CF99 1NA
SeneddHealth@Assembly.Wales

3 September 2015

UK Faculty of Public Health response to the National Assembly for Wales consultation of the Public Health (Wales) Bill

About the UK Faculty of Public Health

The UK Faculty of Public Health (FPH) is committed to improving and protecting people's mental and physical health and wellbeing. FPH is a joint faculty of the three Royal Colleges of Public Health Physicians of the United Kingdom (London, Edinburgh and Glasgow). Our vision is for better health for all, where people are able to achieve their fullest potential for a healthy, fulfilling life through a fair and equitable society. We work to promote understanding and to drive improvements in public health policy and practice.

As the leading professional body for public health specialists in the UK, our members are trained to the highest possible standards of public health competence and practice – as set by FPH. With 3,300 members based in the UK and internationally, we work to develop knowledge and understanding, and to promote excellence in the field of public health. For more than 40 years we have been at the forefront of developing and expanding the public health workforce and profession.

Consultation response

The UK Faculty of Public Health (FPH) welcomes this opportunity to respond to the National Assembly for Wales' consultation of the Public Health (Wales) Bill. At each stage of the development of the proposed Bill, FPH has responded to each relevant consultation, including on both the Green Paper[1] and the White Paper.[2]

FPH strongly supports Wales' commitment to Health in All Policies and the new Future Generations Act and we are pleased to see the proposal for separate legislation on minimum unit pricing of alcohol. However, we are concerned that key prevention measures have been left out of the proposed Public

[1] UK Faculty of Public Health, Response to Welsh Government Green Paper about whether a public health bill is needed for Wales, 2013, http://bit.ly/1O0veAx
[2] UK Faculty of Public Health, http://bit.ly/1nQwVAX, response to the Welsh Government consultation of the Public Health White Paper, "Listening to you – Health Matters"

Health (Wales) Bill, most notably, provisions to tackle obesity including policies to develop nutritional standards and address the relative affordability of healthy food.

The broad ranging proposals set out within the White Paper consultation that preceded this latest consultation were very encouraging, including action to reduce the harms to health caused by smoking, alcohol misuse and obesity. As the Welsh Government indicated, and FPH was confident of, they provided a set of practical actions which, when combined, would have a positive impact on health and wellbeing in Wales.

FPH further reiterates and emphases that a firm commitment to upstream legislative action to ensure health is at the heart of all national and local government policy formulation – thereby reducing health inequalities by taking action across all social and economic determinants of health – is critical. We therefore strongly advocate that a framework for health in all policies should form a central pillar of an eventual public health Bill, ensuring strong cross-sectoral collaborative links may be made and a strategic national approach adopted, supported by local initiatives.

We thus underscore the importance of the introduction of a statutory duty on Ministers to consider the health impact of all policies developed across the Welsh Government, which will be of practical utility in improving health outcomes and reducing health inequalities. This will ensure that public health is at the heart of wide ranging departmental portfolios and central to policy formulation, e.g. in relation to the economy, transport, town planning, housing and the environment, early years, mental health and wellbeing and education (including adult education).

It is regrettable that this consultation does not also build on the positive signal made within the original Green Paper, in which significant weight was given to this pioneering and progressive public policy proposal which would have the potential to make a tremendous impact on the health of the Welsh population. FPH would welcome the opportunity to discuss this issue in greater detail and offers the support of our expert membership to the Welsh Government in addressing these important concerns.

In relation to electronic cigarettes, FPH draws attention to our existing policy statement on this matter.[3] FPH strongly believes that the ideal regulatory framework for electronic cigarettes should prevent initiation among youth and other non-tobacco users and protect bystanders. It should also maximise product safety and enable current smokers who would not or cannot otherwise quit to move to electronic cigarettes.

We recognise that it is difficult for a single regulatory framework to achieve all these aims. We note that regulations already agreed under the 2014 EU Tobacco Products Directive (TPD) will come into force in 2016. These stipulate that electronic cigarettes can either be regulated as medicines (and then subject to the same marketing controls as medicines) or as consumer products (and then subject to the same marketing controls as tobacco).

FPH recognises the advantages of this regulatory approach, and, in particular the marketing controls it puts on electronic cigarettes. The UK Government is permitted to implement the Tobacco Products Directive without delay and we strongly encourage it to do so. FPH is concerned about the high levels of marketing and exposure (e.g. through use in public places) that young people will be exposed to between now and 2016. As such it recommends that:

- comprehensive controls on marketing in line with the TPD should be urgently implemented
- as such, unlicensed products should be subject to the same comprehensive and binding marketing controls as tobacco products so that they cannot be marketed or advertised
- marketing controls should extend to bans on the sponsorship of sports clubs or sporting events, any events targeting young people, product placement, use of flavours designed to

[3] UK Faculty of Public Health, Policy Statement on Electronic Cigarettes, July 2014, http://bit.ly/1Iz8M0i

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appeal to youth and celebrity spokespersons – no advertising or use should ‘re-normalise‘ or ‘re-glamourise‘ smoking and undermine smoking prevention policies
- all products, whether licenced as medicines or consumer products, should be required to carry a health warning clearly indicating the addictive nature of nicotine and detailing ingredients and their safety, and also encourage smoking cessation, with links to the NHS Smokefree website
- outlets selling electronic cigarettes should provide information on the dangers of smoking, the addictive nature of nicotine and encourage cessation
- until further information is available on effectiveness as a quit product, smokers should be informed that the most effective means of quitting is via the NHS stop smoking service
- age of sale legislation on e-cigarettes should be actively enforced
- a ban on use in public places should be introduced in order to protect bystanders
- products must be consistent in quality and deliver nicotine as effectively and safely as possible
- independent data on exclusive and ‘dual use‘ by socioeconomic status should be collected
- studies must be in place to detect any small changes in youth smoking rates in a timely manner

In light of evidence showing how the tobacco industry intends to misuse its claimed interest in harm reduction, FPH stresses that full weight should be accorded to Article 5.3 of the FCTC. Developments should be closely monitored and independent data on use of electronic cigarettes by socioeconomic status should be collected.

FPH, for the reasons outlined within our policy statement on electronic cigarettes, fully supports the restriction of the use of electronic cigarettes in enclosed and substantially enclosed public and work places, bringing the use of these devices into line with existing provisions on smoking. FPH also supports the prohibition of handing over of tobacco or nicotine products to people under the age of 18, and the creation of a national register or retailers of tobacco and nicotine products (as outlined in our previous response to the White Paper.

FPH also supports the submission to this consultation made by the UK Public Health Forum.

For further information, please contact Mark Weiss, Senior Policy Officer UK Faculty of Public Health at: [redacted] or on [redacted].

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Eitem 8.1

Cofnodion cryno – Y Pwyllgor Iechyd a Gofal Cymdeithasol

Lleoliad:

Ystafell Bwyllgora 3 – Senedd

Dyddiad: Dydd Iau, 17 Medi 2015

Amser: 09.29 – 14.07

Gellir gwylio'r cyfarfod ar Senedd TV yn:

http://senedd.tv/cy/3223

Yn bresennol

Categori	Enwau
Aelodau'r Cynulliad:	David Rees AC (Cadeirydd) Alun Davies AC John Griffiths AC Altaf Hussain AC Elin Jones AC Lynne Neagle AC Gwyn R Price AC Lindsay Whittle AC Kirsty Williams AC
Tystion:	Dr Rodney Berman, Cymdeithas Feddygol Prydain Dr Stephen Monaghan, Cymdeithas Feddygol Prydain Dr Jane Fenton-May, Coleg Brenhinol yr Ymarferwyr Cyffredinol Cymru Paul Burgess, Cymdeithas Nyrsys Cosmetig Prydain

	Andrew Rankin, Cymdeithas Nyrsys Cosmetig Prydain Ashton Collins, Save Face Brett Collins, Save Face Dr Fortune Ncube, Epidemiolegydd Ymgynghorol ac Ymgynghorydd mewn Meddygaeth Iechyd Cyhoeddus Nick Pahl, y Cyngor Aciwbigo Prydeinig Sarah Calcott, Cymdeithas Prydain ar gyfer Tyllu'r Corff Lee Clements, Ffederasiwn Prydain ar gyfer Artistiaid Tatŵ
Staff y Pwyllgor:	Llinos Madeley (Clerc) Catherine Hunt (Ail Glerc) Sian Giddins (Dirprwy Glerc) Gareth Howells (Cynghorydd Cyfreithiol) Amy Clifton (Ymchwilydd) Philippa Watkins (Ymchwilydd)

Trawsgrifiad

Gweld trawsgrifiad o'r cyfarfod.

1 Cyflwyniadau, ymddiheuriadau a dirprwyon

1.1 Cafwyd ymddiheuriadau gan Darren Millar.

2 Bil Iechyd y Cyhoedd (Cymru): sesiwn dystiolaeth 6

2.1 Cafwyd ymddiheuriadau gan y Dr Dyfed Huws. Roedd y Dr Rodney Berman yn bresennol yn ei le.

2.2 Ymatebodd y tystion i gwestiynau gan yr Aelodau.

2.3 Cytunodd Cymdeithas Feddygol Prydain i ddarparu'r canlynol i'r Pwyllgor:

- y papurau y cyfeiriwyd atynt yn ystod y sesiwn dystiolaeth; a
- gwybodaeth am sut y mae gwledydd fel Norwy a Sweden, a thalaith De Awstralia wedi gweithredu asesiadau o'r effaith ar iechyd trwy ddeddfwriaeth.

3 Bil Iechyd y Cyhoedd (Cymru): fideo o dystiolaeth a gasglwyd ynglŷn â Rhan 3 (Triniaethau Arbennig)

3.1 Nododd y Pwyllgor y dystiolaeth a gasglwyd.

4 Bil Iechyd y Cyhoedd (Cymru): sesiwn dystiolaeth 7

4.1 Ymatebodd y tystion i gwestiynau gan yr Aelodau.

5 Bil Iechyd y Cyhoedd (Cymru): sesiwn dystiolaeth 8

5.1 Ymatebodd y tystion i gwestiynau gan yr Aelodau.

6 Bil Iechyd y Cyhoedd (Cymru): sesiwn dystiolaeth 9

6.1 Ymatebodd y tystion i gwestiynau gan yr Aelodau.

7 Bil Iechyd y Cyhoedd (Cymru): sesiwn dystiolaeth 10

7.1 Ymatebodd y tystion i gwestiynau gan yr Aelodau.

8 Papurau i'w nodi

8.1 Cofnodion y cyfarfodydd ar 9 a 15 Gorffennaf 2015

8.1a Nododd y Pwyllgor gofnodion y cyfarfodydd a gynhaliwyd ar 9 a 15 Gorffennaf 2015.

8.2 Bil Iechyd y Cyhoedd (Cymru): gwybodaeth ychwanegol gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol

8.2a Nododd y Pwyllgor y wybodaeth ychwanegol.

8.3 Bil Iechyd y Cyhoedd (Cymru): ymatebion i'r ymgynghoriad

8.3a Nododd y Pwyllgor yr ymatebion i'r ymgynghoriad.

8.4 Bil Rheoleiddio ac Arolygu Gofal Cymdeithasol (Cymru): ymateb y Gweinidog Iechyd a Gwasanaethau Cymdeithasol i adroddiad Cyfnod 1 y Pwyllgor

8.4a Nododd y Pwyllgor yr ymateb.

8.5 Bil Lefelau Diogel Staff Nyrsio (Cymru): gohebiaeth gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol

8.5a Nododd y Pwyllgor yr ohebiaeth.

8.6 Sesiwn graffu gyffredinol a chraffu ariannol gyda'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol a'r Dirprwy Weinidog Iechyd: gwybodaeth ychwanegol gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol

8.6a Nododd y Pwyllgor y wybodaeth ychwanegol.

8.7 Arweinydd Proffesiynol Cenedlaethol ar gyfer Gofal Sylfaenol yng Nghymru: gohebiaeth gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol

8.7a Nododd y Pwyllgor yr ohebiaeth.

8.8 Rheoliadau Gofal a Chymorth (Cymhwystra) (Cymru) 2015: gohebiaeth gan Gomisiynydd Pobl Hŷn Cymru

8.8a Nododd y Pwyllgor yr ohebiaeth.

8.9 P-04-603 Helpu Babanod 22 Wythnos Oed i Oroesi: gohebiaeth gan y Prif Swyddog Meddygol

8.9a Nododd y Pwyllgor yr ohebiaeth.

8.10 Cynlluniau tymor canolig ar gyfer byrddau iechyd ac ymddiriedolaethau'r GIG: gohebiaeth gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol

8.10a Nododd y Pwyllgor yr ohebiaeth.

8.11 Adolygiad o'r trefniadau clustnodi cyllid ar gyfer gwasanaethau iechyd meddwl yng Nghymru: gohebiaeth gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol

8.11a Nododd y Pwyllgor yr ohebiaeth.

9 Cynnig o dan Reolau Sefydlog 17.42(vi) a (ix) i benderfynu gwahardd y cyhoedd o weddill y cyfarfod hwn ac ar gyfer eitem 1 y cyfarfod ar 23 Medi 2015

9.1 Derbyniwyd y cynnig.

10 Bil Iechyd y Cyhoedd (Cymru): ystyried y dystiolaeth

10.1 Ystyriodd y Pwyllgor y dystiolaeth a ddaeth i law.

Cofnodion cryno – Y Pwyllgor Iechyd a Gofal Cymdeithasol

Lleoliad:

Ystafell Bwyllgora 3 – Senedd

Dyddiad: Dydd Mercher, 23 Medi 2015

Amser: 09.20 – 11.31

Gellir gwylio'r cyfarfod ar Senedd TV yn:

http://senedd.tv/cy/3230

Yn bresennol

Categori	Enwau
Aelodau'r Cynulliad:	David Rees AC (Cadeirydd) Alun Davies AC Altaf Hussain AC Elin Jones AC Darren Millar AC Gwyn R Price AC Lindsay Whittle AC
Tystion:	Katherine Devlin, Cymdeithas Fasnach y Diwydiant Sigaréts Trydanol Tom Pruen, Cymdeithas Fasnach y Diwydiant Sigaréts Trydanol Edward Woodall, Cymdeithas Siopau Cyfleustra
Staff y Pwyllgor:	Llinos Madeley (Clerc) Catherine Hunt (Ail Glerc) Sian Giddins (Dirprwy Glerc)

	Gareth Howells (Cynghorydd Cyfreithiol) Philippa Watkins (Ymchwilydd) Elisabeth Jones (Cynghorydd Cyfreithiol)

Trawsgrifiad

Gweld trawsgrifiad o'r cyfarfod.

1 Bil Iechyd y Cyhoedd (Cymru): Sesiwn friffio gan y Gwasanaeth Cyfreithiol

1.1 Cafodd aelodau sesiwn friffio gan y Gwasanaethau Cyfreithiol ar Fil Iechyd y Cyhoedd (Cymru).

2 Cyflwyniadau, ymddiheuriadau a dirprwyon

2.1 Cafwyd ymddiheuriadau gan John Griffiths, Kirsty Williams a Lynne Neagle.

3 Bil Iechyd y Cyhoedd (Cymru): sesiwn dystiolaeth 11

3.1 Ymatebodd y tystion i gwestiynau'r Aelodau.

3.2 Cytunodd y tystion i ddarparu i'r Pwyllgor dystiolaeth gan wasanaeth rhoi'r gorau i ysmygu yn Lloegr ynghylch y defnydd o ddyfeisiau anweddu ochr yn ochr â chynhyrchion a ragnodir fel ffordd o leihau'r defnydd o nicotin.

4 Bil Iechyd y Cyhoedd (Cymru): sesiwn dystiolaeth 12

4.1 Ymatebodd y tystion i gwestiynau gan yr Aelodau.

5 Papur i'w nodi

5.1 Bil Cymru Drafft: gohebiaeth gan y Llywydd

5.1a Nododd y Pwyllgor yr ohebiaeth.

5.2 Bil Iechyd y Cyhoedd (Cymru): canlyniadau arolwg y Pwyllgor

5.2a Nododd y Pwyllgor yr ymateb.

6 Cynnig o dan Reolau Sefydlog 17.42(vi) a (ix) i benderfynu gwahardd y cyhoedd o weddill y cyfarfod hwn ac ar gyfer eitem 1 y cyfarfod ar 1 Hydref 2015

6.1 Derbyniwyd y cynnig.

7 Bil Iechyd y Cyhoedd (Cymru): ystyried y dystiolaeth

7.1 Trafododd y Pwyllgor y dystiolaeth a ddaeth i law.

Eitem 8.2

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales

To: Sian Giddins
Deputy Clerk
Health and Social Care Committee
National Assembly for Wales

From: Quentin Sandifer
Executive Director of Public Health Services
Public Health Wales NHS Trust

28 August 2015

Submitted by email

Dear Sian,

In its oral evidence session at the Health and Social Care Committee meeting held on 9 July 2015, Public Health Wales was asked to provide the Committee with a note on the following matters:

The collaboration work being undertaken by Public Health Wales, Sport Wales and the Welsh Government to encourage physical activity in improving the health of local people

Public Health Wales, Welsh Government and Sport Wales have jointly appointed a new programme director for health and physical activity who will lead efforts to improve population health and reduce health inequalities by increasing physical activity levels.

Evidence shows that successful approaches to achieving this involve collaboration between many sectors and agencies. The programme director for health and physical activity will oversee the introduction of a coordinated approach to a range of policies – transport, education, social justice, health, housing and economic regeneration – to change the social, cultural, economic and environmental roots of inactivity in Wales.

An action plan is being finalised around the themes of Active Places, Active People and Activity for All.

Our views on whether financial incentives should be offered to assist local authorities in providing public toilets

Local authorities are best placed to comment on their ability to safeguard existing provision and to promote new facilities and the financial requirements to meet these objectives.

Our views on implementing a minimum age restriction for all body piercings

Public Health Wales recognises that ear piercing in young children is culturally accepted in some populations in Wales.

Current evidence indicates that if there is parental consent and support for the procedure and if sterile piercing equipment is used in a sterile and appropriate environment and the correct aftercare is provided, then there is no evidence of increased risk of infection in children.

As such, we do not believe there is sufficient evidence to challenge current practice.

Any additional tobacco control measures which should be considered for inclusion in the Bill

Wales is currently well placed according to international comparisons in the implementation of policy and legislation to minimise harm from tobacco use. The main area for future development would relate to hypothecated taxes or a levy on cigarette purchase or profits. Work has been done that has demonstrated that there is an artificial marketplace for tobacco products and that the normal competitive market forces do not operate, enabling high profits for manufacturers. In addition, most notably in California, a levy on every pack of cigarettes sold has funded public health action; they now have among the lowest smoking rates in the world. We recognise however, that these measures may not be within the current legislative competence of the National Assembly for Wales.

We would support early implementation of the extension of the smoking ban in enclosed public places to outdoor environments with a priority given to hospital grounds; school grounds; playing fields and outdoor leisure facilities; beaches and National Parks.

Any evidence which demonstrates the effect of residual and third hand vapours from e-cigarettes

The context for this question was an enquiry by a member of the Committee about any evidence of residue from e-cigarettes within the fabric of the room.

Evidence regarding indoor environmental residues from e-cigarettes is limited due to their recent commercial introduction. Awareness of 'third hand' contamination of surfaces and textiles from cigarette smoke and the potential for exposure via the skin, by breathing and by ingestion is, however, well established.

Research indicates that products of e-cigarette vaping results in the deposit of nicotine on surfaces including walls, wood and metal but primarily on floor and windows, resulting in a risk of third hand exposure to nicotine from e-cigarettes[1].

It has been reported that vaping in an eight cubic metre test chamber for half an hour or more does not measurably increase the trace quantities of a variety of organic chemicals above background levels, whereas cigarette smoking causes dramatic and rapid increases[2].

[1] Goniewicz ML, Lee L. Electronic cigarettes are a source of third hand exposure to nicotine. Nicotine and tobacco Research, 2014; doi: 10.1093/ntr/ntu152

[2] Nitzkin JL. The case in favor of e-cigarettes for tobacco harm reduction. Int J Environ Res.

A small study comparing residues from tobacco smoke and from e-cigarettes found that half of the homes of e-cigarette users had detectable surface nicotine deposits, whereas deposits were detected in the homes of all smokers. Nicotine levels in the homes of e-cigarette users was significantly lower than that found in the homes of cigarette smokers but not significantly different compared with the homes of non-users of nicotine containing products. The researchers concluded that nicotine is a common contaminant found on indoor surfaces and that using e-cigarettes indoors leads to significantly less third hand exposure to nicotine compared to smoking tobacco cigarettes[3].

The limited evidence indicates indoor environmental risks produced by e-cigarette vaping may be present to some degree, but is likely to be appreciably less hazardous than cigarette smoking.

The Executive Director of Public Health Services at Public Health Wales also noted the Committee's interest in the health risks associated with electrolysis and acupuncture. An appendix to this response is included that addresses this matter. It is informed by a review of the scientific literature since 2000 and by an analysis of the findings from the look back exercise undertaken recently in Newport, Gwent following concerns about skin infections identified in clients who had used a piercing and tattoo studio.

[3] Bush D, Goniewicz ML. A pilot study on nicotine residues in houses of electronic cigarette users, tobacco smokers, and non-users of nicotine containing products. Int J Drug Policy 2015; 26:8: 609-611

APPENDIX

a) Summary of evidence on Acupuncture, Electrolysis, Tattooing and Piercing

A review of evidence in scientific literature since 2000 examined the reported impacts of the four special procedures outlined in the draft Public Health Bill. This review identified 206 published articles from across the world and reviewed them to draw out key themes. The key points from this review were:

1 – Range and severity of potential adverse consequences is consistent across the four procedures.

Infections were the most commonly reported adverse consequences in case reports for all procedures identified. The causative agents for these infections were a wide range of bacteria, including *Haemophilus parainfluenzae, Staphylococcus aureus, Listeria monocytogenes, Psuedomonas* species , Non-tuberculous *Mycobacterium* and *Enterococcus faecalis*, and viruses (e.g. Hepatitis) .

In interpreting these findings it is important to note that the nature of the complications reported are different depending on the nature of the study reporting them. Cohort studies involving practitioner reporting of complications generally show high levels of minor consequences (e.g. minor bleeding, itching). This is a different picture to the case reports published by medical professionals which describe more unusual or severe outcomes and outbreaks. This makes estimation of the prevalence of infections following the procedures difficult.

Outbreaks of infectious disease have been reported in the academic literature for <u>all</u> of the special procedures listed. Similar causative agents (e.g. Non-tuberculous *Mycobacterium species* or hepatitis virus) are seen across these outbreaks.

The numbers of studies or reported cases are not necessarily the same, but this may reflect differences in prevalence of the procedure or management and reporting of cases. This is exemplified by electrolysis where only one study was identified within the time period and one older outbreak was subsequently identified. This may reflect a lower risk or a lower prevalence of the procedure being used – there is not sufficient evidence to say which of these applies.

As all procedures proposed in the legislation involve piercing the skin with a needle and the skin is the body's first line of defence against infection there is a *prima facia* case that the risks of infection posed by the procedures are similar. This is apparent in the evidence identified and for most procedures the organisms reported to be causing infection are similar. It is therefore important to ensure that standards of infection control and awareness of infections are similar across the procedures.

2 – Risk of severe outcome is dependent on type and location of procedure and patient characteristics

With many of the infectious adverse events the consequences range from minor localised infection to fatal or life changing outcomes for the case. There is evidence that there are a number of factors

which contribute to the severity of the outcome for patients. These factors include susceptibility of the client to serious infection and the body site where the procedure is carried out.

It is clear that diabetes and congenital heart conditions feature regularly in the case reports of severe and fatal outcomes. It is also clear that in some cases the client was aware of the condition but not that it carried an increased risk for the procedure. The outcomes including invasive group A streptococcus infection and infective endocarditis carry large costs for health services (e.g. heart valve transplant) and risks to the patient. Some evidence suggests that risks can be reduced in these vulnerable cases by good infection control or measures such as antibiotic prophylaxis.

For some special procedures specific locations and practices have been associated with increased risk. In piercing there is evidence that some piercing sites (high ear, tongue) carry substantially higher risks of complications and subsequent infection than others. This evidence of location specific risk does not exist for other special procedures. It is clear that tongue piercing in particular carries an especially high risk of complication for individuals, including bacterial endocarditis, aspiration of jewellery and dental issues, compared to other sites. Additionally, high ear piercing was associated with a larger number of outbreaks (mostly pseudomonas species) compared to other piercing sites. Similarly dilution of black ink to create grey during tattooing has been associated with a number of outbreaks of Non-tuberculous mycobacterium in the UK and worldwide.

It is therefore important that practitioners are equipped with sufficient knowledge of the risks to vulnerable patients and the increased risks associated with certain locations and practices in order to minimise the risk for patients and the population. Studies of practitioner knowledge in the UK suggest that this is not currently the case and minimum standards of training have been advocated.

Conclusion

Measures proposed by the Public Health (Wales) Bill requiring minimum standards for knowledge and practice for all special procedures to be set and enforced are proportionate to reduce the risks faced and necessary to protect public health. All four special procedures share the same risk factor, a needle is used to pierce the skin. Although each has technical differences, which alter the likelihood of infection transmission and the severity of infection if acquired, the similarity between the basic technique means that all should be regulated in the same way. The case in Wales supporting these conclusions has been reinforced by the findings from a recent health protection incident in Newport, Gwent, as described in the next section.

b) Newport look back

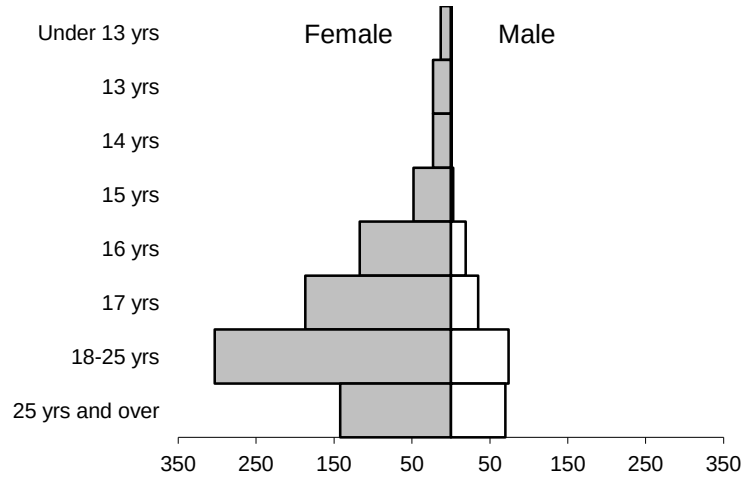
A cohort of people at risk of infection following a body piercing or tattoo at a premises under investigation (termed ‘at-risk cohort’) was identified. This ‘at-risk cohort’ was identified from client lists held at the premises and from people who self-presented following media reports of the incident, either through a Public Health Wales helpline or by directly attending a clinic session for a blood borne virus screen. The cohort represents only those who were known to the Health Board, and is unlikely to include all those who attended the premises under investigation.

In total 1069 people were included in this 'at risk cohort'; 680 from client lists, 337 from people contacting the Public Health Wales helpline and considered to be at risk, and 44 who self presented at a clinic session. Source of referral was not recorded for 8 people.

Age of cohort

Figure 1 illustrates the age profile of those identified in the look back exercise. The largest proportion are aged less than 18 years with many under 16 years.

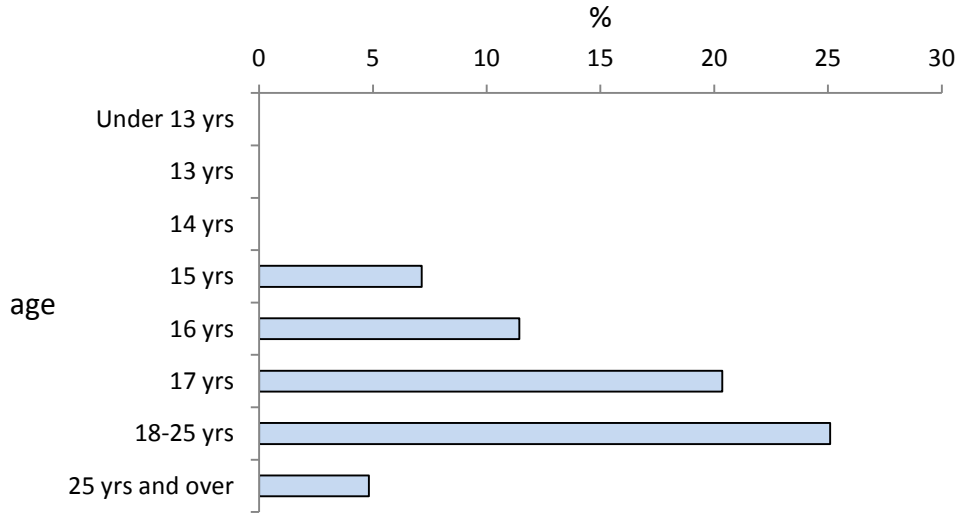
Figure 1. Age[1] and sex distribution of cohort of people considered to be at risk of infection following a piercing or tattoo at the premises under investigation ('at-risk cohort')



[1] Age as at May 2015

Figure 2 illustrates those identified who reported having 'intimate' piercings. It is of note that almost 1 in 15 are under 16 years of age. There are many more under the age of 18.

Figure 2. Proportion of individuals attending for a blood borne virus screen reporting a body piercing at an intimate site (nipples and/or genitals) by age group[1]



[1] Age as at May 2015

Evidence of harm

Of the 628 who reported having had a piercing in the previous two years, 215 (34%) reported having had a skin infection following the piercing. Infections were reported across all age groups. Forty-one of the 215 people (19%) reporting a skin infection stated that they had contacted a health service about the infection. Ten reported attending hospital. Twenty-nine percent (28/96 individuals) of those aged less than 16 years reported an infection, compared to 35% of those 16 years or older (187/532).

Proof of age

From table 1 it can be seen that clients under the age of 18, and under 16 in particular, are adding years to their true age to pass themselves off as older. Requiring the practitioner to check proof of age is necessary to overcome this issue.

Table 1: Difference in self- reported age[1] and true age[2] in 387 clients attending a piercing/tattoo studio under investigation in Exercise Seren by age at time of procedure[3]

	Reported age greater than true age			Exact age match	Reported age less than true age		
	>2 years	1-2 years	<1 year		<1 year	1-2 years	> 2 years
<13	0%	6%	38%	56%	0%	0%	0%
13	10%	10%	10%	70%	0%	0%	0%
14	13%	33%	8%	38%	4%	0%	4%
15	6%	15%	48%	29%	2%	0%	0%
16	8%	6%	12%	73%	1%	0%	0%
17	0%	29%	16%	52%	0%	3%	0%
18-25	1%	0%	3%	96%	0%	0%	0%
>25	0%	0%	0%	97%	0%	0%	3%
Total	4%	12%	17%	65%	1%	1%	1%

[1] Age calculated by subtracting client date of birth from date of procedure. Both dates obtained from piercing studio client records
[2] Age calculated from dates of birth obtained by checking client's details against Welsh Demographics Service
[3] First known visit for piercing and/or tattoo. Clients reported more than one visit and multiple procedures on same visit)

National Assembly for Wales / Cynulliad Cenedlaethol Cymru
Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal Cymdeithasol

Public Health (Wales) Bill / Bil Iechyd y Cyhoedd (Cymru)

Evidence from BMA Cymru Wales – PHB AI 03 / Tystiolaeth gan BMA Cymru – PHB AI 03

Public Health (Wales) Bill – Summary of written evidence from BMA Cymru Wales

Dear Assembly Member,

Ahead of the oral evidence session which BMA Cymru Wales' representatives will be attending on Thursday 17 September, we thought it might be helpful to members of the committee if we provided the following summary of the written evidence which we have already submitted for the committee's consideration.

Overall view and our proposal for Health Impact Assessment (HIA)

Whilst we are broadly supportive of the proposals the Bill contains as published, BMA Cymru Wales is disappointed it is not as visionary in its approach as that of the initial Green Paper published in 2012.

We feel the Bill could become more ground-breaking, and more of an international exemplar in the field of public health, through the addition of proposals to place Health Impact Assessment (HIA) on a statutory footing in defined circumstances.

We therefore suggest a requirement for the use of HIA be placed on the face of the Bill, with regulations subsequently being brought forward to specify in exactly which circumstances a mandatory HIA would be required. In the first instance we would suggest that these regulations could require that HIA is made mandatory in relation to Strategic and Local Development Plans, certain larger scale planning applications, the development of new transport infrastructure, Welsh Government legislation, certain statutory plans such as Local Well-being Plans, new NHS developments (e.g. new hospitals) and health service reconfiguration proposals.

Obesity and nutritional standards

We are disappointed that the Bill does not include proposals included in the earlier White Paper to introduce nutritional standards in both pre-school settings and care homes. We believe these proposals should be reinstated as well as being extended to cover hospitals in Wales by way of an update to the implementation of the All Wales Nutrition and Catering Standards for Food and Fluid Provision for Hospital Inpatients (2012).

We also propose a number of other measures which could be considered, although we recognise these may not all be within the legislative competence of the National Assembly. These include:

- *The introduction of a standardised, consistent approach to food labelling, with all pre-packaged products having front of pack labelling based on a 'traffic light' colour coding system combined with information on guideline daily amounts (now known as reference intake).*
- *A complete ban on the advertising and marketing of unhealthy foodstuffs, to include product placement and inappropriate sponsorship programmes targeted at school children.*
- *Subsidising the cost of fruit and vegetables.*
- *Offering nutrition education and counselling to women who are pregnant or contemplating pregnancy.*
- *Providing education and support aimed at promoting and prolonging the duration of breastfeeding.*
- *Promoting activities that involve physical exercise.*
- *Requiring all NHS premises to clearly display the healthcare risks involved with junk food and drinks.*
- *A ban on the sale of junk food and unhealthy drinks on NHS premises, or the offering of subsidised healthier options.*

Tobacco and nicotine products

BMA Cymru Wales supports the proposals put forward in Part 2 of the Bill.

From our overall assessment of the evidence that is available, we support the proposal to ban the use of e-cigarettes in enclosed and substantially enclosed public and work places because:

- *We believe the use of e-cigarettes in such circumstances can undermine the success of tobacco control measures by reinforcing the normalcy of smoking behaviour.*
- *Although less harmful than tobacco, nicotine (which is contained in e-cigarettes) is nonetheless a highly-addictive substance with many document harmful effects.*
- *E-cigarettes have also been found to contain a range of other substances with negative health implications.*
- *The World Health Organisation (WHO) has warned of the potential adverse effects of exposure to toxicants and particles contained within e-cigarette vapour.*
- *Studies have shown that bystanders can be exposed to vapour emitted from e-cigarette use.*

We also advocate e-cigarettes being licensed as medicinal products which could provide necessary controls on quality and safety, as well as on marketing and promotion.

We support the proposals to extend statutory restrictions on smoking and e-cigarettes to certain non-enclosed public spaces such as hospital grounds and children's playgrounds – recognising that whilst voluntary bans have been effective in some areas, they remain largely ignored and hard to enforce locally. We also support the proposals for additional locations to be brought under the scope of these restrictions through regulations, but only when Welsh Ministers are satisfied that doing so is likely to contribute towards the promotion of the health of the people of Wales.

We support the proposals for a national register of retailers of tobacco and nicotine enforcement and for creating a new offence for knowingly handing over tobacco and nicotine produces to a person under the age of 18.

We would urge the Welsh Government to put in place an appropriate budget to ensure that the general public is made fully aware of the implications of the Bill coming in to force.

Special procedures

We support the proposals in the Bill on special procedures and suggest that consideration is also given to including the following additional procedures under the scope of the proposed licensing system:

- *Laser hair removal.*
- *Chemical peels.*
- *Dermal fillers.*
- *Scarification/branding.*
- *Sub-dermal implantation (or 3D implant).*

Intimate piercing

We support the plan to prohibit the intimate piercing of anyone under the age of 16 in Wales and feel the proposals in this section of the Bill are reasonable.

Pharmaceutical services

Whilst we would not oppose the general intention of the proposals in this section of the Bill, we would be deeply concerned if they were implemented in the same was as pharmaceutical needs assessments in England. These have led to the withdrawal of dispensing rights from some English GP practices because the pharmaceutical services those practices provided were not taken into account in assessments of unmet pharmaceutical need.

Many rural practices in rely on the additional profit from dispensing to remain viable when catering for small and dispersed registered patient lists. With current GP recruitment problems, we would therefore be concerned that the adoption of a similar approach in Wales could be devastating for rural areas and lead directly to GP practice closures.

We therefore propose that controlled localities (i.e. areas that have been designated as being ‘rural in character’ such that, in certain circumstances, doctors can provide pharmaceutical services to certain of their eligible patients) ideally be excluded from the proposed provisions of the Bill.

If this is not agreed, we would alternatively propose that those services provided under the General Medical Services (GMS) contract which are similar to extended pharmaceutical services should be required to be considered in any pharmaceutical needs assessments, and that all pharmaceutical needs assessments should include a risk assessment to existing GMS provision of any new approvals to provide pharmaceutical services.

Provision of toilets

We welcome the proposed provisions in this section of the Bill which seem sensible and reasonable.

Yours sincerely,

Rodney Berman
Senior Policy Executive
BMA Cymru Wales