

## Agenda – Y Pwyllgor Iechyd a Gofal Cymdeithasol

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Lleoliad:	I gael rhagor o wybodaeth cysylltwch a:
Ystafell Bwyllgora 3 – Senedd	Llinos Madeley
Dyddiad: Dydd Mercher, 23 Medi 2015	Clerc y Pwyllgor
Amser: 09.15	0300 200 6565
	<a href="mailto:Seneddlechyd@Cynulliad.Cymru">Seneddlechyd@Cynulliad.Cymru</a>

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**Yn ei gyfarfod ar 17 Medi 2015, penderfynodd y Pwyllgor, o dan Reol Sefydlog 17.42 (vi), i wahardd y cyhoedd ar gyfer eitem 1 o gyfarfod 23 Medi 2015**

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

(09.15 – 10.00)

Elisabeth Jones, Cyfarwyddwr y Gwasanaethau Cyfreithiol

**2 Cyflwyniadau, ymddiheuriadau a dirprwyon**

(10.00)

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

(10.00 – 10.45)

(Tudalennau 1 – 35)

Katherine Devlin, Cymdeithas Fasnach y Diwydiant Sigaréts Trydanol

Tom Pruen, Cymdeithas Fasnach y Diwydiant Sigaréts Trydanol

**Egwyl (10.45–11.00)**

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

(11.00 – 11.45)

(Tudalennau 36 – 39)

Edward Woodall, Cymdeithas y Siopau Cyfleus Cyf



**5 Papur i'w nodi**

(11.45)

**Bil Cymru Drafft: gohebiaeth gan y Llywydd**

(Tudalen 40)

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

(Tudalennau 41 – 77)

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

(11.45)

**7 Bil Iechyd y Cyhoedd (Cymru): trafod y dystiolaeth**

(11.45 – 12.00)

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 Electronic Cigarette Industry Trade Association  
- PHB 50 / Tystiolaeth gan Cymdeithas Fasnach y Diwydiant  
Sigarets Electronig - PHB 50

## 'The Industry Standard of Excellence'

1<sup>st</sup> September 2015

Dear Sir/Madam,

We are writing in response to your invitation to contribute to the inquiry, and to submit written evidence to assist the Health and Social Care Committee in its scrutiny of the proposed Public Health (Wales) Bill. Our evidence and comments relate exclusively to electronic cigarettes and vaping, and not to tobacco products, or any of the other areas covered by the Bill.

When it comes to vaping products, we believe it is vitally important that legislation and regulations recognise the enormous harm reduction potential of e-cigarettes, as acknowledged by Public Health England in their report, *E-cigarettes: an evidence update*<sup>1</sup>, published in August 2015. PHE rightly identified the dangers to public health of e-cigarettes being incorrectly treated as, or widely viewed as being, as harmful as tobacco. For many smokers, e-cigarettes are the surest way they can avoid the harms associated with smoking, so imposing restrictions is contrary to public health.

This is particularly important in light of the evidence that it is almost exclusively current and former smokers who are using e-cigarettes. According to the Action on Smoking and Health fact sheet, '*Use of electronic cigarettes (vapourisers) among adults in Great Britain*'<sup>2</sup>, the UK has an estimated 2.6 million e-cigarette users. Of these, approximately 1.1 million are ex-smokers and 1.4 million are current smokers using e-cigarettes to reduce the amount they smoke. Use by never smokers remains negligible.

Welsh Government figures from the explanatory memorandum to the Bill<sup>3</sup> estimate that there are 33,600 Welsh citizens whose only source of nicotine is electronic cigarettes – all of whom are former smokers. While it is impossible to be precise on how many are likely to relapse into tobacco use, the potential is high. If vapers are pushed out into smoking areas – as they would be under the proposals in the Bill – peer pressure is likely to force many back to smoking.

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[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/454516/E-cigarettes\\_an\\_evidence\\_update\\_A\\_report\\_commissioned\\_by\\_Public\\_Health\\_England.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/454516/E-cigarettes_an_evidence_update_A_report_commissioned_by_Public_Health_England.pdf)

<sup>2</sup> [http://www.ash.org.uk/files/documents/ASH\\_891.pdf](http://www.ash.org.uk/files/documents/ASH_891.pdf)

<sup>3</sup> <http://www.assembly.wales/laid%20documents/pri-ld10224-em/pri-ld10224-em-e.pdf>

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Tudalen y pecyn 13

The proposals in the Bill, therefore, seem counterintuitive, particularly when the explanatory memorandum suggests:

*“14. In bringing forward this Bill, the focus of the Welsh Government is on shaping social conditions that are conducive to good health, and where possible, preventing avoidable health harms. As part of this approach, it is also recognised that individuals have a responsibility to look after their own health, and to act in ways which promote their own physical and mental well-being.”*

Since over 30,000 Welsh citizens have already recognised their own “responsibility to look after their own health” and acted to “promote their own physical and mental well-being” by switching to vaping rather than continuing to smoke, introducing legislation which strongly indicates that this is frowned upon seems contrary to the stated objectives of the Bill. Many people are understandably deferential to what they believe to be medical advice. There are, therefore, great risks of conflating smoking and vaping: it discourages people from opting to vape instead because they come to falsely believe the harm is the same.

In the explanations of the Committee’s role in the consultation documents on the Welsh Assembly website, it states the following:

*“The Committee has agreed the following terms of reference for its work:*

*To consider*

- *The need for legislation in the following areas –*
  - *Placing restrictions on the use of tobacco and nicotine inhaling devices (NIDs) such as electronic cigarettes in enclosed and substantially enclosed public and work places, and giving the Welsh Ministers a regulation-making power to extend the restrictions to certain open spaces;*

[and]

- *“Whether there are any unintended consequences arising from the Bill;*
- *The financial implications of the Bill (as set out in Part 2 of the Explanatory Memorandum – the Regulatory Impact Assessment, which estimates the costs and benefits of implementation of the Bill);*

[and]

- *The extent to which the Bill reflects priorities for improving public health in Wales.”*

We have significant concerns about the framing of the terms of reference concerning the proposed ban on vaping in public spaces, and the unintended consequences which, as we shall demonstrate, are likely to have a significant detrimental effect on public health in Wales.

For ease of reference, we shall reproduce the consultation questions provided in Annex A, and address each in turn. We shall start by providing some brief information about our organisation.

Founded in March 2010, ECITA (EU) Ltd is the longest-running trade association for the electronic cigarette industry anywhere in the world, with members across England, Scotland and Wales. We are also one of only two e-cigarette trade associations in the world which is not managed/operated by those engaged in the sale of vaping products, directly or indirectly, which makes it easier for us to represent the interests of our members – and their customers – fairly and fully.

We developed the [Industry Standard of Excellence](#), and our members are audited bi-annually to ensure they are fully compliant with all the legal requirements. We also sponsored and provided Technical Authorship for the British Standards Institution PAS 54115, *Vaping products, including electronic cigarettes, e-liquids, e-shisha and directly-related products – Manufacture, importation, testing and labelling – Guide*, which was published in July 2015.

One of our 20 members is a wholly-owned subsidiary of Imperial Tobacco, however, Fontem Ventures (who now own the brand Blu) are not a tobacco company. Our membership fee is a flat rate, and all of our members pay the same fee. Their membership fees are the only funding which might potentially be viewed as coming indirectly from the tobacco industry.

#### **Annex A – Consultation questions**

- ***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?***

No. The use of e-cigarettes is fundamentally different from smoking tobacco, and conflating the two is actively bad for public health. As Public Health England identified in their recent report:

*“EC [electronic cigarettes] should not routinely be treated in the same way as smoking.”*

ECITA opposes the banning of vaping in enclosed public spaces because, unlike the smoking ban, such a restriction is not supported by scientific evidence, the general public, the tobacco control community, or the other nations of the United Kingdom. There is no scientific evidence that vaping in public spaces is harmful to bystanders and a substantial body of evidence to suggest otherwise. The Welsh Assembly Government has not cited harm from second-hand exposure in its rationale for the proposal.

A ban would have negative public health consequences for Wales by discouraging switching to vapour products and encouraging relapse to smoking. As ASH Wales said:

*“Before taking steps to regulate, legislators should be sure that any proposed measure would have a positive impact on public health. There is currently no clear evidence to suggest that including electronic cigarettes under the Smokefree Premises regulations would benefit the health of the public in a similar way to the ‘smoking ban’. Indeed, it may even have a negative impact upon current smokers who may otherwise have attempted to quit or harm reduce, potentially damaging rather than enhancing public health.”*

ASH UK agree:

*“...there is little evidence of any harmful effects from exposure to the vapour from electronic cigarettes among non-users. Therefore there is currently no justification of a ban on the use of electronic cigarettes in public places on health grounds. Before taking steps to inhibit personal choice, legislators should be sure that any proposed measure would not lead to unintended consequences.*

*The dramatic rise in sales of electronic cigarettes in recent years has led some people to fear that their use in public places could undermine compliance with the smokefree law. However, to date, we have seen no evidence to support this hypothesis. Electronic cigarettes are very different from tobacco products. Although some are designed to look like tobacco cigarettes, the most distinctive characteristic of smoking is the smell of the smoke which travels rapidly and the presence of ash. As these are absent from electronic cigarettes it is not clear how any such confusion would be sustained.*

*In fact, electronic cigarettes have more in common with licenced nicotine replacement products such as sprays and inhalers. There is no combustion and therefore no secondhand smoke from using electronic cigarettes. Consequently, it is inappropriate to treat them in the same way as tobacco products by prohibiting their use in public places.”*

It is interesting to note that PHE identified a key issue with licensed nicotine replacement therapy products:

*“...even with a relaxation of the licensing restrictions which increased their accessibility, NRT products have never become popular as an alternative to smoking.”*

As PHE pointed out:

*“EC should not routinely be treated in the same way as smoking. It is not appropriate to prohibit EC use in health trusts and prisons as part of smokefree policies unless there is a strong rationale to do so.”*

It is completely within the spirit of PHE's findings to suggest that the same is true for enclosed spaces generally, particularly in the context of the potential public health benefits from more smokers switching to vaping.

ASH UK raised this issue, too:

*“When considering enforcement of the smoke-free public places legislation it is important to take into account the potential impact of extending the regulation to people who are using electronic cigarettes as a means of quitting or reducing their harm from smoking. If there was a ban on using these devices in all enclosed public places, users could be less inclined to use them which could result in more of them reverting back to smoking. Prohibition would also increase the likelihood that vapers and smokers would effectively be required to share the same spaces. This not only potentially undermines quit attempts but would also expose users of electronic cigarettes to secondhand smoke.”*

- ***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)?***

We do not have any comment on the tobacco aspect of this question, as it falls outside our area of expertise. However, since there is no evidence that justifies a ban on the use of e-cigarettes in enclosed spaces, there is no justification at all for a ban in non-enclosed spaces. We would, however, consider that there may be places or circumstances in which a business or organisation might want to introduce a ban through their own policy, and this is entirely reasonable.

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

No. In order for e-cigarettes to achieve the maximum possible health gain, as a consumer product, they have to appeal to smokers. The ability to use electronic cigarettes in places where smoking is prohibited adds to the value of e-cigarettes to smokers who are unlikely to seek NRT or other products marketed for smoking cessation. Everything that reduces the appeal of e-cigarettes, compared to continued smoking, is likely to have a negative effect on public health. Where this reduction in appeal relates to improved safety of e-cigarettes, this might be justified, but where it is based on entirely theoretical risks that are unsupported by any current evidence, the disbenefits are likely to cost lives.

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

There is no evidence for the potentially condescending notion that people are unable to distinguish between them. Electronic cigarettes are increasingly dissimilar to tobacco cigarettes, and the absence of smoke continues to make the difference very apparent. Another very observable difference is that, for the



moment, electronic cigarette use remains legal and commonplace in enclosed and partially enclosed public places. It is possible that the use of electronic cigarettes may normalise the use of electronic cigarettes, but the smell of smoke, ash and 'dog ends' will continue to make smoking strikingly different – and by contrast, strikingly unpleasant.

Insofar as there is a risk of people conflating e-cigarettes and tobacco cigarettes, it is in the false belief – identified by Public Health England – that the harm is the same. It is important to ensure the public is properly informed about the difference. The proper response, from a public health point of view, is not to treat them as similarly as possible in spite of important differences; it is to ensure that people who falsely believe the harms are the same become more aware of the harm reduction potential of electronic cigarettes.

- ***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?***

While the use of potentially addictive products by youth is a clear cause for concern, and we have always supported a mandated age limit for sales, there is considerable evidence from within the UK that indicates that youth uptake (despite the current lack of a mandated age limit) is currently very low, and almost exclusively in existing smokers. There is no indication of any effects that would change this, although we agree with the public health experts that this requires continuous monitoring. The evidence so far demonstrates that electronic cigarettes are a gateway for smokers away from tobacco - not a gateway for non-smokers to smoking tobacco products.

- ***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?***

Compliance with the existing smoke-free legislation is extremely good, and has continued to be so while the use of e-cigarettes has increased. It is, therefore, not clear how extending this restriction to the use of e-cigarettes can have a significant beneficial effect. Insofar as the proposed ban gives managers another responsibility on top of many others, it could be expected to limit the time they can devote to enforcement of existing legislation.

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

No.

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

Yes. Enforcement action of all types will be facilitated by having a register of all vendors of tobacco and other nicotine containing products.

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

With the imminent introduction of a minimum age of sale for electronic cigarettes, something ECITA has always called for, having a register will be of considerable benefit to enforcement agents in checking that vendors are meeting their obligations.

- ***Do you believe a strengthened Restricted Premises Order regime, with a national register, will aid local authorities in enforcing tobacco and nicotine offences?***

There appears to be very little information on how the existing regime is working, making it hard to answer this question meaningfully.

- ***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?***

While in principle we would support this, this is an area where there is the potential for this to be problematic. While older youths purchasing vaping products for younger children should be prohibited, it seems counterintuitive that a parent should not be able to purchase, for their smoking child, vaping products as a means of harm reduction. Nicotine replacement therapies are considered suitable for those aged 12 and over. While in the future, it is possible that a medicinal e-cigarette would fill a similar niche, currently this would make non-medicinal (i.e. more appealing) harm reduction products unavailable to smoking teens. On balance, we believe this measure is justified, however, the potential for adverse effects should be considered carefully.

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

No. The potential for the proposals to reduce the appeal of e-cigarettes to existing smokers is likely to do significant harm. If even a few smokers are dissuaded from switching away from smoking, the net effect will be negative, as indicated in our report *“Banning e-cigarettes in public places: the unintended harm to smokers and non-smokers”* which is included with this response.

The report uses data from the Public Health (Wales) Bill’s Explanatory Memorandum to calculate the harm in Quality Adjusted Life Years if only small percentages of Welsh non-smoking vapers return to smoking as

a consequence of the ban. If only 5% of non-smoking vapers return to smoking tobacco cigarettes, between 1,646 and 4,334 QALYs would be lost, at a value of between £99 and £260 million.

Relapse rate	Number of new smokers	Quality adjusted life years lost, population level (range) <sup>6</sup>	Cost of shortened lives (range), £ <sup>7</sup>
5%	1,680	1,646 - 4,334	£99 - 260 million
10%	3,360	3,293 - 8,669	£198 - 520 million
15%	5,040	4,939 - 13,003	£296 - 780 million
20%	6,720	6,586 - 17,338	£395 - 1,040 million

There are also major potential opportunity costs if the ban results in fewer of Wales's more than 500,000 existing smokers moving away from tobacco cigarettes to electronic cigarettes:

If as few as an extra 1% of smokers decline to take up e-cigarettes instead of tobacco cigarettes, between 5,042 and 13,274 QALYs would be lost, at a value of between £303 and £796 million.

Smokers who would otherwise have quit (as % of smoking population)	Smokers who would otherwise have quit (number)	Quality Adjusted Life Years lost, population level (range)	Cost of shortened lives (range), £
1%	5,145	5,042 - 13,274	£303 - £796 million
2%	10,290	10,084 - 26,548	£605 - £1,593 million
3%	15,435	15,126 - 39,822	£908 - £2,389 million
4%	20,580	20,168 - 53,096	£1,210 - £3,186 million
5%	25,725	25,210 - 66,370	£1,513 - £3,982 million

As PHE recommended:

*“Consideration could be given to a proactive strategy to encourage disadvantaged smokers to quit smoking as quickly as possible including the use of EC, where appropriate, to help reduce health inequalities caused by smoking.”*

We agree with another policy recommendation made by Public Health England in their recent report on e-cigarettes:

*“Regulatory interventions should ensure optimal product safety but make sure EC are not regulated more strictly than cigarettes and can continue to evolve and improve their competitiveness against cigarettes.”*

Regulatory proposals that reduce the appeal of e-cigarettes to smokers **but without having any effect on safety** seem ill-considered, and fail to consider the possible negative outcomes. As PHE pointed out:

*“Encouraging smokers who cannot or do not want to stop smoking to switch to EC could be adopted as one of the key strategies to reduce smoking related disease and death.”*



**BANNING  
E-CIGARETTES  
IN PUBLIC PLACES:  
THE UNINTENDED  
HARM TO  
SMOKERS AND TO  
NON-SMOKERS**



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## Executive Summary

The Welsh Government's proposed ban on electronic cigarettes in public places could be extremely costly to Welsh citizens, according to the Welsh Government's own data, analysed in this report.

A worst case scenario based on conservative estimates of the numbers of people who will return to cigarettes, and the numbers who will continue smoking rather than begin 'vaping', implies:

- Welsh citizens as a whole losing almost **84,000** (quality adjusted) years of life, and;
- the loss of the equivalent of over **£5 billion**.

The Welsh Government is currently proposing a ban on vaping in all bars, restaurants and workplaces – treating e-cigarettes in the same way as tobacco products. This is despite overwhelming evidence of harm reduction when smokers switch to electronic cigarettes. Tobacco cigarettes are currently responsible for one in six deaths in the UK. Nearly all vapers are former or current smokers; a negligible number of vapers have never smoked.

The ban would force vapers out into smoking areas. This risks many of Wales's 33,600 non-smoking vapers falsely believing that the harm from e-cigarettes is the same as tobacco, and bowing to peer pressure to return to cigarettes.

### The risk of relapse

According to the Welsh Government, each person returning to smoking would lose an average of between 0.99 and 2.58 years of life, quality adjusted (i.e. QALYs).

If 20% of Welsh vapers return to smoking, between 6,586 and 17,338 quality adjusted years of life would be lost.

This would cost the Welsh economy up to **£1.04 billion**. (Each QALY is valued at £60,000.)

### Opportunity costs

The opportunity costs of a ban are even greater. Every existing smoker who switches to e-cigarettes would also gain the same number of extra life years.

Quality Adjusted Life Years – QALYs – are years of life, adjusted for quality, such that 10 years of life in perfect health equates to 10 QALYs while the same 10 years of life at 50% quality of life would equate to 5 QALYs.



If the ban results in only 1 smoker in 100 continuing to smoke when they would otherwise have switched, that means 5,145 more smokers and a consequent loss of an extra **5,042** to **13,274** quality adjusted life years. The cost cost of these shortened lives would be as much as **£796 million**.

If 5% of existing smokers would otherwise have switched, that means 25,725 more smokers and a consequent loss of an extra **25,210** to **66,370** quality adjusted life years. The cost would be as much as **£3.98 billion**.

## Recommendations

1. The Welsh Government should re-examine the case for banning vaping in enclosed and semi-enclosed public places in light of the above figures, taken from its own data. The ban risks considerable harm to Welsh citizens and to the Welsh economy and NHS.
2. The Welsh Government should respond in full to the evidence from the August 2015 report from Public Health England 'E-cigarettes: an evidence update' in deciding the future of the Public Health (Wales) Bill.  
  
The Public Health England report noted that "the current best estimate [is] that using EC [e-cigarettes] is around 95% safer than smoking" and warned against an inaccurate perception of e-cigarettes as at least as harmful as cigarettes.  
  
The Public Health England report also noted that there are no identified health risks to bystanders from e-cigarettes; that there is no evidence e-cigarettes are undermining the decline in tobacco smoking and may be contributing to it; that e-cigarettes are attracting very few people who have never smoked into regular e-cigarette use; that e-cigarettes demonstrably help people quit smoking and reduce cigarette consumption; and recommended that any new regulation of the sector should "maximise the public health opportunities" of e-cigarettes.
3. The Welsh Government should investigate the potential for exclusive e-cigarette smokers to relapse to smoking if a ban on vaping in public places is introduced, damaging public health in Wales.  
  
The same risks are posed to current smokers who may in the future opt for e-cigarettes.  
  
Given the evidence above, failure to distinguish between greater harms and much lesser harms creates significant possible unintended consequences, which have a very real prospect of damaging the health of Welsh citizens.

## The risk of relapse

The Welsh Government is currently proposing a ban on vaping in all bars, restaurants and workplaces – treating e-cigarettes in the same way as tobacco products. This is despite overwhelming evidence of harm reduction when smokers switch to electronic cigarettes. Cigarettes are currently responsible for more preventable deaths and ill health than any other cause.<sup>1</sup>

Electronic cigarettes or e-cigarettes are already having considerable success in reducing this harm. Nearly all vapers are former or current smokers: a negligible number of vapers have never smoked. In the Great Britain as a whole, Action on Smoking and Health estimates that there are currently 2.6 million adults in Great Britain using electronic cigarettes. Of these, approximately 1.1 million (42%) are ex-smokers while 1.4 million (54%) continue to use tobacco alongside their electronic cigarette use.<sup>2</sup>

The proposed ban would force vapers to join smokers in smoking areas if they wish to vape. The ban also risks many of Wales's 33,600 non-smoking vapers<sup>3</sup> falsely coming to believe that the harm from e-cigarettes is the same as tobacco. Despite the best efforts of Public Health and Tobacco Control, smoking is still considered normal – more so than the use of e-cigarettes. This means that if vapers are pushed out into smoking areas, peer pressure may well force them back into smoking.

According to the Welsh Government, each person returning to smoking would lose an average of between 0.99 and 2.58 years of life, quality adjusted (ie QALYs).<sup>4</sup>

If 20% of Welsh vapers return to smoking, between 6,586 and 17,338 quality adjusted years of life would be lost.

This would cost £1.04 billion in shortened lives. (Each QALY is valued at £60,000.<sup>5</sup>)

**Quality Adjusted Life Years – QALYs** – are years of life, adjusted for quality, such that 10 years of life in perfect health equates to 10 QALYs while the same 10 years of life at 50% quality of life would equate to 5 QALYs.

1 Public Health (Wales) Bill Explanatory Memorandum, <http://www.senedd.assembly.wales/mgIssueHistoryHome.aspx?llid=12763>, p.10

2 Use of electronic cigarettes (vapourisers) among adults in Great Britain, Action on Smoking and Health, May 2015, [http://www.ash.org.uk/files/documents/ASH\\_891.pdf](http://www.ash.org.uk/files/documents/ASH_891.pdf), p.1

3 Public Health (Wales) Bill Explanatory Memorandum, <http://www.senedd.assembly.wales/mgIssueHistoryHome.aspx?llid=12763>, p.116

4 Ibid

5 Ibid, p.188

Relapse rate	Number of new smokers	Quality adjusted life years lost, population level (range) <sup>6</sup>	Cost of shortened lives (range), £ <sup>7</sup>
5%	1,680	1,646 - 4,334	£99 - 260 million
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15%	5,040	4,939 - 13,003	£296 - 780 million
20%	6,720	6,586 - 17,338	£395 - 1,040 million

<sup>6</sup> Range of QALY lost calculated by multiplying the number of new smokers by both the lower and upper estimate of QALY gained by quitting smoking.

<sup>7</sup> Range of costs calculated by multiplying the lower and upper lost QALY numbers by £60,000.



Tudalen y pecyn 28



## The opportunity cost: smokers who don't quit

The opportunity costs of a ban are even greater. Every existing smoker who switches to e-cigarettes would also gain between 0.99 and 2.58 extra quality adjusted life years.

The Welsh Government estimates there are 514,500 smokers in Wales.<sup>8</sup>

If the ban results in only 1 smoker in 100 continuing to smoke when they would otherwise have switched, that means 5,145 more smokers and a consequent loss of an extra 5,042 to 13,274 quality adjusted life years. The cost in shortened lives would be as much as £796 million.

If 5% of existing smokers would otherwise have quit, that means 25,725 more smokers and a consequent loss of an extra 25,210 to 66,370 quality adjusted life years. The cost would be as much as £3.98 billion.

Smokers who would otherwise have quit (as % of smoking population)	Smokers who would otherwise have quit (number)	Quality Adjusted Life Years lost, population level (range)	Cost of shortened lives (range), £
1%	5,145	5,042 - 13,274	£303 - £796 million
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3%	15,435	15,126 - 39,822	£908 - £2,389 million
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<sup>8</sup> Public Health (Wales) Bill Explanatory Memorandum, <http://www.senedd.assembly.wales/mgIssueHistoryHome.aspx?llid=12763>, pp.116-117

Combining these tables gives the following best and worst case scenarios.

	Smokers who would have quit + vapers who relapsed (number)	Quality Adjusted Life Years lost, population level (range)	Cost of shortened lives (range), £
<b>Best case scenario (5% relapse and 1% of smokers who would otherwise have quit)</b>	6,825	6,757 - 17,609	£405 - £1,057 million
<b>Worst case scenario (20%</b>	32,445	32,121 - 83,708	£1,927 - £5,022 million

Tudalen y pecyn 30

# Electronic cigarettes: the evidence and reactions

## Public Health England

- “The current best estimate is that e-cigarette use is around 95% less harmful to health than smoking... over the last year, there has been an overall shift among adults and youth towards the inaccurate perception of e-cigarettes as at least as harmful as cigarettes.”<sup>9</sup>
- “e-cigarettes release negligible levels of nicotine into ambient air with no identified health risks to bystanders”<sup>10</sup>
- “Encouraging smokers who cannot or do not want to stop smoking to switch to EC could help reduce smoking related disease, death and health inequalities”<sup>11</sup>
- “new regulations currently planned should also maximise the public health opportunities of EC”<sup>12</sup>
- “There is no evidence that EC are undermining the long-term decline in cigarette smoking among adults and youth, and may in fact be contributing to it. Despite some experimentation with EC among never smokers, EC are attracting very few people who have never smoked into regular EC use.”<sup>13</sup>
- “Recent studies support the Cochrane Review findings that EC can help people to quit smoking and reduce their cigarette consumption. There is also evidence that EC can encourage quitting or cigarette consumption reduction even among those not intending to quit or rejecting other support.”<sup>14</sup>
- “EC should not routinely be treated in the same way as smoking. It is not appropriate to prohibit EC use in health trusts and prisons as part of smokefree policies unless there is a strong rationale to do so.”<sup>15</sup>

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9 E-cigarettes: a new foundation for evidence-based policy and practice, Public Health England, 19 August 2015, at [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/454517/E-cigarettes\\_a\\_firm\\_foundation\\_for\\_evidence\\_based\\_policy\\_and\\_practice.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/454517/E-cigarettes_a_firm_foundation_for_evidence_based_policy_and_practice.pdf), p.4

10 Ibid

11 E-cigarettes: an evidence update, Public Health England, 19 August 2015, at [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/454516/E-cigarettes\\_an\\_evidence\\_update\\_A\\_report\\_commissioned\\_by\\_Public\\_Health\\_England.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/454516/E-cigarettes_an_evidence_update_A_report_commissioned_by_Public_Health_England.pdf), p.6

12 Ibid

13 Ibid

14 Ibid

15 Ibid

### Action on Smoking and Health

- “ASH estimates that there are currently 2.6 million adults in Great Britain using electronic cigarettes. Of these, approximately 1.1 million are ex-smokers while 1.4 million continue to use tobacco alongside their electronic cigarette use. Regular use of the devices is confined to current and ex-smokers and use amongst never smokers remains negligible.”<sup>16</sup>
- “As they do not produce smoke, research suggests that electronic cigarettes are relatively harmless in comparison with smoking.”<sup>17</sup>

### Cancer Research UK

- “It is important that regulation does not stifle the development of e-cigarettes nor make accessing these products more difficult for smokers... At present, we do not believe there is enough evidence to justify an indoor ban on e-cigarettes.”<sup>18</sup>

### Professor Robert West, Director of Tobacco Research, University College London

- “On the science, we’d say there are no grounds for banning it in public because there isn’t a risk to bystanders.”<sup>19</sup>

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16 Use of electronic cigarettes (vapourisers) among adults in Great Britain, Action on Smoking and Health, May 2015, [http://www.ash.org.uk/files/documents/ASH\\_891.pdf](http://www.ash.org.uk/files/documents/ASH_891.pdf), p.1

17 Regulating nicotine products, Action on Smoking and Health, at <http://www.ash.org.uk/current-policy-issues/harm-reduction-product-regulation/regulating-nicotine-products>

18 Cancer Research UK Briefing: Electronic Cigarettes, Cancer Research UK, March 2015, at [http://www.cancerresearchuk.org/sites/default/files/policy\\_march2015\\_ecigarettes\\_briefing.pdf](http://www.cancerresearchuk.org/sites/default/files/policy_march2015_ecigarettes_briefing.pdf), p.1

19 E-cigarettes: is vaping any safer than old-fashioned smoke?, Will Storr, The Guardian, 13 December 2014, at <http://www.theguardian.com/society/2014/dec/13/e-cigarettes-vaping-safe-old-fashioned-smoke>

20 RCP welcomes evidence review on e-cigarettes, Royal College of Physicians, 19 August 2015, at <https://www.rcplondon.ac.uk/press-releases/rcp-welcomes-evidence-review-e-cigarettes>

21 RCP statement on e-cigarettes, Royal College of Physicians, 25 June 2014, at <https://www.rcplondon.ac.uk/press-releases/rcp-statement-e-cigarettes>

**Royal College of Physicians**

- “[E]-cigarettes are not a significant gateway into smoking for a new generation. Instead they will help existing generations of smokers to give up, reducing smoking related harm and saving lives.”<sup>20</sup>
- “On the basis of available evidence, the RCP believes that e-cigarettes could lead to significant falls in the prevalence of smoking in the UK, prevent many deaths and episodes of serious illness, and help to reduce the social inequalities in health that tobacco smoking currently exacerbates.”<sup>21</sup>

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<sup>20</sup> RCP welcomes evidence review on e-cigarettes, Royal College of Physicians, 19 August 2015, at <https://www.rcplondon.ac.uk/press-releases/rcp-welcomes-evidence-review-e-cigarettes>

<sup>21</sup> RCP statement on e-cigarettes, Royal College of Physicians, 25 June 2014, at <https://www.rcplondon.ac.uk/press-releases/rcp-statement-e-cigarettes>



## Recommendations

1.	<p>The Welsh Government should re-examine the case for banning vaping in enclosed and semi-enclosed public places in light of the above figures, taken from its own data. The ban risks considerable harm to Welsh citizens and to the Welsh economy and NHS.</p>
2.	<p>The Welsh Government should respond in full to the evidence from the August 2015 report from Public Health England 'E-cigarettes: an evidence update' in deciding the future of the Public Health (Wales) Bill.</p> <p>The Public Health England report noted that “the current best estimate [is] that using EC [e-cigarettes] is around 95% safer than smoking” and warned against an inaccurate perception of e-cigarettes as at least as harmful as cigarettes.</p> <p>The Public Health England report also noted that there are no identified health risks to bystanders from e-cigarettes; that there is no evidence e-cigarettes are undermining the decline in tobacco smoking and may be contributing to it; that e-cigarettes are attracting very few people who have never smoked into regular e-cigarette use; that e-cigarettes demonstrably help people quit smoking and reduce cigarette consumption; and recommended that any new regulation of the sector should “maximise the public health opportunities” of e-cigarettes.</p>
3.	<p>The Welsh Government should investigate the potential for exclusive e-cigarette smokers to relapse to smoking if a ban on vaping in public places is introduced, damaging public health in Wales.</p> <p>The same risks are posed to current smokers who may in the future opt for e-cigarettes.</p> <p>Given the evidence above, failure to distinguish between greater harms and much lesser harms creates significant possible unintended consequences, which have a very real prospect of damaging the health of Welsh citizens.</p>

## About ECITA

Founded in March 2010, ECITA (EU) Ltd is the longest-running trade association for the electronic cigarette industry anywhere in the world, with members across England, Scotland and Wales. We are also one of only two e-cigarette trade associations in the world which is not managed/operated by those engaged in the sale of vaping products, directly or indirectly, which makes it easier for us to represent the interests of our members – and their customers – fairly and fully.

We developed the Industry Standard of Excellence, and our members are audited bi-annually to ensure they are fully compliant with all the legal requirements. We also sponsored and provided Technical Authorship for the British Standards Institution PAS 54115, Vaping products, including electronic cigarettes, e-liquids, e-shisha and directly-related products – Manufacture, importation, testing and labelling – Guide, which was published in July 2015.



The ECITA name is recognised internationally as synonymous with the Industry Standard of Excellence, so displaying our logo on your site and promotional materials immediately tells consumers that you are a serious vendor who has made a genuine commitment to the Standard of Excellence. ECITA membership provides a comprehensive program of assistance with compliance with the law as it currently stands and as it changes over time. We provide advice and support to all of our members to ensure that the necessary legal measures have been followed, and that they have the correct legal documentation to prove their due diligence.

For information about joining ECITA please contact Katherine Devlin at [REDACTED] or telephone us on [REDACTED]

### Members

blu -  
[www.blu.co.uk](http://www.blu.co.uk)

Concept Liquids -  
[www.conceptliquids.com](http://www.conceptliquids.com)

Cuts Ice E-Liquid Laboratories -  
[www.cutsice.com](http://www.cutsice.com)

Decadent Vapours -  
[www.decadentvapours.com](http://www.decadentvapours.com)

e-cigarette DIRECT -  
[www.ecigarettedirect.co.uk](http://www.ecigarettedirect.co.uk)

Halcyon Haze -  
[www.halcyonhaze.co.uk](http://www.halcyonhaze.co.uk)

HouseOfLiquid -  
[www.houseofliquid.com](http://www.houseofliquid.com)

iBreathe -  
[www.i-breathe.co.uk](http://www.i-breathe.co.uk)

JAC Vapour -  
[www.jacvapour.com](http://www.jacvapour.com)

Liberro -  
[www.liberro.co.uk](http://www.liberro.co.uk)

Liberty Flights -  
[www.liberty-flights.co.uk](http://www.liberty-flights.co.uk)

Mirage -  
[www.miragecigarettes.co.uk](http://www.miragecigarettes.co.uk)

No-Match -  
[www.no-match.co.uk](http://www.no-match.co.uk)

Socialites -  
[www.socialiteszero.com](http://www.socialiteszero.com)

T Juice -  
[www.t-juice.com](http://www.t-juice.com)

TABLites -  
[www.tablites.com](http://www.tablites.com)

Vaper Trails -  
[www.vapertrail.co.uk](http://www.vapertrail.co.uk)

Vapestick -  
[www.vapestick.co.uk](http://www.vapestick.co.uk)

Vaporized -  
[www.vaporized.co.uk](http://www.vaporized.co.uk)

Vapourlites -  
[www.vapourlites.com](http://www.vapourlites.com)

VIP Electronic Cigarette -  
[vipelectroniccigarette.co.uk](http://vipelectroniccigarette.co.uk)

# Eitem 4

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 Association of Convenience Stores – PHB 74 / Tystiolaeth gan  
Y Gymdeithas Siopau Cyfleustra – PHB 74



## **ACS Submission: Public Health (Wales) Bill**

ACS (the Association of Convenience Stores) welcomes the opportunity to respond to the National Assembly for Wales Health and Social Care Committee's call for evidence for the general principles of the Public Health (Wales) Bill. ACS represents 33,500 stores across the UK, all of which have an important role to play in supporting public health policy. In Wales, there are 3,219 stores, employing over 24,530 staff<sup>1</sup>.

ACS' primary concern regarding the Public Health (Wales) Bill is the proposal to introduce a tobacco retailers' register in Wales. Not only would this impose financial and administrative burdens to convenience retailers; but would also pose a significant risk of enforcement activity being refocused on legitimate retailers, rather than those that participate in the illicit tobacco trade.

### **Part 2: Tobacco and Nicotine Products**

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

The proposed tobacco and e-cigarette retailer register would impose additional costs on retailers. Any proposed register should reflect the current register that is used in Scotland, which operates as a negative licensing system with free registration for retailers. However, we support Option 1 of the impact assessment, 'do nothing', as we are not convinced that the benefits of a tobacco register outweigh the financial and administrative burdens of the scheme and other tobacco legislation. Instead, we would like to see instead a focus on tackling the illicit tobacco market in communities across Wales through greater investment in HMRC and local authority enforcement activity.

#### *Additional Burdens*

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<sup>1</sup> ACS Local Shop Report 2014

Tobacco is an important product category for convenience retailers, representing an average of 20% of sales in the UK convenience market<sup>2</sup>. Retailers work hard to ensure they retail these products responsibly through enforcing age restrictions using policies, such as Challenge 25. Convenience stores selling tobacco are already burdened by a number of restrictive tobacco legislation, most notably the tobacco display ban, the Tobacco Products Directive and the standardised packaging of tobacco to be introduced next year. A tobacco retailer register will only exacerbate these burdens and add further complexities to tobacco legislation.

### *Additional Costs*

The Bill stipulates that the regulations may make provision to require payment of a fee to accompany an application for a retailer to register. The Explanatory Notes propose that this fee would be set at £30 for the first premise and £10 for each additional premise. Based on the number of convenience stores in Wales, the cost to the convenience sector to register is estimated to be over £90,000.

In light of this significant financial burden that retailers will face when registering, ACS seeks further clarity on exactly what will be disseminated regarding the Impact Assessment's claim that "the register will be an invaluable tool in disseminating information and guidance to retailers around the sale of tobacco and nicotine products." Currently the Welsh Government has sought advice from trade bodies on what information to disseminate to local retailers, including the ACS Tobacco Display Ban guide.

Enforcement agencies already have limited resources for enforcement activity. ACS does not deem the use of funds from the register to disseminate information and guidance to retailers as a justifiable cause to charge for registration. Enforcement activity should be focused on tackling the illicit tobacco trade.

### *Failure to Address Illicit Trade*

The introduction of a tobacco retailers' register risks focusing enforcement activity on legitimate, registered retailers rather than addressing retailers participating in the illicit trade. The tobacco register neglects to consider that illicit tobacco retailers will not sign up and will risk enforcement action because the offence is not as great as evading duty.

The illicit tobacco market costs the Treasury approximately £2billion<sup>3</sup> every year, as such, it represents a significant threat to both public health and legitimate retailers. One of the most common sales avenues for illicit tobacco are 'tab houses', selling

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<sup>2</sup> ACS Local Shop Report 2014

<sup>3</sup> HMRC Measuring Tax Gaps 2014

from private houses, which accounts for 34% of illicit tobacco sales<sup>4</sup>. There is an increase in the proportion of 14-15 year old illicit tobacco buyers who have bought from 'fag houses' from 15% in 2009 to 34% in 2011<sup>5</sup>. Illicit tobacco makes tobacco accessible to children and young people. Tackling this must form a central part of any tobacco control or public health policy.

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

Recent data from HSCIC shows that the most frequent source of age restricted products, such as alcohol and tobacco products is not local shops. Young people are more likely to access these products through other people, including parents or older siblings, with 64%<sup>6</sup> of young people accessing tobacco through these means. This is a reflection of the industry's positive work of introducing voluntary age verification schemes, such as challenge 25. The introduction of a tobacco register is unlikely to further the reduction of underage sales.

**Do you believe a strengthened Restricted Premises Order regime, with a national register, will aid local authorities in enforcing tobacco and nicotine offences?**

We agree that the use of restricted sales orders and restricted premises orders in cases where retailers repeatedly breach regulations would be proportionate. However, detailed guidelines would be needed to ensure these strict penalties would be used only where appropriate to target repeat offenders.

**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?**

Retailers need to ensure that they have a robust age verification policy for remote sales, both at point of sale and point of delivery.

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

ACS continues to advocate further action on tackling the illicit market. We believe that retailers have made significant progress in reducing young people's access to tobacco products over the last ten years. We would like to see a greater focus on targeting resources on the most frequent source of tobacco products (parents and older siblings) through education and campaigning. It is incredibly difficult for

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<sup>4</sup> APPG on Smoking and Health - Inquiry Into the Illicit Trade in Tobacco Products 2013

<sup>5</sup> APPG on Smoking and Health - Inquiry Into the Illicit Trade in Tobacco Products 2013

<sup>6</sup> HSCIC: Smoking, drinking and drug use among young people in England in 2014

retailers to address proxy purchasing as all proxy purchases start with a legitimate sale.

## **Finance Questions**

**What are your views on the costs and benefits of implementing the Bill? (You may want to look at the overall costs and benefits of the Bill or those of individual sections.)**

If introduced, a tobacco register should not be funded by retailers, but operated on a similar model that is already in place in Scotland where registration is free. As highlighted in the consultation document, the benefits of the registration scheme would fall primarily to trading standards and local authorities, yet retailers would be expected to fund this scheme.

Therefore, we do not believe the potential benefits of a tobacco register for retailers is proportionate to the burdens that would be imposed on them.

**How accurate are the estimates of costs and benefits identified in the Regulatory Impact Assessment, and have any potential costs or benefits been missed out?**

All potential costs are accounted for in the Regulatory Impact Assessment.

**Are there any other ways that the aims of the Bill could be met in a more cost-effective way than the approaches taken in the Bill's proposals?**

Any proposed tobacco retailer register should reflect the register already in place in Scotland. Not only would this provide consistency to retailers who operate nationwide, but would not be as burdensome on retailers.

**For more information on this submission, please contact Julie Byers, Public Affairs Executive, at [REDACTED] or by calling [REDACTED].**



# Eitem 5.1

Cadeiryddion y Pwyllgorau  
Cynulliad Cenedlaethol Cymru  
Bae Caerdydd

Cynulliad  
Cenedlaethol  
Cymru

National  
Assembly for  
Wales



16 Gorffennaf 2015

Annwyl Gadeirydd

## **Bil Drafft Cymru**

Fel yr wyf yn siŵr y gwyddoch, rydym yn disgwyl i Lywodraeth y DU gyhoeddi Bil drafft Cymru yn yr hydref gyda chyfnod o ymgynghori i ddilyn, cyn i'r Bil ei hun gael ei gyflwyno rywbryd yn ystod gwanwyn 2016.

Rwyf wedi trafod y mater gyda'r Dirprwy Lywydd yn rhinwedd ei swydd fel Cadeirydd y Pwyllgor Materion Cyfansoddiadol a Deddfwriaethol. Rydym wedi cytuno mai'r Pwyllgor hwnnw sy'n darparu'r cyfrwng mwyaf priodol i'r Cynulliad ystyried y Bil drafft. Yr wyf yn hyderus bod gan y Pwyllgor yr aelodaeth, yr arbenigedd a'r gallu i lunio ymateb cynhwysfawr ac awdurdodol i mi ac i'r Cynulliad ei ystyried a, gobeithio, ei gymeradwyo.

Er bod y Bil yn dod o fewn cylch gwaith y Pwyllgor Materion Cyfansoddiadol a Deddfwriaethol, caiff ei waith craffu ei gryfhau'n sylweddol os bydd pwyllgorau eraill yn cymryd rhan yn y gwaith. Yn benodol, bydd yn bwysig i'r Pwyllgor Materion Cyfansoddiadol a Deddfwriaethol ac i'r Cynulliad cyfan allu manteisio ar arbenigedd polisi pwyllgorau eraill wrth archwilio effaith disodli ein model presennol o bwerau a roddir gyda model newydd o bwerau neilltuedig.

Buaswn yn ddiolchgar pe gallech ystyried gyda'ch Pwyllgor sut i wneud lle yn yr hyn yr wyf yn sicr fydd yn rhaglen brysur iawn yn yr hydref, i ymgymryd ag archwiliad difrifol o'r Bil mewn perthynas â chylch gwaith eich Pwyllgor. Bydd eich tîm clericio yn gallu rhoi cyngor ar sut i amseru eich ymateb i ychwanegu gwerth at waith y Pwyllgor Materion Cyfansoddiadol a Deddfwriaethol a sicrhau y gall y Cynulliad ddylanwadu ar y ddadl yn San Steffan.

**Rosemary Butler AC, Llywydd  
Cadeirydd, y Pwyllgor Busnes**

Bae Caerdydd  
Caerdydd  
CF99 1NA

Cardiff Bay  
Cardiff  
CF99 1NA

Ffôn/Tel: 0300 200 6232

Ebost/Email: [private.office@assembly.wales](mailto:private.office@assembly.wales)

Croesewir gohebiaeth yn y Gymraeg a'r Saesneg / We welcome correspondence in both English and Welsh

# Y Pwyllgor Iechyd a Gofal Cymdeithasol Bil Iechyd y Cyhoedd (Cymru)

## Crynodeb o'r arolwg i Bil Iechyd y Cyhoedd (Cymru)

### Cefndir

Mae'r ddogfen hon yn rhoi crynodeb o'r ymatebion a gafwyd i'r arolwg ar Bil Iechyd y Cyhoedd (Cymru) a gynhaliwyd gan y tîm Allgymorth.

Roedd yr holiadur ar agor i ymgynghoriad ac ymatebion rhwng 13 Gorffennaf 2015 a 4 Medi 2015.

### Methodoleg

Fel rhan o ymgynghoriad y Pwyllgor Iechyd a Gofal Cymdeithasol i Bil Iechyd y Cyhoedd (Cymru), cynhaliodd y Tîm Allgymorth arolwg ar-lein ac ar bapur. Gofynnwyd i'r rhai a gymerodd ran ateb ystod o gwestiynau a oedd yn ymwneud a gwahardd y defnydd o e-sigaréts mewn lleoedd caeedig, chyflwyno cyfyngiad oedran ar roi twll mewn rhan bersonol o'r corff, darpariaeth toiledau cyhoeddus a fferyllfeydd cymunedol.

Lluniwyd un arolwg, a oedd yn targedu'r cyhoedd yn gyffredinol.

**Diben yr arolwg hwn oedd casglu barn y cyhoedd ar Fil Iechyd y Cyhoedd (Cymru). Mae'r data ystadegol a amlinellir yn y crynodeb hwn yn cynrychioli barn o'r rhai a ymatebodd, ac nid y cyhoedd yn gyffredinol. Nid yw'r data ystadegol yn adlewyrchu sampl gynrychioliadol o'r cyhoedd.**

### Codi Ymwybyddiaeth

Er mwyn hyrwyddo ymwybyddiaeth o'r arolwg a denu cyfranogwyr, cysylltodd y Tîm Allgymorth ag ystod eang o sefydliadau. Roedd y rhai y cysylltwyd â hwy wedi gallu codi ymwybyddiaeth mewn amryw o ffyrdd, gan gynnwys rhoi erthyglau ar wefanau; tynnu sylw ar gyfryngau cymdeithasol gan gynnwys Facebook a Twitter; ac anfon negeseuon e-bost yn uniongyrchol at gyfranogwyr.

Bu staff y Cynulliad hefyd yn hyrwyddo'r arolwg ymysg grwpiau perthnasol a oedd yn ymweld â'r Senedd, ac ar ymweliadau addysg, a phan fu cynrychiolwyr y Cynulliad mewn sioeau haf.



## Ystadegau Allweddol

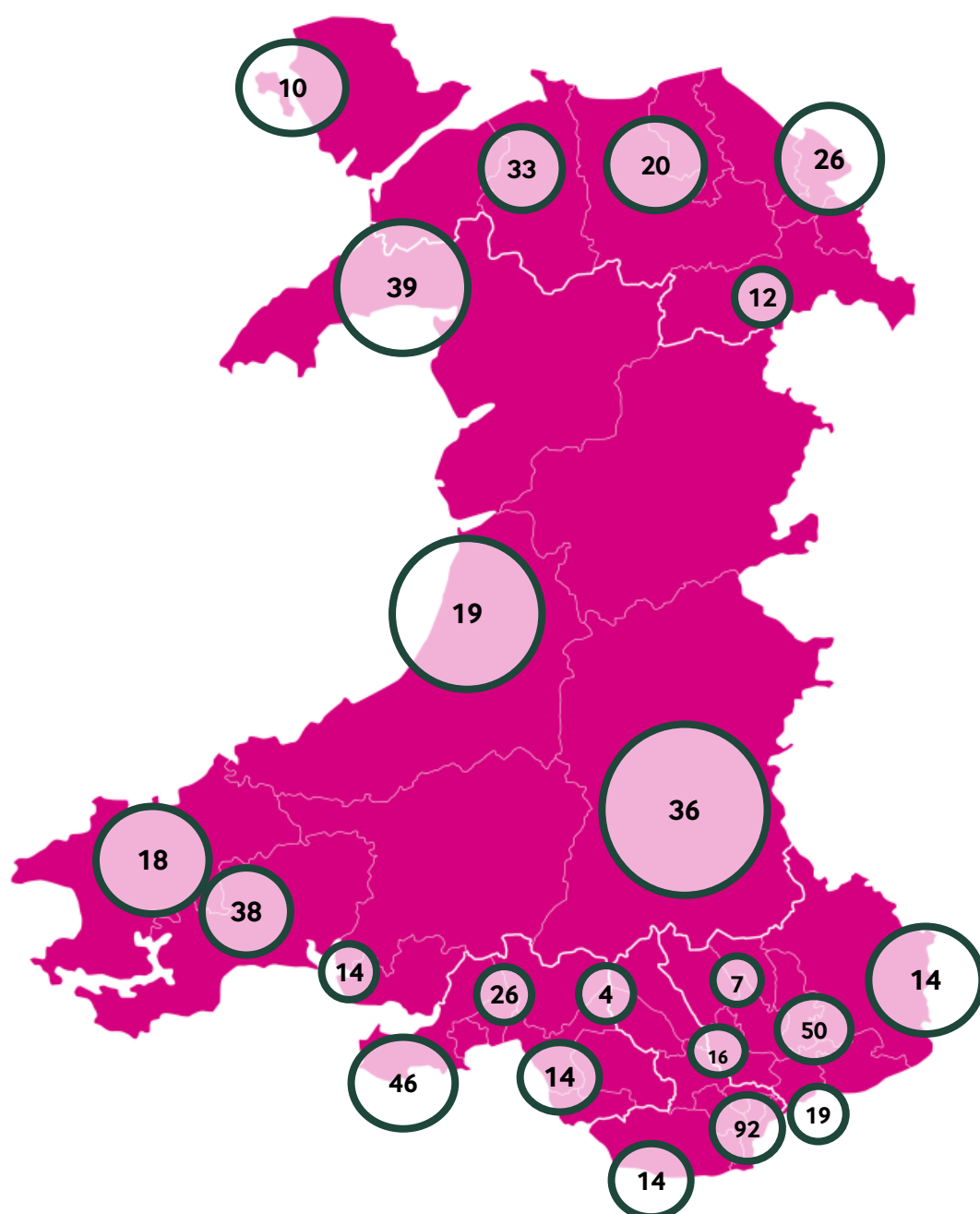
**766** Cyfanswm nifer yr ymatebion a gafwyd i'r arolwg

## Crynodeb Daearyddol o'r Ymatebion

**Nifer yr ymatebion i'r arolwg a gafwyd gan y cyhoedd wedi'i dadansoddi yn ôl awdurdod lleol.**

*Cyfanswm nifer yr ymatebion i'r cwestiwn: 559*

Blaenau Gwent: 4  
Pen-y-bont ar Ogwr: 26  
Caerffili: 50  
Caerdydd: 92  
Sir Gaerfyrddin: 38  
Ceredigion: 19  
Conwy: 33  
Sir Ddinbych: 20  
Sir y Fflint: 12  
Gwynedd: 39  
Ynys Môn: 10  
Merthyr Tudful: 11  
Sir Fynwy: 9  
Castell-nedd Port  
Talbot: 14  
Casnewydd: 19  
Sir Benfro: 18  
Powys: 36  
Rhondda Cynon Taf: 16  
Abertawe: 46  
Torfaen: 7  
Bro Morgannwg: 14  
Wrecsam: 26



## Crynodeb o'r ymatebion

Er gwybodaeth - mae rhagor o ystadegau ynghlwm cwestiynau'r holiadur cyfan ar gael yn Atodiad A (tudalen 22 o'r ddogfen). Mae'r ystadegau ychwanegol yma'n rhoi dadansoddiad demograffig i'r cwestiynau, o ran oedran ymatebwyr.

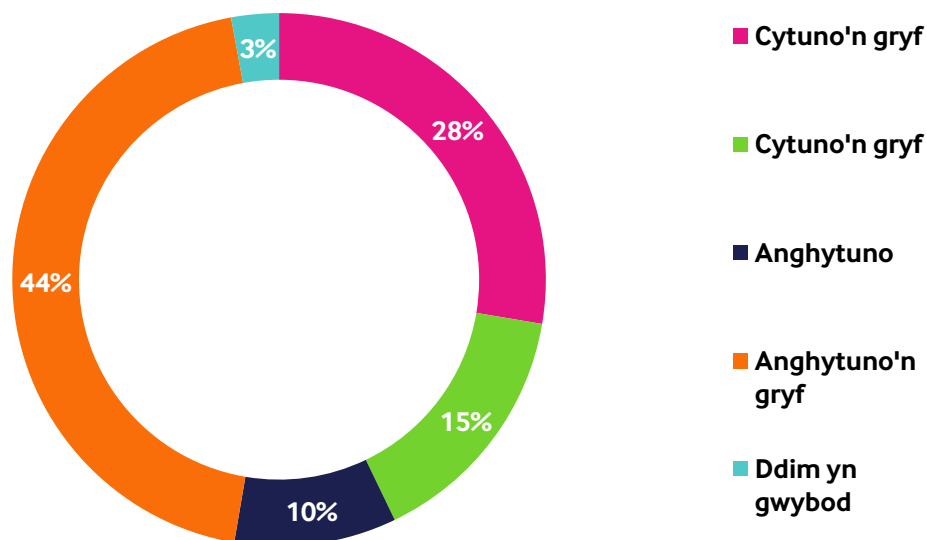
## Cynhyrchion nicotin a thybaco

Mae'r Bil yn cynnwys cynigion i wahardd y defnydd o ddyfeisiau mewnanadlu nicotin, fel e-sigaréts, mewn lleoedd dan do fel bwytai, tafarndai ac yn y gwaith. Bydd yn rhaid i siopau hefyd ymuno â chofrestr ar gyfer manwerthwyr cynhyrchion nicotin a thybaco. Bydd yn anghyfreithlon "rhoi" tybaco neu e-sigaréts i unrhyw un o dan 18 oed.

**Cwestiwn un - I ba raddau yr ydych yn cytuno y dylid gwahardd y defnydd o e-sigaréts mewn lleoedd dan do ac mewn gweithleoedd yng Nghymru, fel sydd ar gyfer ysmegu tybaco ar hyn o bryd?**

Cyfanswm nifer yr ymatebion i'r cwestiwn: 763

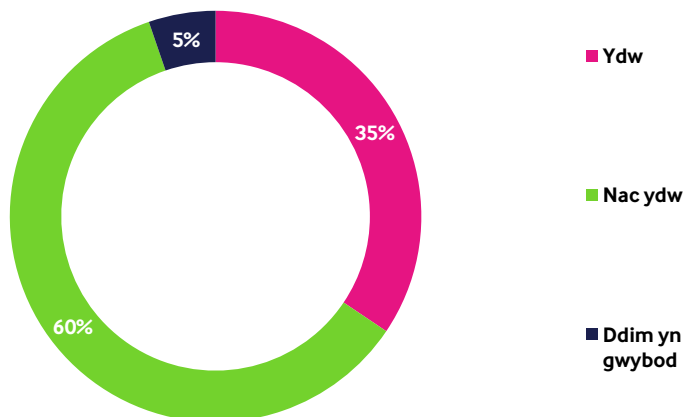
- Cytuno'n gryf: **27.65% (211)**
- Cytuno: **15.20% (116)**
- Anghytuno: **9.82% (75)**
- Anghytuno'n gryf: **44.42% (339)**
- Ddim yn gwybod: **2.88% (22)**



### Cwestiwn dau - A ydych yn meddwl bod defnyddio e-sigaréts mewn ardaloedd di-fwg yn hyrwyddo neu'n 'normaleiddio' ysmegu tybaco?

Cyfanswm nifer yr ymatebion i'r cwestiwn: 761

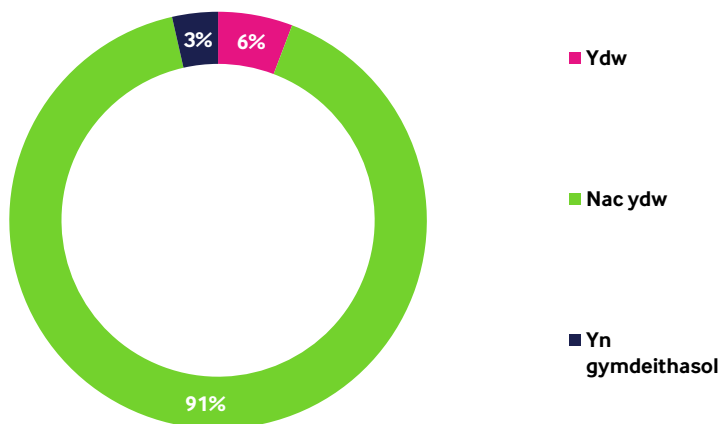
- Ydw: **35% (262)**
- Nac ydw: **60.3% (459)**
- Ddim yn gwybod: **5.2% (40)**



### Cwestiwn tri - Ydych chi'n ysmegu sigaréts?

Cyfanswm nifer yr ymatebion i'r cwestiwn: 762

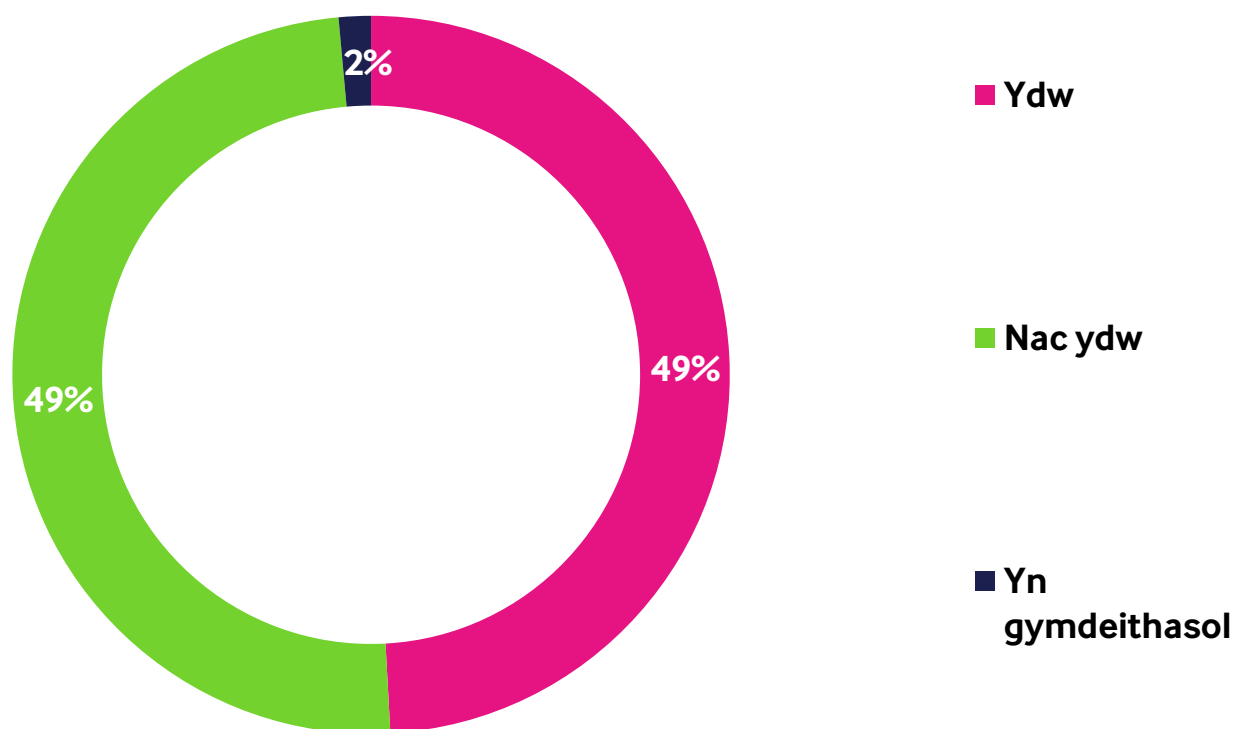
- Ydw: **5.77% (44)**
- Nac ydw: **90.68% (691)**
- Yn gymdeithasol: **3.5% (27)**



#### Cwestiwn 4a - Ydych chi erioed wedi defnyddio e-sigaréts?

Cyfanswm nifer yr ymatebion i'r cwestiwn: 759

- Ydw: **49.1% (373)**
- Nac ydw: **49.4% (375)**
- Yn gymdeithasol: **1.5% (11)**

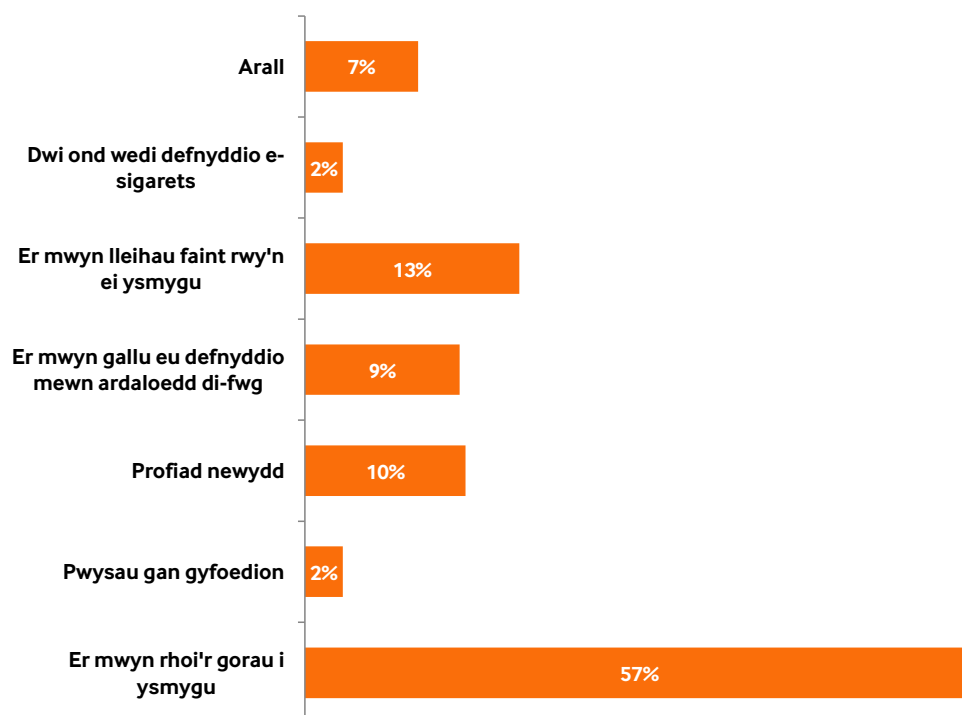


## Cwestiwn 4b - Os gwnaethoch ateb 'do' i cwestiwn 4a., pam yr oeddech chi / yr ydych yn defnyddio e-sigaréts?

Cyfanswm nifer yr ymatebion i'r cwestiwn: 386

Cyfanswm nifer o'r opsiynau dewiswyd: 522

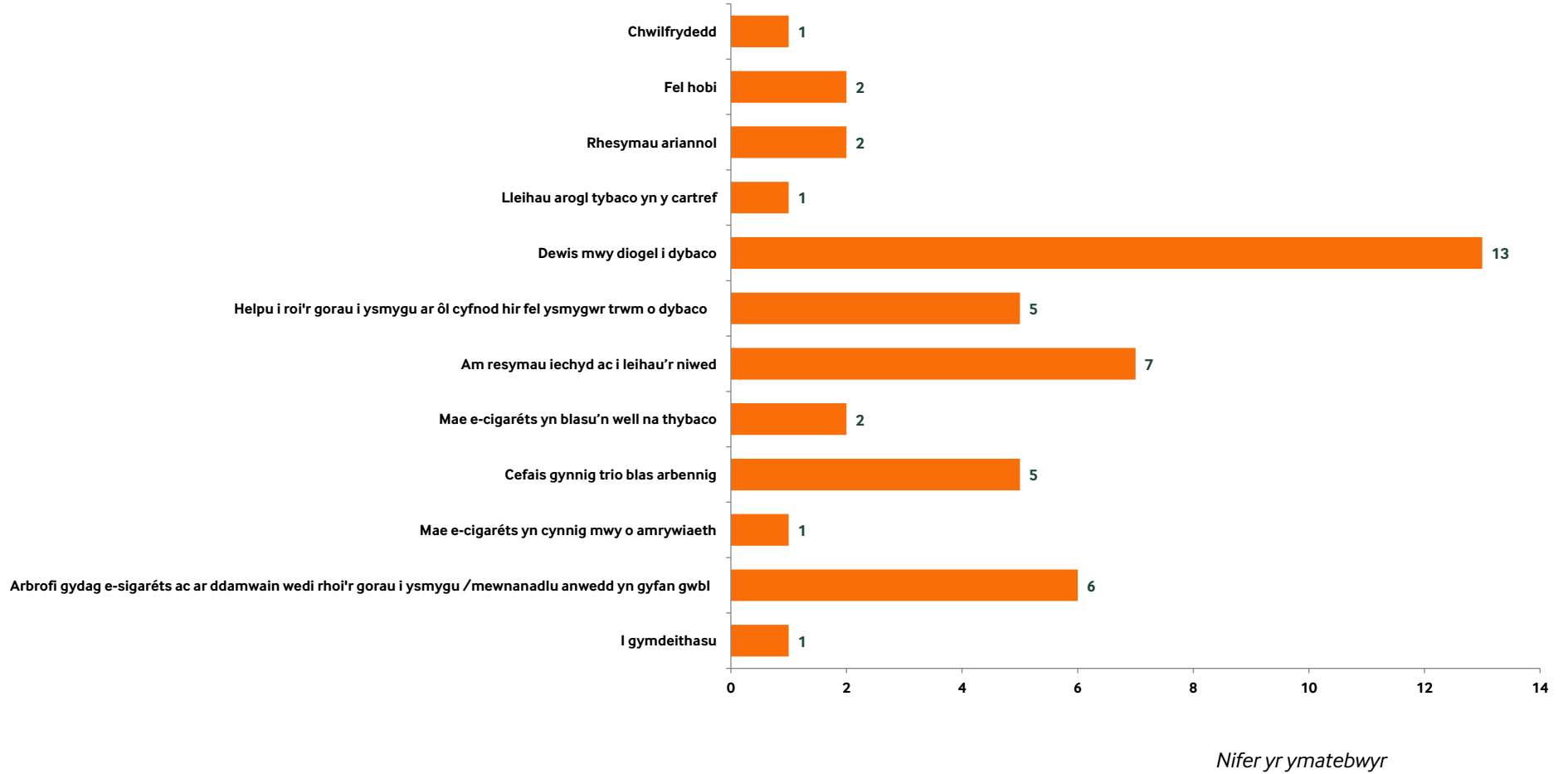
- Er mwyn rhoi'r gorau i ysmegu: **57.27% (299)**
- Pwysau gan gyfoedion: **2.10% (11)**
- Profiad newydd: **9.57% (50)**
- Er mwyn gallu eu defnyddio mewn ardaloedd di-fwg: **9.19% (48)**
- Er mwyn lleihau faint rwy'n ei ysmegu: **13.21% (69)**
- Dwi ond wedi defnyddio e-sigaréts: **2.10% (11)**
- Arall: **6.51% (34)**



## Cwestiwn 4b Arall - Sylwadau

Cyfanswm nifer y sylwadau: 46

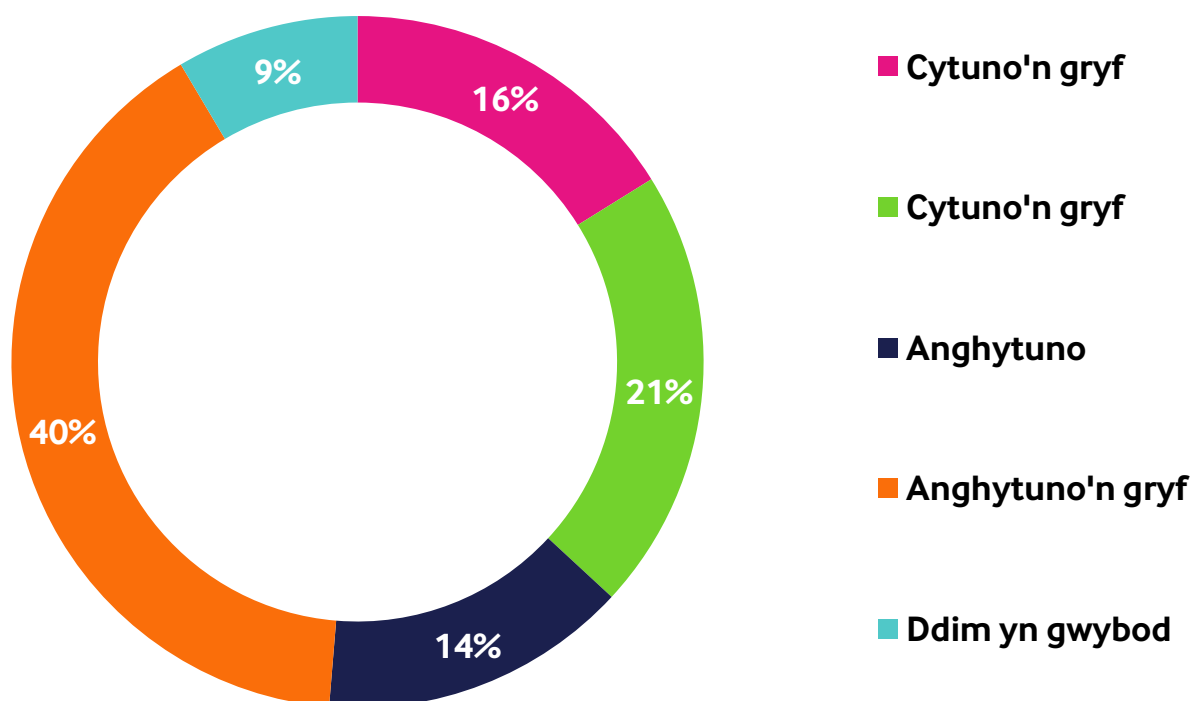
Tudalen y pecyn 47



Cwestiwn pump - Mae rhai pobl wedi awgrymu bod e-sigaréts yn apelio i bobl ifanc, ac y gallent arwain at fwy o bobl ifanc eu defnyddio, neu annog nhw at ysmegu cynhyrchion tybaco yn y pen draw. I ba raddau yr ydych yn cytuno â hyn?

Cyfanswm nifer yr ymatebion i'r cwestiwn: 762

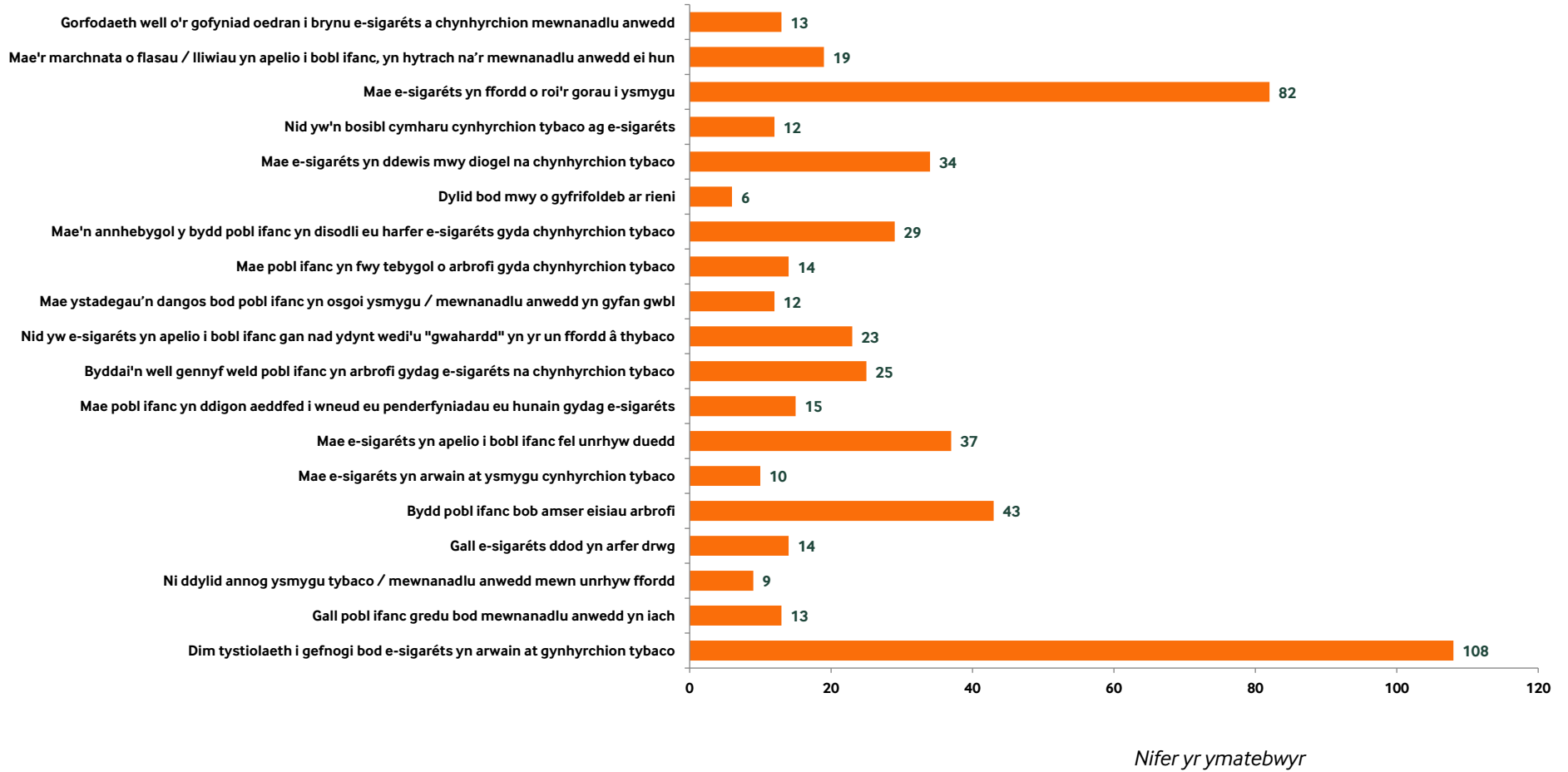
- Cytuno'n gryf: **16.14% (123)**
- Cytuno: **20.73% (158)**
- Anghytuno: **14.43% (110)**
- Anghytuno'n gryf: **40.15% (306)**
- Ddim yn gwybod: **8.53% (65)**



## Cwestiwn pump – sylwadau ychwanegol

Cyfanswm nifer y sylwadau ychwanegol: 518

Tudalen y pecyn 49





## Triniaethau arbennig

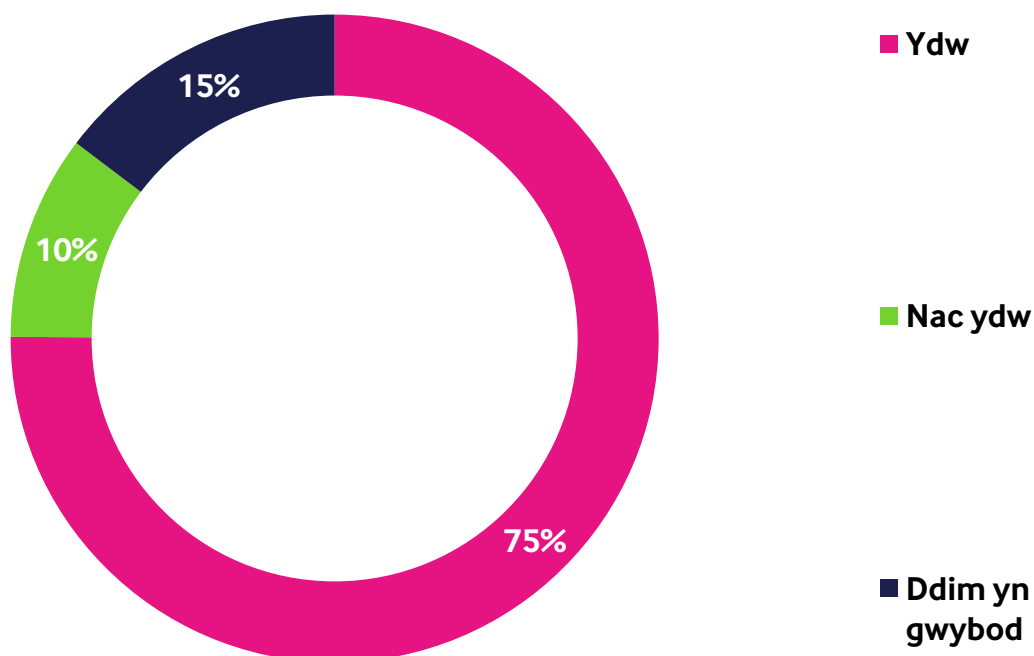
**Triniaethau arbennig yw tatwio, tyllu'r corff, aciwbigo ac electrolysis.**

Mae'r Bil yn cynnwys cynnig i greu system drwyddedu orfodol ar gyfer pobl sy'n gwneud triniaethau arbennig yng Nghymru. Bydd angen cymeradwyo'r lleoliadau lle caiff y triniaethau hyn eu gwneud er mwyn sicrhau eu bod yn lân, diogel a chyfreithiol ar gyfer y cyhoedd sy'n eu defnyddio.

**Cwestiwn chwech - A ydych yn cytuno y dylid creu system drwyddedu ar gyfer pobl sy'n gwneud y triniaethau arbennig hyn er mwyn sicrhau bod y cyhoedd yn cael y driniaeth gorau a diogel?**

*Cyfanswm nifer yr ymatebion i'r cwestiwn: 694*

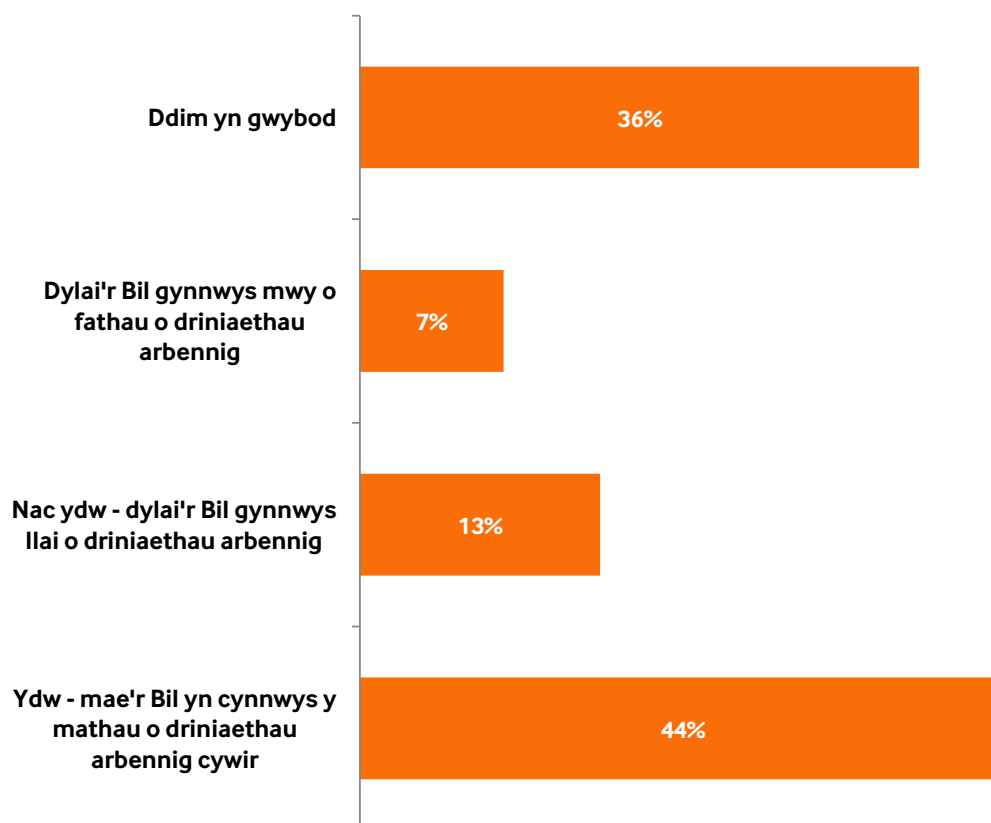
- Ydw: **75.07% (521)**
- Nac ydw: **10.23% (71)**
- Ddim yn gwybod: **14.69% (102)**



## Cwestiwn saith - A ydych yn cytuno gyda'r mathau o driniaethau arbennig sydd wedi eu cynnwys yn y Bil?

Cyfanswm nifer yr ymatebion i'r cwestiwn: 687

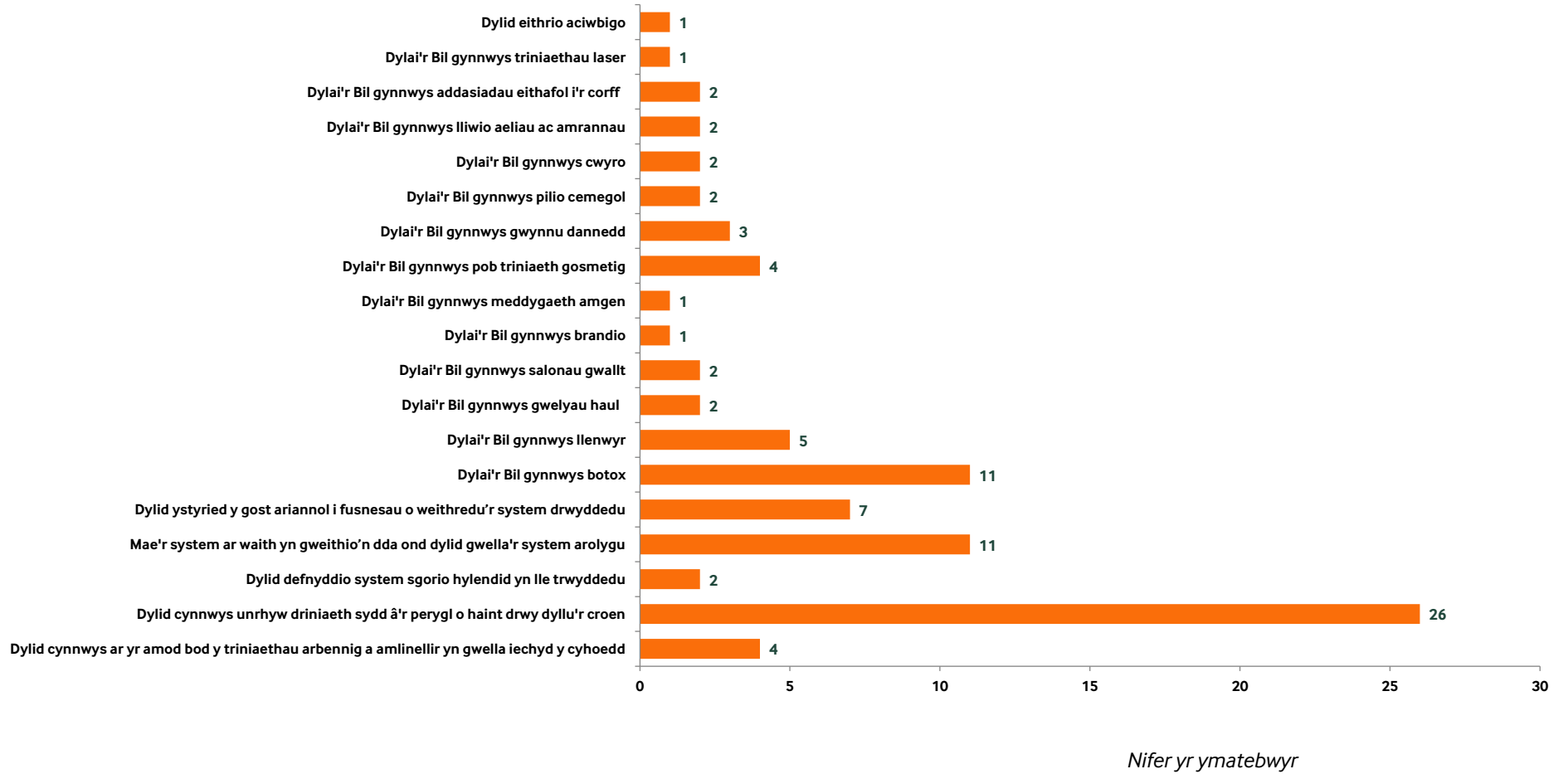
- Ydw – mae'r Bil yn cynnwys y mathau o driniaethau arbennig cywir: **43.95% (302)**
- Nac ydw – dylai'r Bil gynnwys llai o driniaethau arbennig: **12.80% (88)**
- Dylai'r Bil gynnwys mwy o fathau o driniaethau arbennig: **7.27% (50)**
- Ddim yn gwybod: **35.95% (247)**



## Cwestiwn saith - sylwadau ychwanegol

Cyfanswm nifer yr sylwadau ychwanegol: 89

Tudalen y pecyn 52



## Rhoi twll mewn rhan bersonol o'r corff

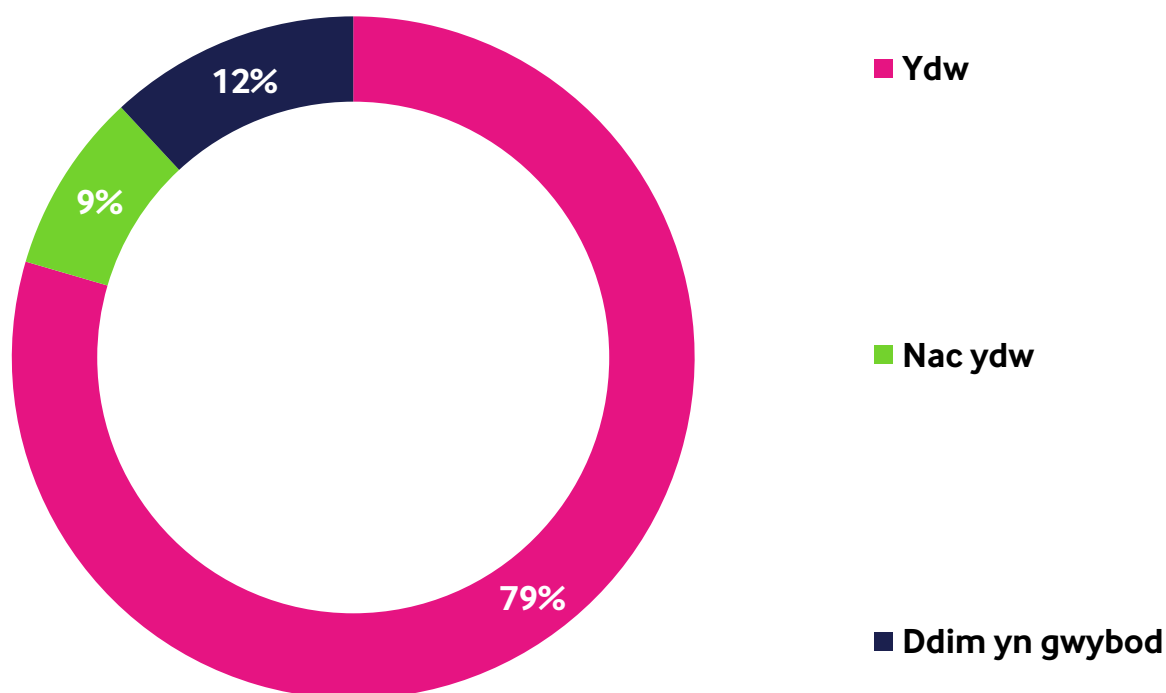
Mae rhoi tyllau mewn tethi ac organau rhywiol yn enghreifftiau o roi twll mewn rhan bersonol o'r corff.

Mae'r Bil yn cynnwys cynnig i wahardd rhoi twll mewn rhan bersonol o'r corff ar gyfer unrhyw un o dan 16 oed yng Nghymru.

**Cwestiwn wyth - A ydych yn meddwl bod angen cyfyngiad oedran ar gyfer rhoi twll mewn rhan bersonol o'r corff? Eglurwch eich ateb os gwelwch yn dda.**

Cyfanswm nifer yr ymatebion i'r cwestiwn: 689

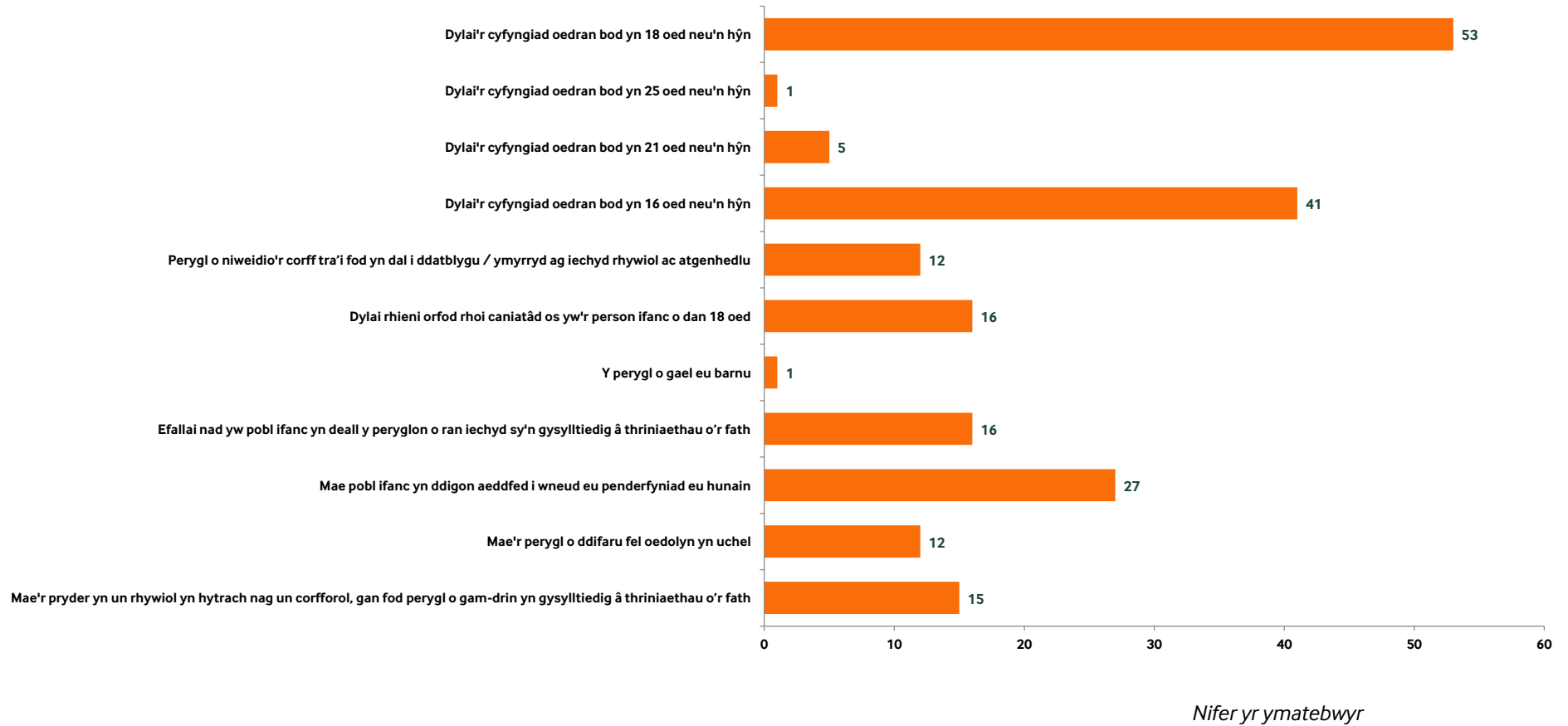
- Ydw: **79.50% (548)**
- Nac ydw: **8.60% (59)**
- Ddim yn gwybod: **11.90% (82)**



## Cwestiwn wyth - sylwadau ychwanegol

Cyfanswm nifer yr sylwadau ychwanegol: 199

Tudalen y pecyn 54



## Fferyllfeydd cymunedol

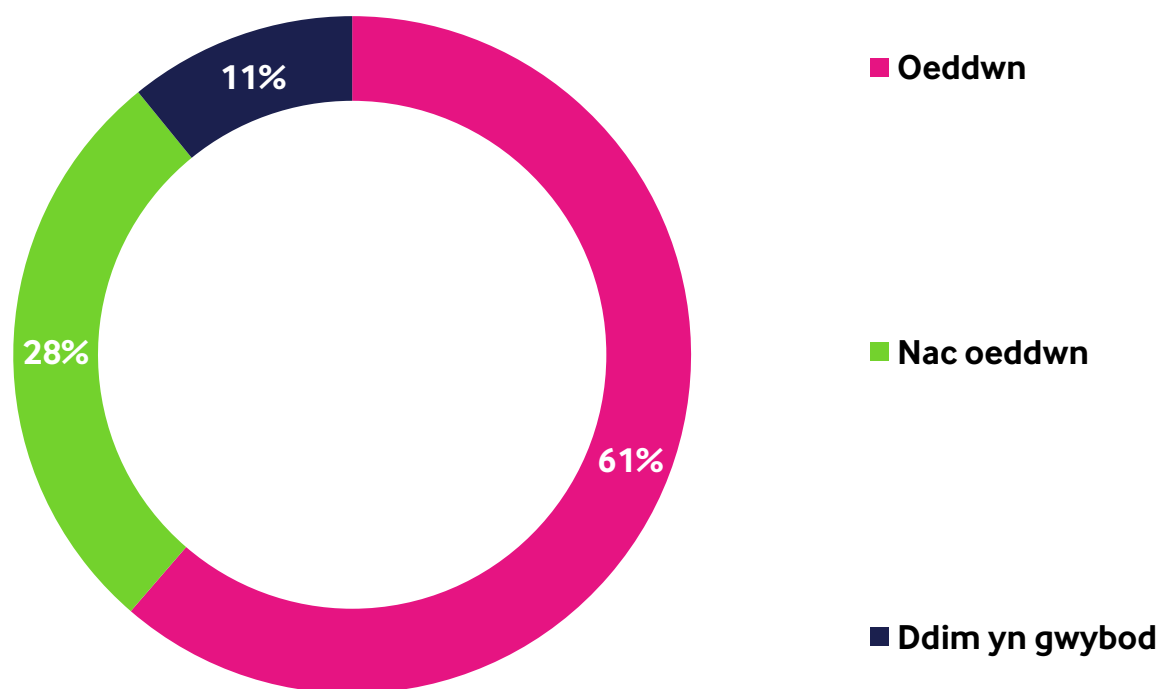
Bydd y Bil angen i fyrddau iechyd lleol yng Nghymru edrych ar yr angen am wasanaethau fferyllol yn ei ardal, a bod unrhyw benderfyniadau sy'n ymwneud â fferyllfeydd cymunedol yn seiliedig ar anghenion cymunedau lleol.

**Cwestiwn naw - Gallwch ddefnyddio gwasanaethau gofal iechyd ychwanegol drwy eich fferyllfa leol. Mae'r gwasanaethau hyn yn cynnwys atal cenhedlu brys, brechiad rhag y ffliw, cyngor ar sut i roi'r gorau i ysmegu, a chyfnewid nodwyddau.**

**A oeddech yn ymwybodol o'r gwasanaethau gofal iechyd ychwanegol y gall fferyllfeydd cymunedol eu darparu?**

Cyfanswm nifer yr ymatebion i'r cwestiwn: 662

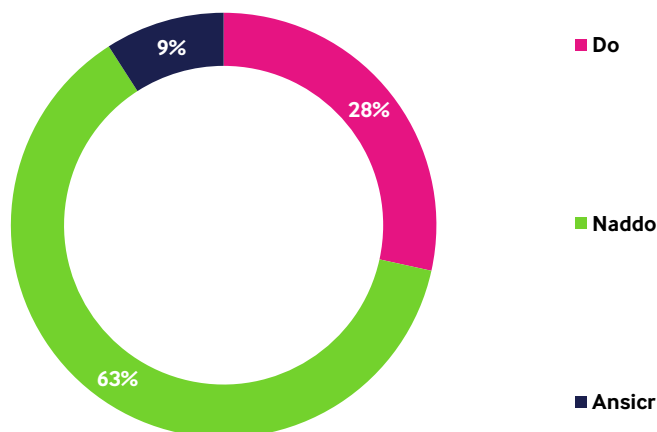
- Oeddwn: **61.32% (406)**
- Nac oeddwn: **27.79% (184)**
- Ddim yn gwybod: **10.87% (72)**



## Cwestiwn 10 - A ydych erioed wedi defnyddio'r gwasanaethau hyn yn eich fferyllfa gymunedol?

Cyfanswm nifer yr ymatebion i'r cwestiwn: 661

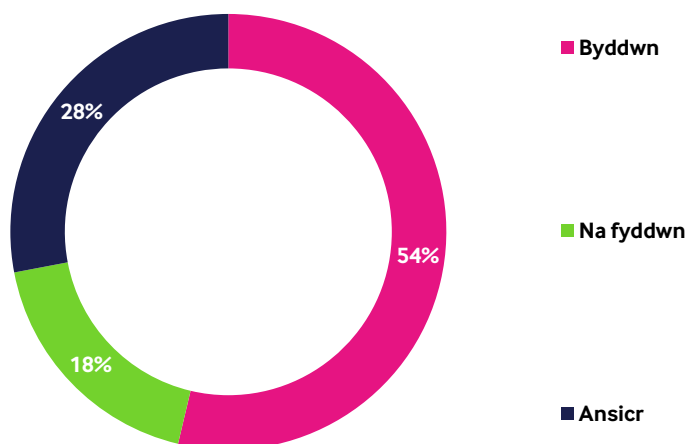
- Do: **28.4% (188)**
- Naddo: **62.6% (413)**
- Ansicr: **9.0% (60)**



## Cwestiwn 11 - A fydddech yn fwy tebygol o ddefnyddio'r mathau hyn o wasanaethau trwy eich fferyllfa gymunedol yn hytrach na'r meddyg teulu?

Cyfanswm nifer yr ymatebion i'r cwestiwn: 661

- Byddwn: **53.70% (355)**
- Na fyddwn: **18.30% (121)**
- Ansicr: **27.98% (185)**



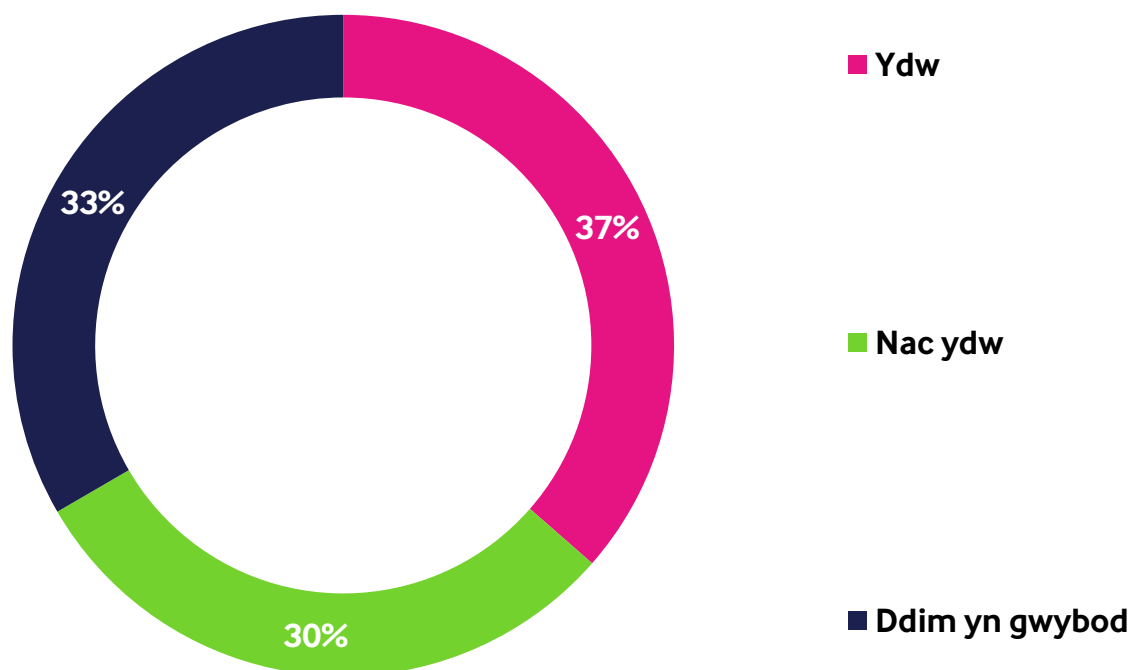
## Toiledau cyhoeddus

Mae'r Bil yn cynnwys cynnig bydd yn ofynnol i awdurdodau lleol cynllunio sut y byddant yn diwallu anghenion pobl sydd yn byw yn eu cymuned ac yn defnyddio cyfleusterau toiledau cyhoeddus. Fodd bynnag, nid yw'r Bil yn ei gwneud yn ofynnol i awdurdodau lleol ddarparu'r cyfleusterau toiledau.

### Cwestiwn 12 - A ydych yn meddwl y bydd y cynnig hwn yn arwain at ddarpariaeth well o doiledau i'w defnyddio gan pobl sydd yn byw yn y gymuned yn y pen draw?

Cyfanswm nifer yr ymatebion i'r cwestiwn: 653

- Ydw: **36.5% (238)**
- Nac ydw: **30.1% (197)**
- Ddim yn gwybod: **33.4% (218)**

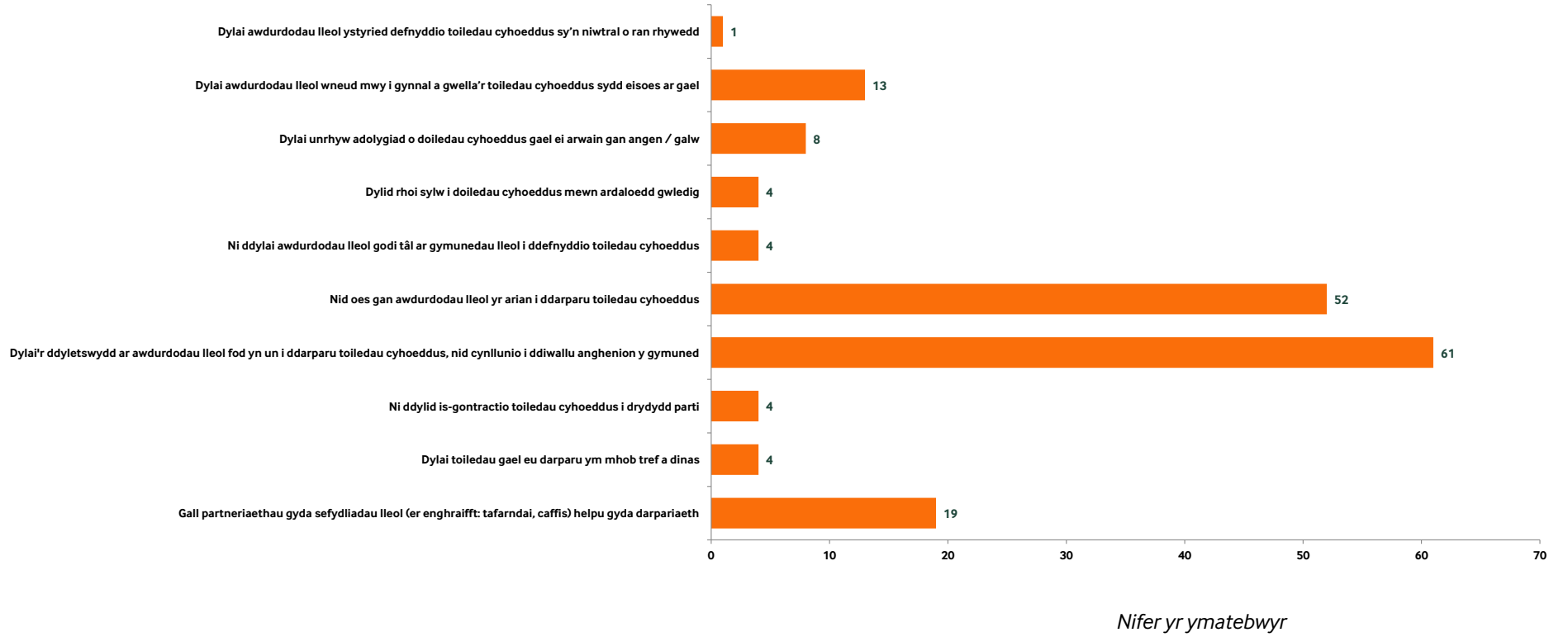




## Cwestiwn 12 - sylwadau ychwanegol

Cyfanswm nifer yr sylwadau ychwanegol: 170

Tudalen y pecyn 58

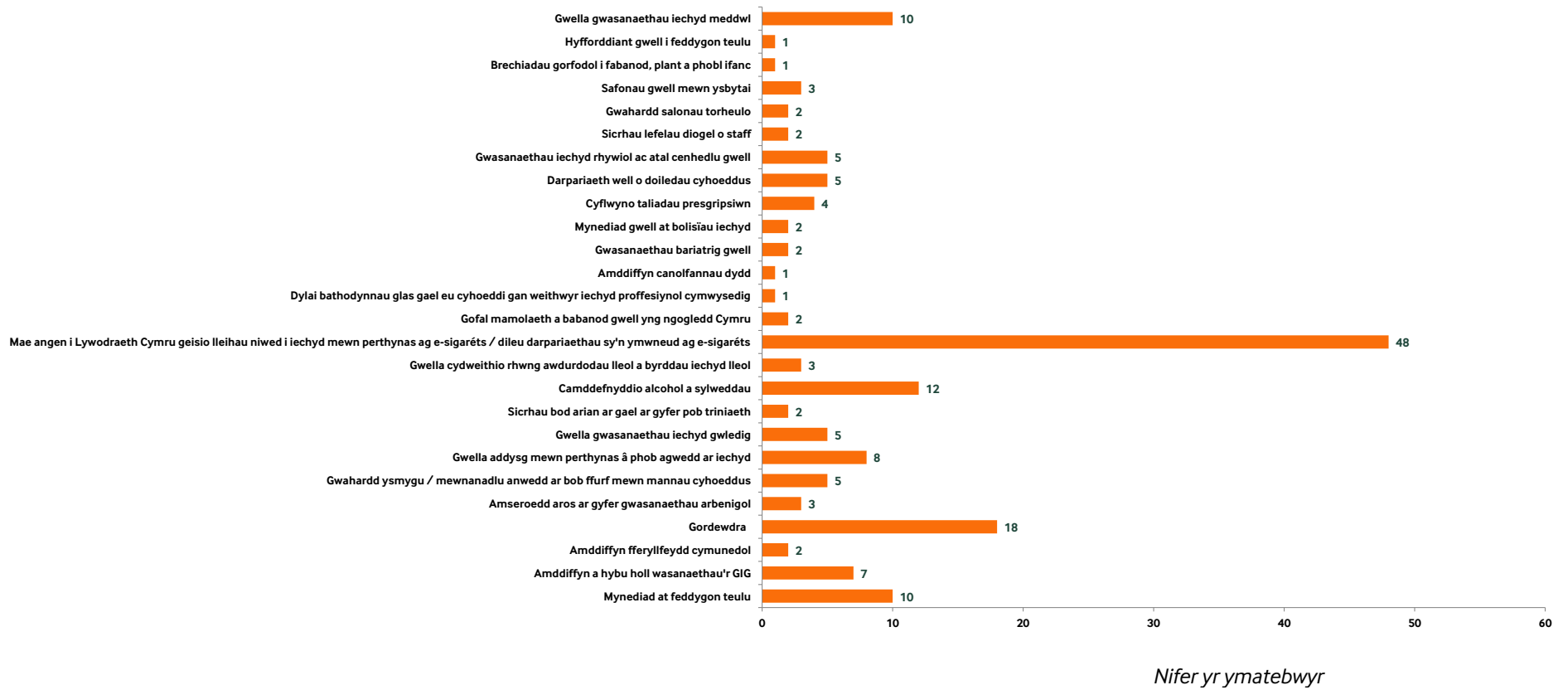


## Sylwadau i gloi

Cwestiwn 13 - A oes unrhyw feysydd eraill o iechyd y cyhoedd y credwch y dylid eu cynnwys yn y Bil er mwyn helpu i wella iechyd y bobl yng Nghymru?

Cyfanswm nifer yr sylwadau: 164

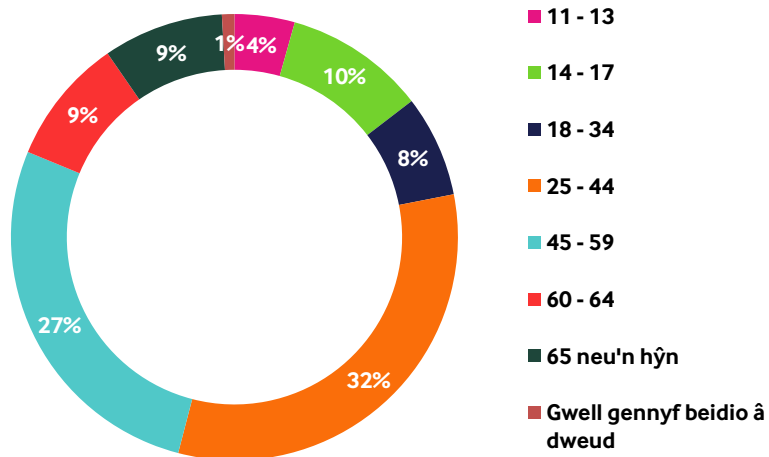
Tudalen y pecyn 59



### Cwestiwn 14 – Faint yw eich oed?

Cyfanswm nifer yr ymatebion i'r cwestiwn: 666

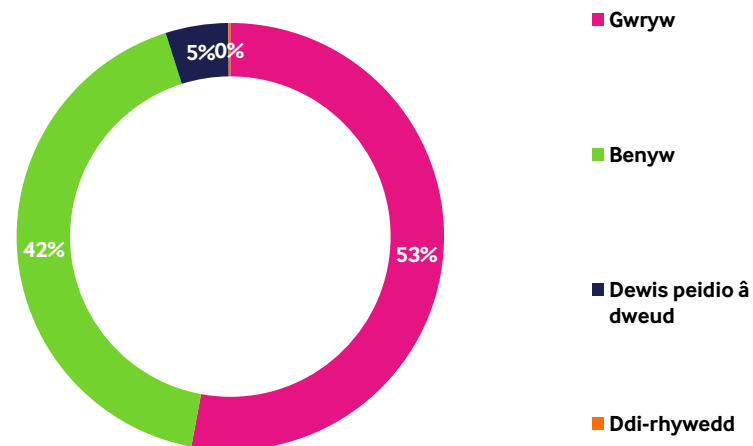
- 11 – 13: **4.35% (29)**
- 14 – 17: **10.21% (68)**
- 18 – 24: **7.35% (49)**
- 25 – 44: **32.13% (214)**
- 45 – 59: **27.17% (181)**
- 60 – 64: **9.15% (61)**
- 65 neu'n hŷn: **8.70% (58)**
- Dewis peidio â dweud: **0.90% (6)**



### Cwestiwn 15 – Beth yw eich rhywedd?

Cyfanswm nifer yr ymatebion i'r cwestiwn: 632

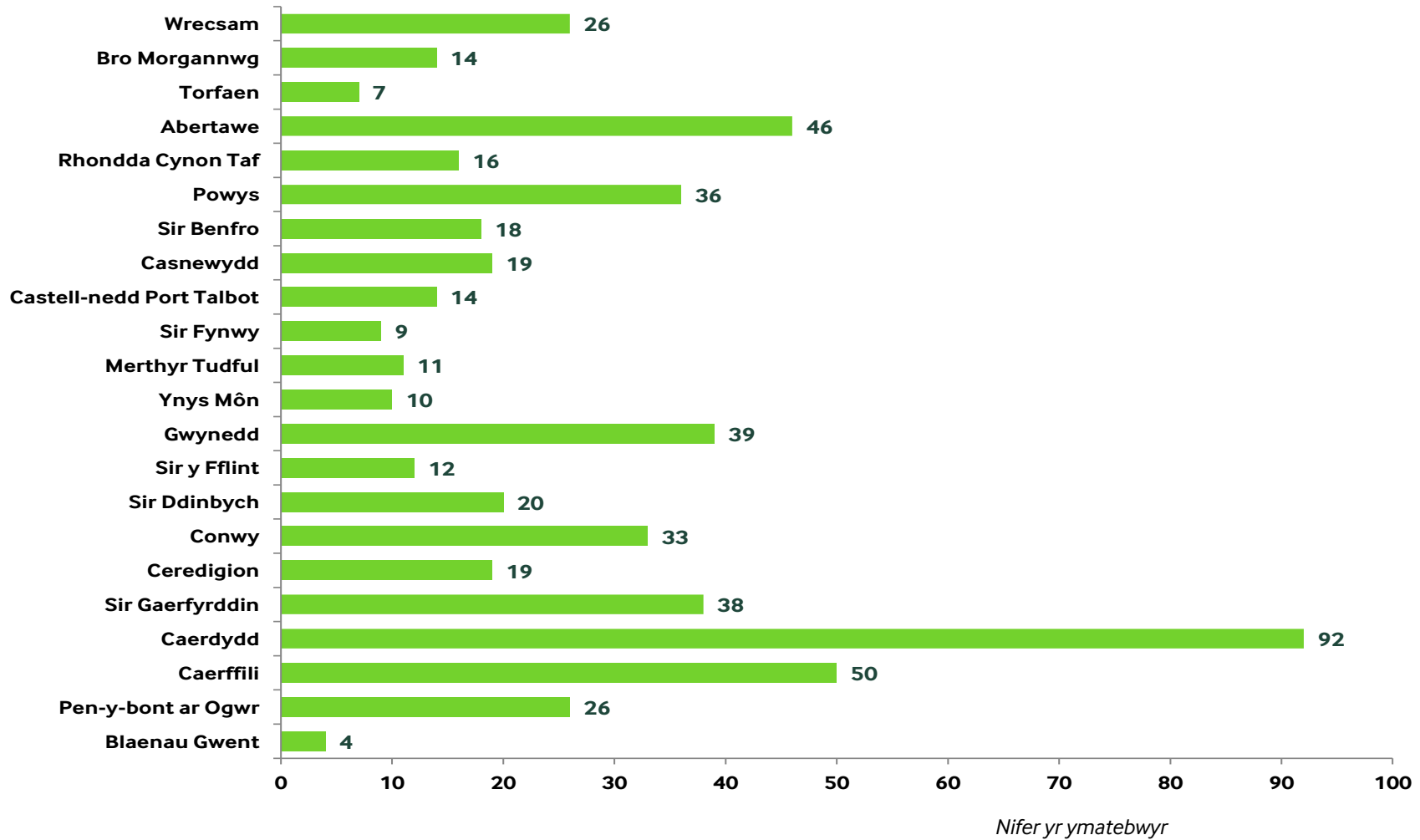
- Gwryw: **53.00% (335)**
- Benyw: **42.24% (267)**
- Dewis peidio â dweud: **4.74% (30)**
- Ddi-rhywedd: **0.16% (1)**



**Question 16 – Yn ardal pa awdurdod lleol yr ydych chi'n byw?**

*Cyfanswm nifer yr ymatebion i'r cwestiwn: 559*

Tudalen y pecyn 61



## Atodiad A

### Dadansoddiad demograffig wrth oedran

Mae rhan yma o ganlyniadau'r holiadur yn rhoi dadansoddiad byr i holl gwestiynau'r holiadur. Mae cymhariaeth yn cael ei wneud rhwng ymatebwyr o dan 18 mlwydd oedd (11 – 18 mlwydd oed) a bob ymatebwr 18 mlwydd oed a throsodd.

### Cynhyrchion tybaco a nicotin

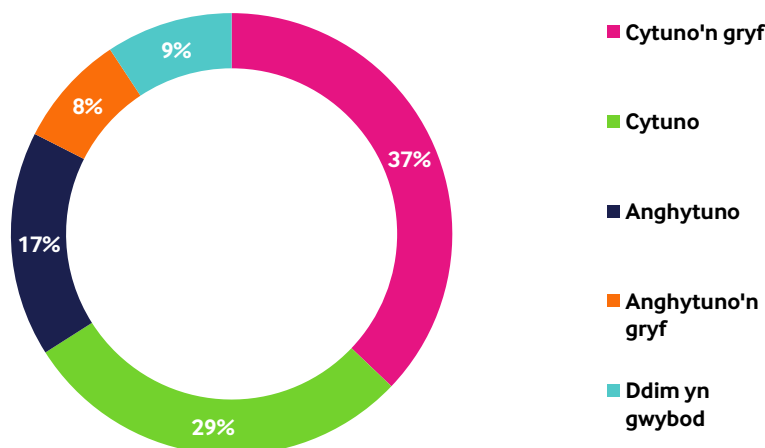
Mae'r Bil yn cynnwys cynigion i wahardd y defnydd o ddyfeisiau mewnanadlu nicotin, fel e-sigaréts, mewn lleoedd dan do fel bwytai, tafarndai ac yn y gwaith. Bydd yn rhaid i siopau hefyd ymuno â chofrestr ar gyfer manwerthwyr cynhyrchion nicotin a thybaco. Bydd yn anghyfreithlon "rhoi" tybaco neu e-sigaréts i unrhyw un o dan 18 oed.

**Cwestiwn un - I ba raddau yr ydych yn cytuno y dylid gwahardd y defnydd o e-sigaréts mewn lleoedd dan do ac mewn gweithleoedd yng Nghymru, fel sydd ar gyfer ysmegu tybaco ar hyn o bryd?**

### 11 – 17 mlwydd oed

Cyfanswm nifer yr ymatebion i'r cwestiwn: 97

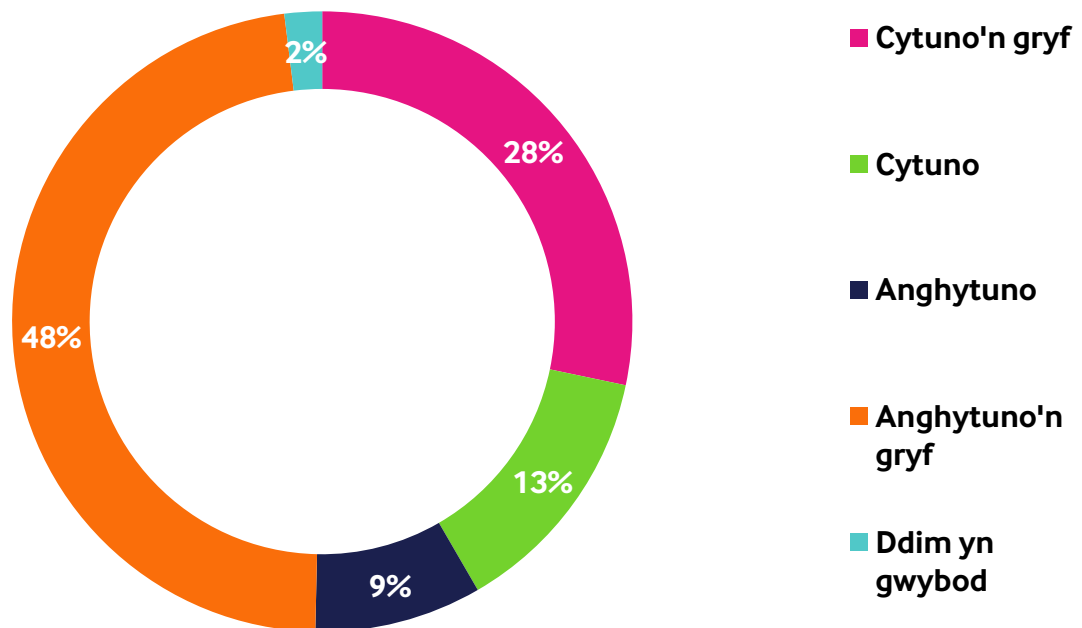
- Cytuno'n gryf: **37.11% (36)**
- Cytuno: **28.87% (28)**
- Anghytuno: **16.49% (16)**
- Anghytuno'n gryf: **8.25% (8)**
- Ddim yn gwybod: **9.28% (9)**



# 18 mlwydd oed a throsodd

Cyfanswm nifer yr ymatebion i'r cwestiwn: 563

- Cytuno'n gryf: **28.29% (159)**
- Cytuno: **13.35% (75)**
- Anghytuno: **8.72% (49)**
- Anghytuno'n gryf: **47.69% (268)**
- Ddim yn gwybod: **1.96% (11)**

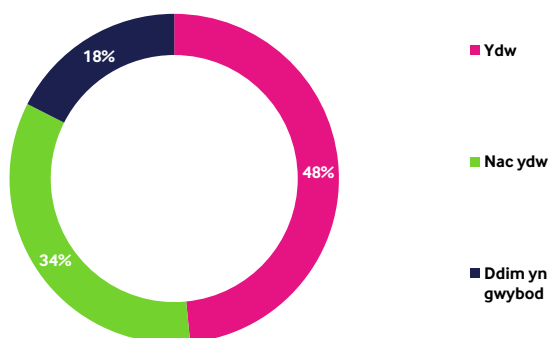


Cwestiwn dau - A ydych yn meddwl bod defnyddio e-sigaréts mewn ardaloedd di-fwg yn hyrwyddo neu'n 'normaleiddio' ysmegu tybaco?

## 11 – 17 mlwydd oed

Cyfanswm nifer yr ymatebion i'r cwestiwn: 97

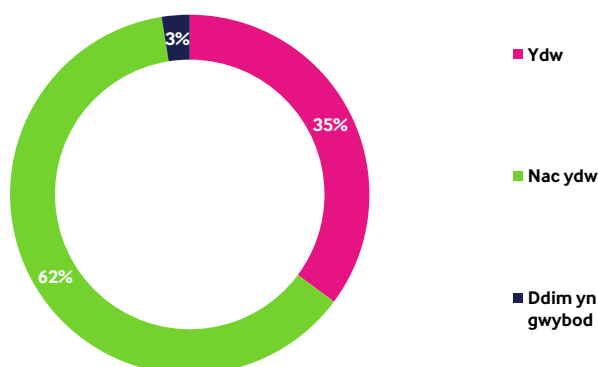
- Ydw: **48.45% (47)**
- Nac ydw: **34.02% (33)**
- Ddim yn gwybod: **17.53% (17)**



## 18 mlwydd oed a throsodd

Cyfanswm nifer yr ymatebion i'r cwestiwn: 560

- Ydw: **35.18% (197)**
- Nac ydw: **62.32% (349)**
- Ddim yn gwybod: **2.52% (14)**

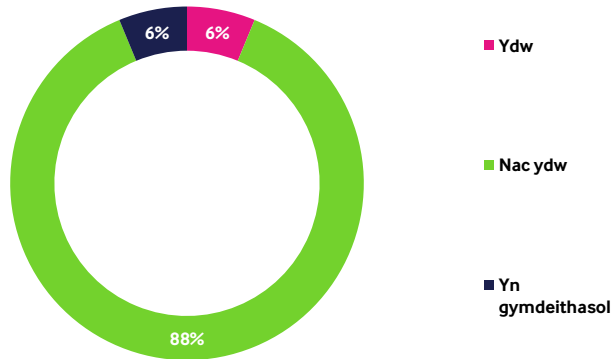


Cwestiwn tri – Ydych chi'n ysmegu sigarêts?

## 11 – 17 mlwydd oed

Cyfanswm nifer yr ymatebion i'r cwestiwn: 96

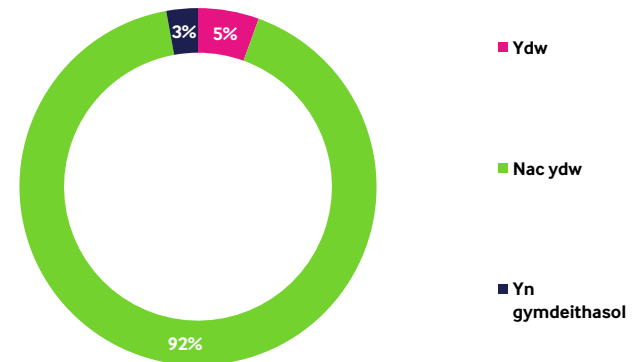
- Ydw: **6.25% (6)**
- Nac ydw: **87.50% (84)**
- Yn gymdeithasol: **6.25% (6)**



## 18 mlwydd oed a throsodd

Cyfanswm nifer yr ymatebion i'r cwestiwn: 561

- Ydw: **5.53% (31)**
- Nac ydw: **91.62% (514)**
- Yn gymdeithasol: **2.85% (16)**



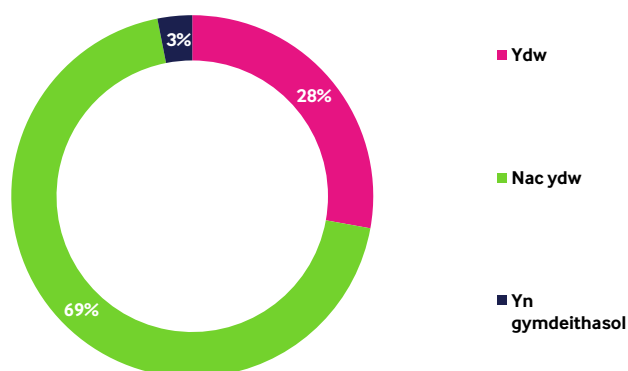


## Cwestiwn 4a – Ydych chi erioed wedi defnyddio e-sigaréts?

### 11 – 17 mlwydd oed

Cyfanswm nifer yr ymatebion i'r cwestiwn: 97

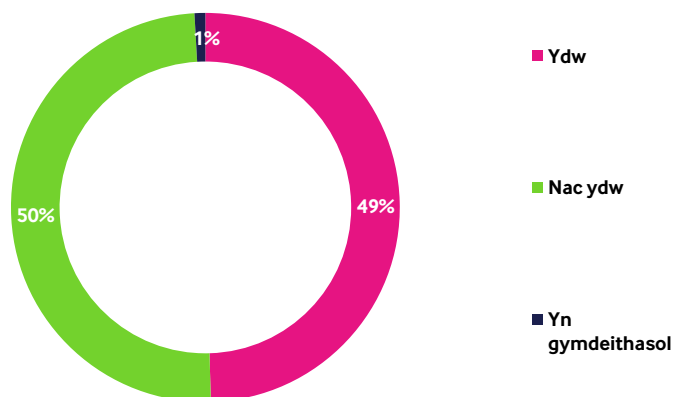
- Ydw: **27.84% (27)**
- Nac ydw: **69.07% (67)**
- Yn gymdeithasol: **3.09% (3)**



### 18 mlwydd oed a throsodd

Cyfanswm nifer yr ymatebion i'r cwestiwn: 557

- Ydw: **49.55% (276)**
- Nac ydw: **49.55% (276)**
- Yn gymdeithasol: **0.89% (5)**



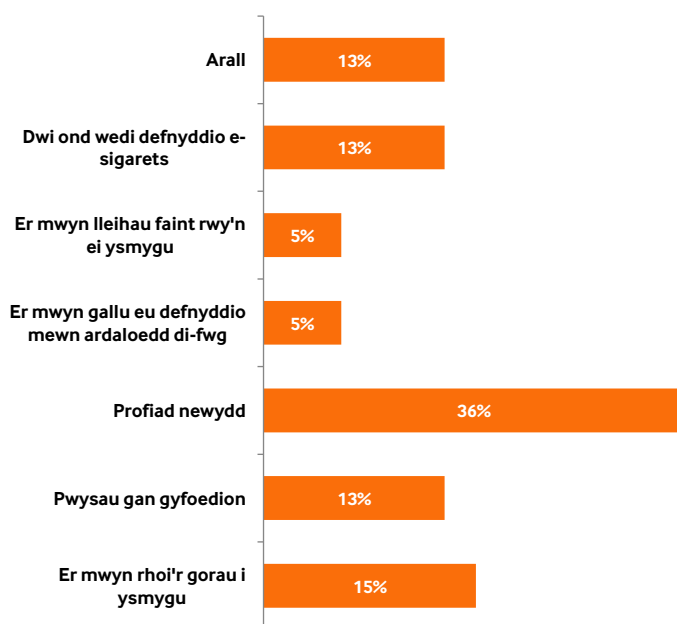
Cwestiwn 4b – Os wnaethoch ateb “do” i cwestiwn 4a, pam yr oeddech chi / yr ydych cyn defnyddio e-sigaréts?

## 11 – 17 mlwydd oed

Cyfanswm nifer yr ymatebion i'r cwestiwn: 30

Cyfanswm nifer yr opsiynau dewiswyd: 39

- Er mwyn rhoi'r gorau i ysmegu: **15.38% (6)**
- Pwysau gan gyfoedion: **12.82% (5)**
- Profiad newydd: **35.90% (14)**
- Er mwyn gallu eu defnyddio mewn ardaloedd di-fwg: **5.13% (2)**
- Er mwyn lleihau faint rwy'n ei ysmegu: **5.13% (2)**
- Dwi ond wedi defnyddio e-sigaréts: **12.82% (5)**
- Arall: **12.82% (5)**

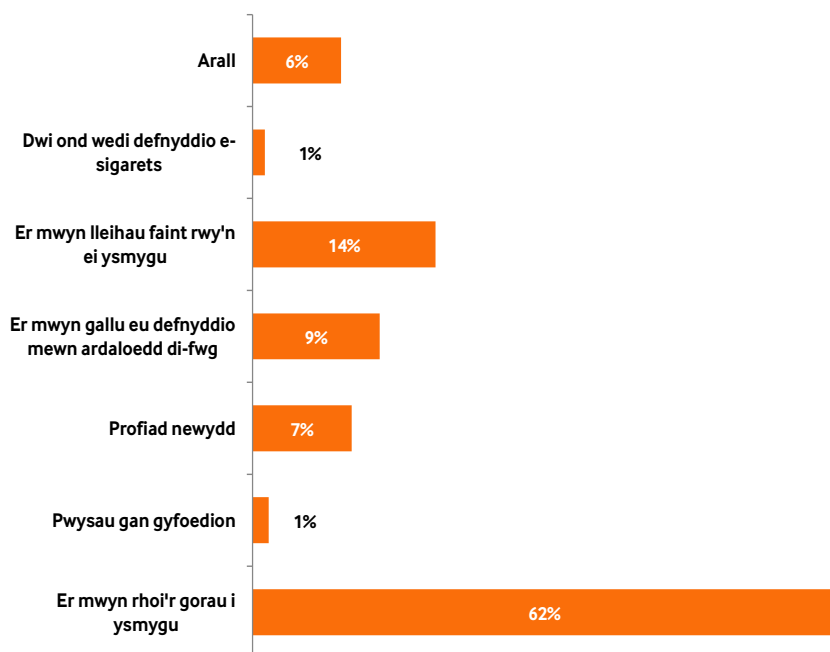


## 18 mlwydd oed a throsodd

Cyfanswm nifer yr ymatebion i'r cwestiwn: 284

Cyfanswm nifer yr opsiynau dewiswyd: 373

- Er mwyn rhoi'r gorau i ysmegu: **62.2% (232)**
- Pwysau gan gyfoedion: **1.07% (4)**
- Profiad newydd: **6.97% (26)**
- Er mwyn gallu eu defnyddio mewn ardaloedd di-fwg: **9.11% (34)**
- Er mwyn lleihau faint rwy'n ei ysmegu: **13.67% (51)**
- Dwi ond wedi defnyddio e-sigaréts: **0.80% (3)**
- Arall: **6.17% (23)**



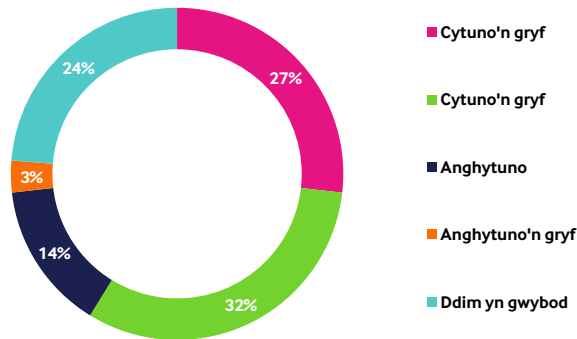
Cwestiwn pump - Mae rhai pobl wedi awgrymu bod e-sigaréts yn apelio i bobl ifanc, ac y gallent arwain at fwy o bobl ifanc eu defnyddio, neu annog nhw at ysmegu cynhyrchion tybaco yn y pen draw.

I ba raddau yr ydych yn cytuno â hyn?

## 11 – 17 mlwydd oed

Cyfanswm nifer yr ymatebion i'r cwestiwn: 97

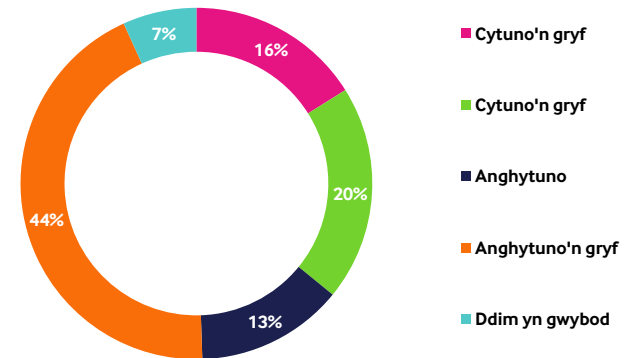
- Cytuno'n gryf: **26.80% (26)**
- Cytuno: **31.96% (31)**
- Anghytuno: **14.43% (14)**
- Aghytuno'n gryf: **3.09% (3)**
- Ddim yn gwybod: **23.71% (8)**



## 18 mlwydd oed a throsodd

Cyfanswm nifer yr ymatebion i'r cwestiwn: 560

- Cytuno'n gryf: **16.07% (90)**
- Cytuno: **19.82% (111)**
- Anghytuno: **13.57% (76)**
- Aghytuno'n gryf: **43.75% (245)**
- Ddim yn gwybod: **6.78% (38)**



## Triniaethau arbennig

Triniaethau arbennig yw tatŵio, tyllu'r corff, aciwbigo ac electrolysis.

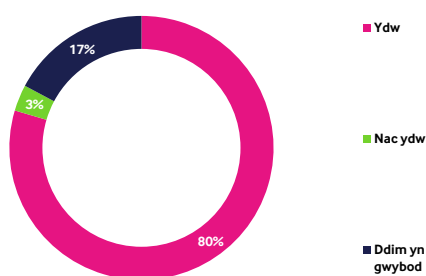
Mae'r Bil yn cynnwys cynnig i greu system drwyddedu orfodol ar gyfer pobl sy'n gwneud triniaethau arbennig yng Nghymru. Bydd angen cymeradwyo'r lleoliadau lle caiff y triniaethau hyn eu gwneud er mwyn sicrhau eu bod yn lân, diogel a chyfreithiol ar gyfer y cyhoedd sy'n eu defnyddio.

**Cwestiwn chwech - A ydych yn cytuno y dylid creu system drwyddedu ar gyfer pobl sy'n gwneud y triniaethau arbennig hyn er mwyn sicrhau bod y cyhoedd yn cael y driniaeth gorau a diogel?**

### 11 – 17 mlwydd oed

Cyfanswm nifer yr ymatebion i'r cwestiwn:  
96

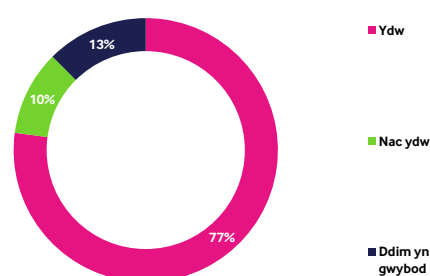
- Ydw: **77.08% (74)**
- Nac ydw: **3.12% (3)**
- Ddim yn gwybod: **16.67% (16)**



### 18 mlwydd oed a throsodd

Cyfanswm nifer yr ymatebion i'r cwestiwn:  
537

- Ydw: **77.09% (414)**
- Nac ydw: **10.43% (56)**
- Ddim yn gwybod: **12.48% (67)**

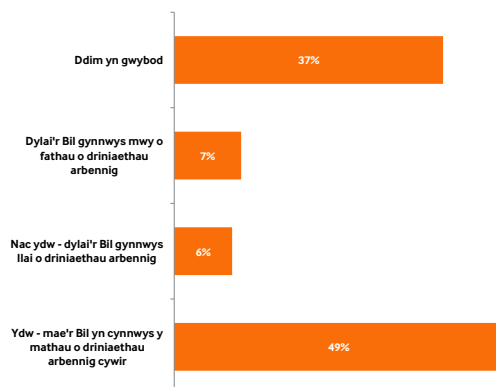


Cwestiwn saith - A ydych yn cytuno gyda'r mathau o driniaethau arbennig sydd wedi eu cynnwys yn y Bil?

## 11 – 17 mlwydd oed

Cyfanswm nifer yr ymatebion i'r cwestiwn: 97

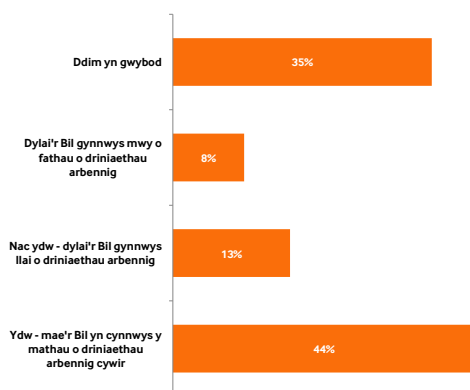
- Ydw – mae'r Bil yn cynnwys y mathau o driniaethau arbennig cywir: **49.48% (48)**
- Nac ydw - dylai'r Bil gynnwys llai o driniaethau arbennig: **6.18% (6)**
- Dylai'r Bil gynnwys mwy o fathau o driniaethau arbennig: **7.22% (7)**
- Ddim yn gwybod: **37.11% (36)**



## 18 mlwydd oed a throsodd

Cyfanswm nifer yr ymatebion i'r cwestiwn: 531

- Ydw – mae'r Bil yn cynnwys y mathau o driniaethau arbennig cywir: **43.69% (232)**
- Nac ydw - dylai'r Bil gynnwys llai o driniaethau arbennig: **13.37% (71)**
- Dylai'r Bil gynnwys mwy o fathau o driniaethau arbennig: **7.72% (41)**
- Ddim yn gwybod: **35.22% (187)**



## Rhoi twll mewn rhan bersonol o'r corff

Mae rhoi tyllau mewn tethi ac organau rhywiol yn enghreifftiau o roi twll mewn rhan bersonol o'r corff.

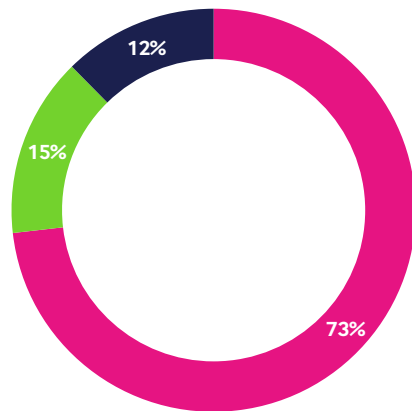
Mae'r Bil yn cynnwys cynnig i wahardd rhoi twll mewn rhan bersonol o'r corff ar gyfer unrhyw un o dan 16 oed yng Nghymru.

Cwestiwn wyth - A ydych yn meddwl bod angen cyfyngiad oedran ar gyfer rhoi twll mewn rhan bersonol o'r corff?

### 11 – 17 mlwydd oed

Cyfanswm nifer yr ymatebion i'r cwestiwn: 97

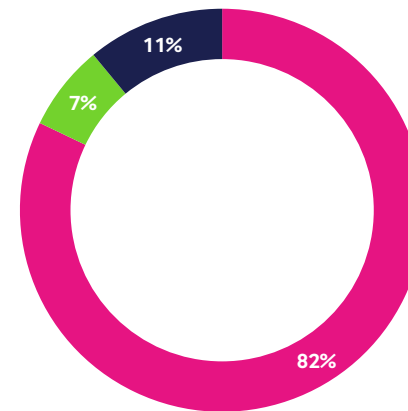
- Ydw: **73.2% (71)**
- Nac ydw: **14.43% (14)**
- Ddim yn gwybod: **12.37% (12)**



### 18 mlwydd oed a throsodd

Cyfanswm nifer yr ymatebion i'r cwestiwn: 537

- Ydw: **82.12% (441)**
- Nac ydw: **6.89% (37)**
- Ddim yn gwybod: **10.99% (59)**



## Fferyllfeydd cymunedol

Bydd y Bil angen i fyrddau iechyd lleol yng Nghymru edrych ar yr angen am wasanaethau fferyllol yn ei ardal, a bod unrhyw benderfyniadau sy'n ymwneud â fferyllfeydd cymunedol yn seiliedig ar anghenion cymunedau lleol.

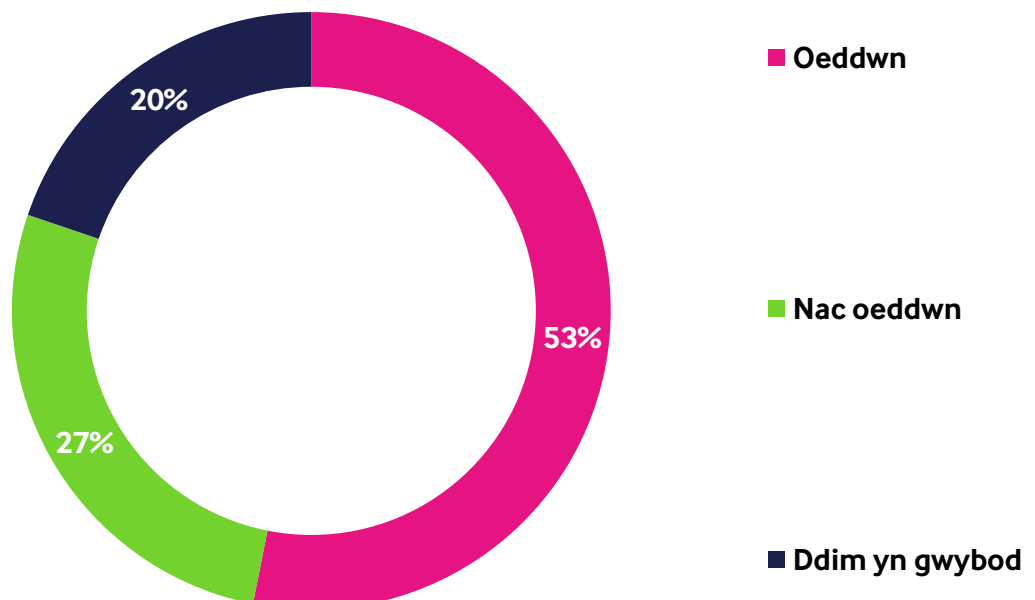
Gallwch ddefnyddio gwasanaethau gofal iechyd ychwanegol drwy eich fferyllfa leol. Mae'r gwasanaethau hyn yn cynnwys atal cenhedlu brys, brechiad rhag y fflw, cyngor ar sut i roi'r gorau i ysmegu, a chyfnewid nodwyddau.

**Cwestiwn naw - A oeddech yn ymwybodol o'r gwasanaethau gofal iechyd ychwanegol y gall fferyllfeydd cymunedol eu darparu?**

### 11 – 17 mlwydd oed

Cyfanswm nifer yr ymatebion i'r cwestiwn: 96

- Oeddwn: **53.13% (51)**
- Nac oeddwn: **27.08% (28)**
- Ddim yn gwybod: **19.79% (19)**

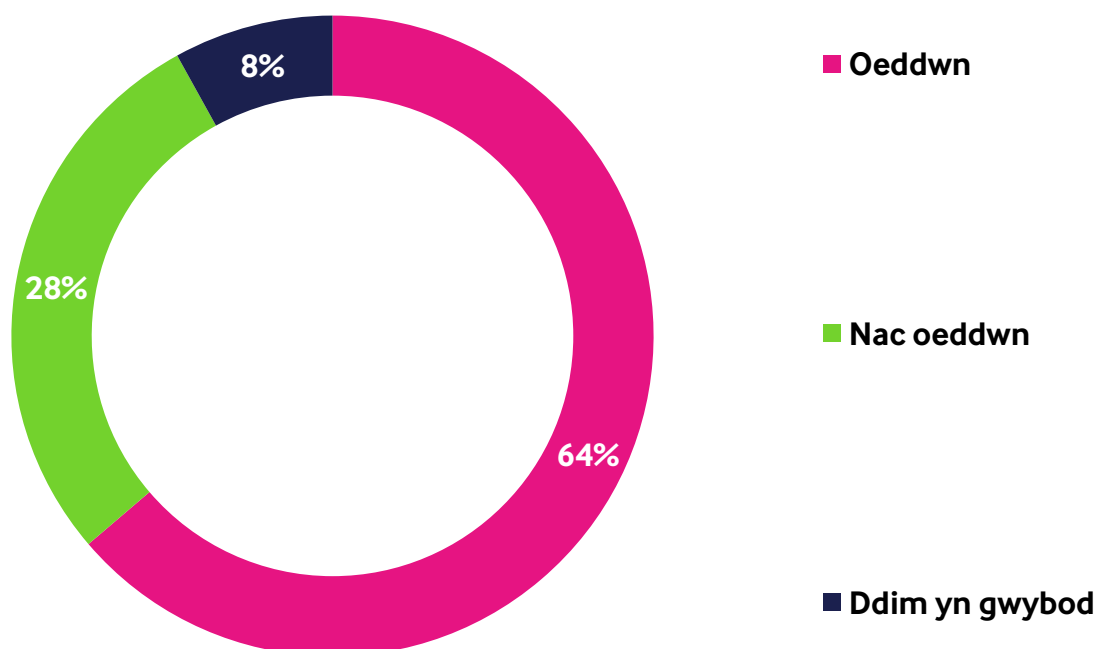




## 18 mlwydd oed a throsodd

Cyfanswm nifer yr ymatebion i'r cwestiwn: 535

- Oeddwn: **63.74% (341)**
- Nac oeddwn: **28.22% (151)**
- Ddim yn gwybod: **8.04% (43)**

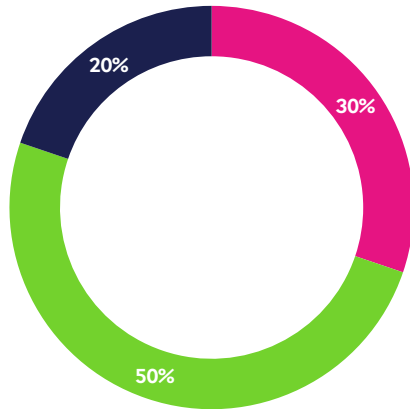


Cwestiwn 10 - A ydych erioed wedi defnyddio'r gwasanaethau hyn yn eich fferyllfa gymunedol?

## 11 – 17 mlwydd oed

Cyfanswm nifer yr ymatebion i'r cwestiwn: 96

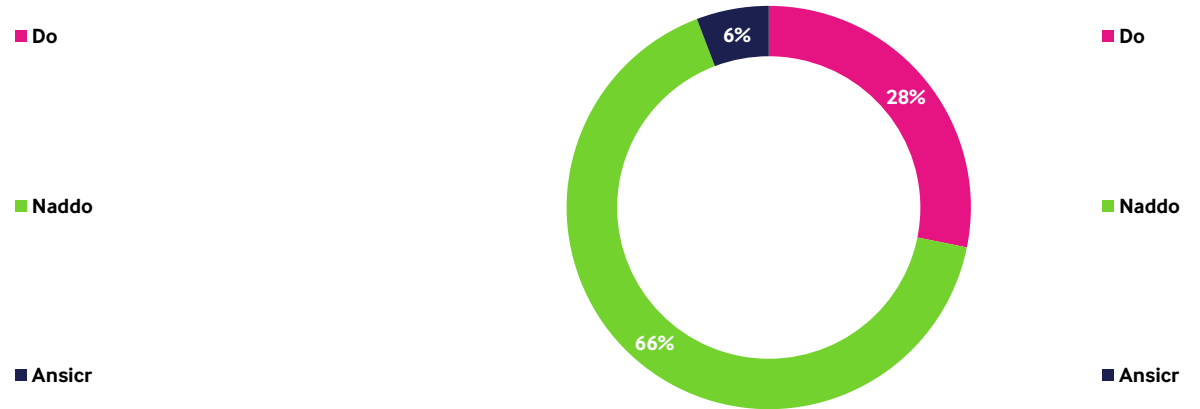
- Do: **30.21% (29)**
- Naddo: **50.00% (48)**
- Ansicr: **19.79% (19)**



## 18 mlwydd oed a throsodd

Cyfanswm nifer yr ymatebion i'r cwestiwn: 536

- Do: **28.17% (151)**
- Naddo: **66.04% (354)**
- Ansicr: **5.78% (31)**
- 

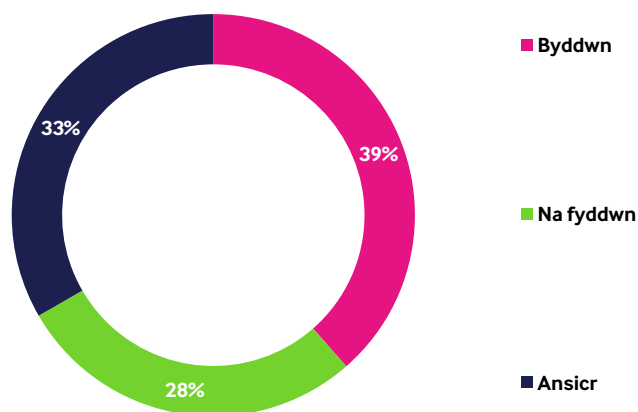


Cwestiwn 11 - A fydddech yn fwy tebygol o ddefnyddio'r mathau hyn o wasanaethau trwy eich fferyllfa gymunedol yn hytrach na'r meddyg teulu?

## 11 – 17 mlwydd oed

Cyfanswm nifer yr ymatebion i'r cwestiwn: 96

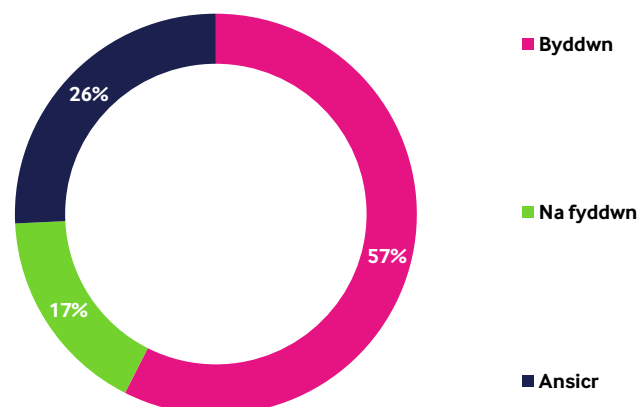
- Byddwn: **38.54% (37)**
- Na fyddwn: **28.13% (27)**
- Ansicr: **33.33% (32)**



## 18 mlwydd oed a throsodd

Cyfanswm nifer yr ymatebion i'r cwestiwn: 536

- Byddwn: **57.46% (308)**
- Na fyddwn: **16.79% (90)**
- Ansicr: **25.75% (138)**



## Toiledau cyhoeddus

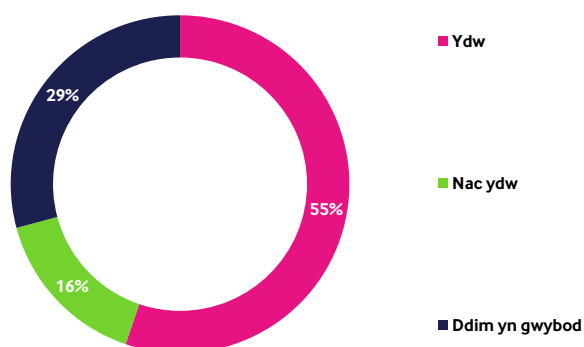
Mae'r Bil yn cynnwys cynnig bydd yn ofynnol i awdurdodau lleol cynllunio sut y byddant yn diwallu anghenion pobl sydd yn byw yn eu cymuned ac yn defnyddio cyfleusterau toiledau cyhoeddus. Fodd bynnag, nid yw'r Bil yn ei gwneud yn ofynnol i awdurdodau lleol ddarparu'r cyfleusterau toiledau.

**Cwestiwn 12 - A ydych yn meddwl y bydd y cynnig hwn yn arwain at ddarpariaeth well o doiledau i'w defnyddio gan pobl sydd yn byw yn y gymuned yn y pen draw?**

### 11 – 17 mlwydd oed

Cyfanswm nifer yr ymatebion i'r cwestiwn: 96

- Ydw: **55.21% (53)**
- Nac ydw: **15.63% (15)**
- Ddim yn gwybod: **29.17% (28)**



### 18 mlwydd oed a throsodd

Cyfanswm nifer yr ymatebion i'r cwestiwn: 530

- Ydw: **33.02% (175)**
- Nac ydw: **33.02% (175)**
- Ddim yn gwybod: **33.96% (180)**

