

## Agenda – Y Pwyllgor Deisebau

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Lleoliad: I gael rhagor o wybodaeth cysylltwch a:  
Ystafell Bwyllgora 1 – y Senedd Graeme Francis – Clerc y Pwyllgor  
Dyddiad: Dydd Mawrth, 23 Ionawr 2018 Kath Thomas – Dipwrwy Glerc  
Amser: 09.15 0300 200 6565  
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### 1 Cyflwyniad, ymddiheuriadau, dirprwyon a datganiadau o fuddiant (Tudalennau 1 – 26)

### 2 Deisebau newydd

2.1 P-05-794 Gostwng yr Oedran Pleidleisio i Un ar Bymtheg  
(Tudalennau 27 – 35)

2.2 P-05-795 Achosi Niwsans neu Aflonyddwch ar safleoedd y GIG  
(Tudalennau 36 – 40)

2.3 P-05-796 Galw ar Lywodraeth Cymru i wahardd yr arfer o ddefnyddio  
anifeiliaid gwyllt mewn syrcau yng Nghymru  
(Tudalennau 41 – 56)

2.4 P-05-797 Sicrhau mynediad i'r feddyginiaeth ffibrosis systig, Orkambi, fel  
mater o frys  
(Tudalennau 57 – 68)

### 3 Y wybodaeth ddiweddaraf am ddeisebau blaenorol

#### Economi a thrafnidiaeth

3.1 P-04-667 Cylchfan ar gyfer Cyffordd yr A477A4075  
(Tudalennau 69 – 70)

#### Addysg



3.2 P-05-722 Diogelu Anghenion Addysgol Arbennig  
(Tudalen 71)

3.3 P-05-787 Achub Cenhedlaeth y Dyfodol yng Nghymru  
(Tudalennau 72 – 75)

## **Cymunedau**

3.4 P-05-742 Peidiwch â gadael i Forsythia gau!  
(Tudalennau 76 – 79)

## **Iechyd a gwasanaethau cymdeithasol**

3.5 P-05-766 Dylid Gwneud Opsiwn Fegan yn Orfodol Mewn Ffreuturiau  
Cyhoeddus  
(Tudalen 80)

3.6 P-05-764 Gwell Gwasanaethau Iechyd Meddwl ar gyfer Oedolion  
(Tudalennau 81 – 82)

3.7 P-05-784 Dibyniaeth ar gyffuriau presgripsiwn ac effeithiau diddyfnu –  
adnabyddiaeth a chefnogaeth  
(Tudalennau 83 – 100)

## **Tai**

3.8 P-05-790 Mynd i'r afael â chysgu ar y stryd  
(Tudalennau 101 – 104)

## **Ynni, cynllunio a materion gwledig**

3.9 P-05-778 Amddiffyn Cyllyll Môr ar Draeth Llanfairfechan  
(Tudalennau 105 – 109)

## **4 Sesiwn dystiolaeth – P-05-751 Cydnabod achosion o Ddieithrio Plentyn oddi wrth Riant**

(Tudalennau 110 – 127)

- Paul Apreda, Deisebydd

- Dr Sue Whitcombe, Seicolegydd Siartredig

Mae cyfyngiadau ar y ddogfen hon

## P-05-794 Gostwng yr Oedran Pleidleisio i Un ar Bymtheg

Cyflwynwyd y ddeiseb hon gan Sgiliau, ar ôl casglu 87 o lofnodion ar-lein.

### **Geiriad y ddeiseb:**

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i ostwng yr oedran pleidleisio i un ar bymtheg ar gyfer yr etholiadau hynny lle y mae ganddo'r pwerau i wneud hynny.

### **Gwybodaeth ychwanegol:**

Rydym yn byw mewn cymdeithas ddemocrataidd a dylai pob aelod ohoni feddu ar y gallu i fod yn gyfrifol am eu dewisiadau yn ein gwlad. Yn un ar bymtheg gallwch briodi, cael babi, a thalu trethi. Yn un ar bymtheg gallwch gyfrannu at economi'r wlad, ond ni allwch eto benderfynu sut y caiff arian cyhoeddus ei wario.

### **Etholaeth a Rhanbarth y Cynulliad**

- Islwyn
- Dwyrain De Cymru

## Gostwng yr oedran pleidleisio i un ar bymtheg

Y Pwyllgor Deisebau | 23 Ionawr 2018

Petitions Committee | 23 January 2018

### Papur briffio gan y Gwasanaeth Ymchwil:

Rhif y ddeiseb: P-05-794

Teitl y ddeiseb: Gostwng yr oedran pleidleisio i un ar bymtheg

Testun y ddeiseb:

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i ostwng yr oedran pleidleisio i un ar bymtheg ar gyfer yr etholiadau hynny lle y mae ganddo'r pwerau i wneud hynny.

### Y cefndir

Mae [Deddf Cymru 2017](#) yn rhoi pŵer i'r Cynulliad Cenedlaethol wneud darpariaethau'n ymwneud ag etholiadau'r Cynulliad a llywodraeth leol, gan gynnwys y gallu i ostwng yr oedran pleidleisio. Disgwylir i'r darpariaethau perthnasol ddod i rym ar 1 Ebrill 2018.

18 yw'r oedran pleidleisio isaf ar gyfer holl etholiadau a refferenda yng Nghymru, Lloegr a Gogledd Iwerddon. Yn yr Alban, caniatwyd i bobl ifanc 16 ac 17 oed bleidleisio yn y Refferendwm Annibyniaeth ym mis Medi 2014. Yn ôl adroddiad y [Comisiwn Etholiadol](#) ar Refferendwm Annibyniaeth yr Alban, cofrestrodd 109,593 o bobl ifanc 16 ac 17 oed i bleidleisio yn refferendwm yr Alban. Dywedodd 75% o'r bobl ifanc 16-17 oed y siaradodd y Comisiwn Etholiadol â nhw eu bod wedi pleidleisio a dywedodd 97% o'r rheiny y byddent yn pleidleisio eto mewn etholiadau a refferenda yn y dyfodol. Ers hynny, mae Senedd yr Alban wedi pasio [Deddf Etholiadau'r Alban \(Gostwng yr Oedran Pleidleisio\) 2015](#) gan ostwng yr oedran pleidleisio i 16 yn etholiadau Seneddol yr Alban ac etholiadau lleol.

16 yw'r oedran pleidleisio isaf yn Ynys Manaw, Jersey a Guernsey hefyd.

Fel yr amlinellwyd ym [Mhapur Briffio Gwasanaeth Ymchwil Llyfrgell Tŷ'r Cyffredin ar yr Oedran Pleidleisio](#), bu ymdrechion yn ystod hynt Bil Refferendwm yr Undeb Ewropeaidd 2015-16 i ddiwygio'r Bil er mwyn ehangu'r etholfraint ar gyfer y refferendwm a chynnwys

pobl ifanc 16 ac 17 oed. Cytunwyd ar y gwelliant yn Nhŷ'r Arglwyddi pan bleidleisiodd 293 o'i blaid a 211 yn ei erbyn, ond cafodd ei wrth-droi wedyn yn Nhŷ'r Cyffredin.

Cyflwynwyd dau Fil Aelod Preifat yn Nhŷ'r Cyffredin gyda'r nod o ostwng yr oedran pleidleisio isaf ar gyfer etholiadau'r DU. Bydd [Bil Cynrychiolaeth y Bobl \(Rhyddfraint ac Addysg Pobl Ifanc\) 2017-19](#) Jim McMahon AS a [Bil Cynrychiolaeth y Bobl \(Rhyddfraint Pobl Ifanc\) 2017-19](#) Peter Kyle AS yn cael Ail Ddarlleniad ar 11 Mai 2018. Mae [Bil Aelod Preifat](#), at yr un perwyl, hefyd wedi'i gyflwyno yn Nhŷ'r Arglwyddi.

Ym mis Mehefin 2017, mewn briff o'r enw [Votes at 16](#), dywedodd y Gymdeithas Diwygio Etholiadol eu bod o blaid rhoi'r bleidlais i bobl ifanc 16 a 17 oed ym mhob etholiad a refferendwm. Yn ôl y Gymdeithas:

Enfranchising younger people is one of the ways we can try to build a better democracy in the UK. There is a widening gulf between people and politics - we see lowering the franchise as vital to nurturing more active citizens for the future health of our democracy. Giving 16 and 17 year olds a vote provides an opportunity to get the next generation more engaged with politics.

## Y camau a gymerwyd gan Lywodraeth Cymru

Daeth [ymgyngoriad Llywodraeth Cymru ar ddiwygio etholiadau lleol yng Nghymru](#) i ben ar 10 Hydref 2017 ac mae'r ymatebion yn cael eu dadansoddi ar hyn o bryd. Fel rhan o'r broses hon, ymgynghorodd Llywodraeth Cymru ynghylch ymestyn yr etholfraint i gynnwys pawb sy'n 16 oed ar y diwrnod pleidleisio mewn etholiadau llywodraeth leol. Mae'r ddogfen ymgynghori yn nodi:

Bu'n bolisi gan Lywodraeth Cymru ers sawl blwyddyn i ostwng yr oed pleidleisio i 16, ac yn wir fe bleidleisiodd y Cynulliad o blaid hyn gyda mwyafrif clir ym mis Mai 2013. At hynny, cynhwyswyd y polisi ym maniffesto'r Blaid Lafur, Plaid Cymru a'r Democratiaid Rhyddfrydol yn yr Etholiad Cyffredinol. Dylem fod mewn sefyllfa i weithredu hyn yn fuan.

Mewn llythyr at Gadeirydd y Pwyllgor Deisebau, dyddiedig 5 Rhagfyr 2017, dywedodd y Prif Weinidog mai:

bwriad Llywodraeth Cymru yw y bydd pobl ifanc 16 ac 17 oed yn gallu pleidleisio yn etholiadau nesaf y Cynulliad Cenedlaethol a llywodraeth leol.

## Y camau a gymerwyd gan Gynulliad Cenedlaethol Cymru

Rhwng mis Tachwedd 2014 a mis Mehefin 2015 [ymgyngorodd y Cynulliad â phobl ifanc](#) a daeth i'r amlwg fod 53% o'r 10,375 a gymerodd ran yn yr ymgynghoriad o blaid gostwng yr oedran pleidleisio i 16 oed.

Ym mis Chwefror 2017, sefydlodd Comisiwn y Cynulliad [Banel Arbenigol ar Ddiwygio Etholiadol](#). Un o ddibenion y Panel Arbenigol oedd cynghori Comisiwn y Cynulliad ynghylch yr oedran pleidleisio isaf yn etholiadau'r Cynulliad. Cyflwynodd y Panel ei [adroddiad](#) ym mis

Rhagfyr 2017 ac argymhellodd y dylid lleihau'r oedran pleidleisio lleiaf ar gyfer etholiadau'r Cynulliad i 16 yn effeithiol o etholiad 2021 (Argymhelliad 14). Yn ôl y Memorandwm:

Mae'r dystiolaeth yr ydym wedi'i hystyried yn awgrymu y byddai gostwng yr oedran pleidleisio i 16 oed yn fodd grymus o godi ymwybyddiaeth wleidyddol a chyfranogiad mewn gwleidyddiaeth ymysg pobl ifanc. At hynny, pe byddai Llywodraeth Cymru yn deddfu i ostwng yr oedran pleidleisio ar gyfer etholiadau llywodraeth leol Cymru o 2022 ymlaen, byddai'n anghyson iawn, ac yn codi materion gwleidyddol a gweinyddol ychwanegol, pe na byddai'r oedran pleidleisio yn cael ei ostwng ar gyfer etholiadau'r Cynulliad o 2021 ymlaen hefyd. Mae'r dystiolaeth yn awgrymu bod etholiadau sy'n cael mwy o sylw yn fwy tebygol o arwain at gynnydd yn y gyfran sy'n pleidleisio; felly mae'n ddymunol, pe byddai'r etholfraint yn cael ei hymestyn yng Nghymru, ei bod yn cael ei defnyddio gyntaf yn etholiad y Cynulliad, gan fod hwnnw'n denu mwy o sylw [para 15.39]

Daeth y Panel i'r casgliad hefyd:

I sicrhau y caiff pobl ifanc eu hannog a'u cefnogi i arfer eu hawl i bleidleisio, dylai unrhyw ostyngiad yn yr oedran pleidleisio gael ei gyflwyno law yn llaw ag addysg briodol, effeithiol ac amhleidiol o ran gwleidyddiaeth a dinasyddiaeth. [para 16.38]

Ar 10 Ionawr 2018, mewn a llythyr yn ymateb i'r ddeiseb hon, dywedodd y Llywydd y:

bydd Comisiwn y Cynulliad yn ymgynghori'n gynnar yn 2018 ynghylch sut y dylid bwrw ymlaen ag argymhellion y Panel a'r rhaglen ddiwygio ehangach.

Gwneir pob ymdrech i sicrhau bod y wybodaeth yn y papur briffio hwn yn gywir adeg ei gyhoeddi. Dylai darllenwyr fod yn ymwybodol nad yw'r papurau briffio hyn yn cael eu diweddarau o reidwydd na'u diwygio fel arall i adlewyrchu newidiadau dilynol.





Eich cyf/Your ref: P-05-794  
Ein cyf/Our ref: FM -/05058/17

David John Rowlands AC  
Cynulliad Cenedlaethol Cymru  
Bae Caerdydd  
CF99 1NA

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5 Rhagfyr 2017

Annwyl David

Rwyf yn ymateb i'ch llythyr ar 21 Tachwedd, anfonwyd yn eich rôl fel Cadeirydd y Pwyllgor Deisebau.

Polisi Llywodraeth Cymru yw y dylid ymestyn y rhyddfraint ar gyfer pleidleisio mewn etholiadau'r Llywodraeth Leol ac Cynulliad i gynnwys pawb sy'n 16 oed neu'n hŷn yn ystod y diwrnod pleidleisio. Roedd hyn wedi'i gynnwys yn y papur ymgynghori "Diwygio Etholiadol mewn Llywodraeth Leol yng Nghymru", a gyhoeddwyd ym mis Gorffennaf 2017. Daeth yr ymgynghoriad i ben fis diwethaf ac mae'r ymatebion yn cael eu dadansoddi ar hyn o bryd.

Mae pobl ifanc 16 ac 17 oed eisioes yn gallu pleidleisio mewn etholiadau yn yr Alban a hefyd wedi pleidleisio mewn niferoedd mawr yn refferendwm yr Alban yn 2014. Mae gan bobl ifanc ddiddordeb mawr mewn materion gwleidyddol ac mae elfen dinasyddiaeth weithgar o addysg bersonol a chymdeithasol yn galluogi ystyried digwyddiadau cyfredol tra maen nhw'n dal yn yr ysgol.

Bwriad Llywodraeth Cymru y bydd pobl 16 ac 17 oed yn gallu pleidleisio yn yr etholiadau nesaf i'r Cynulliad Cenedlaethol a llywodraeth leol.

Yn Gywir

**CARWYN JONES**

Bae Caerdydd • Cardiff Bay  
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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.



**Elin Jones AC, Llywydd**

Cynulliad Cenedlaethol Cymru

**Elin Jones AM, Presiding Officer**

National Assembly for Wales

David Rowlands AC  
Cadeirydd  
Y Pwyllgor Deisebau  
Cynulliad Cenedlaethol Cymru  
Bae Caerdydd  
CF99 1NA

10 Ionawr 2018

Annwyl David

### **Deiseb P-05-794 Gostwng yr oedran pleidleisio i un ar bymtheg**

Diolch ichi am eich llythyr dyddiedig 21 Tachwedd 2017 ynghylch deiseb P-05-794, sy'n galw am ostwng yr oedran pleidleisio isaf ar gyfer etholiadau o fewn cymhwysedd Cynulliad Cenedlaethol Cymru i un ar bymtheg.

Arweiniodd y Fonesig Rosemary Butler, Llywydd y Pedwerydd Cynulliad, ymgynghoriad yn 2015 ynghylch a ddylai pobl ifanc 16 ac 17 oed gael yr hawl i bleidleisio. Cymerodd dros 10,000 o bobl ifanc o bob rhan o Gymru ran yn yr ymgynghoriad: o'u plith dywedodd 53 y cant y dylid gostwng yr oedran pleidleisio, dywedodd 29 y cant na ddylid gwneud hynny, ac roedd 18 y cant yn ansicr.

Fel y gwyddoch, penodais Banel Arbenigol ar Ddiwygio Etholiadol y Cynulliad ym mis Chwefror 2017, gyda'r nod o ystyried beth ddylai'r oedran pleidleisio isaf fod ar gyfer etholiadau'r Cynulliad, yn ogystal â materion yn ymwneud â maint a system etholiadol y Cynulliad.

Cyhoeddodd y Panel Arbenigol ei adroddiad ym mis Rhagfyr 2017: [\*\*\*Senedd sy'n Gweithio i Gymru\*\*\*](#). Daeth i'r casgliad y byddai gostwng yr oedran pleidleisio isaf i 16 fod yn fodd pwerus o godi ymwybyddiaeth wleidyddol a chyfranogiad mewn gwleidyddiaeth ymysg pobl ifanc. Nododd y Panel fod Llywodraeth Cymru yn

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bwriadu deddfu i ostwng yr oedran pleidleisio isaf ar gyfer etholiadau lleol yng Nghymru i 16 o 2022 ymlaen, ac awgrymodd:

*"...byddai'n anghyson iawn, ac yn codi materion gwleidyddol a gweinyddol ychwanegol, pe na byddai'r oedran pleidleisio yn cael ei ostwng ar gyfer etholiadau'r Cynulliad o 2021 ymlaen hefyd. Mae'r dystiolaeth yn awgrymu bod etholiadau sy'n cael mwy o sylw yn fwy tebygol o arwain at gynnydd yn y gyfran sy'n pleidleisio; felly mae'n ddymunol, pe byddai'r etholfraint yn cael ei hymestyn yng Nghymru, ei bod yn cael ei defnyddio gyntaf yn etholiad y Cynulliad, gan fod hwnnw'n denu mwy o sylw."*

Mae materion ynghylch yr oedran pleidleisio isaf i'w gweld ym mhennod 15 yn adroddiad y Panel, sy'n gwneud tri argymhelliad (sydd wedi'u cynnwys yn yr atodiad i'r llythyr hwn er hwylustod).

Mae adroddiad y Panel Arbenigol yn rhan o waith ehangach y Comisiwn i ddiwygio'r Cynulliad. Fel y gwyddoch, cyhoeddais y llynedd, yn dilyn cytundeb unfrydol y Cynulliad a chyfnod o ymgynghori cyhoeddus, fod Comisiwn y Cynulliad wedi penderfynu cyflwyno deddfwriaeth i newid enw'r sefydliad i Senedd Cymru.

Ar ei ben ei hun, mae'r newid hwn yn ceisio sicrhau gwell dealltwriaeth ymhlith y cyhoedd o waith y Cynulliad, yn ogystal ag annog mwy o ymgysylltiad rhwng y sefydliad a'r bobl a'r cymunedau y mae'n eu gwasanaethu. Fodd bynnag, drwy gynnwys diwygiadau ehangach, gallai unrhyw ddeddfwriaeth Diwygio'r Cynulliad hefyd fod yn gyfle i:

- sicrhau bod gan y sefydliad y capasiti sydd ei angen arno i wasanaethu'r bobl a'r cymunedau y mae'n eu cynrychioli;
- grymuso ein democratiaeth, ac ennyn diddordeb pobl ifanc;
- sicrhau bod trefniadau etholiadol a mewnol eraill y Cynulliad, er eu bod yn gadarn, hefyd yn darparu'r hyblygrwydd sy'n briodol ar gyfer deddfwrfa aeddfed.

Yn sgil archwilio'r cyfleoedd ehangach hyn, cyhoeddais ym mis Mehefin y byddai cwmpas deddfwriaeth diwygio'r Cynulliad yn cael ei ystyried unwaith y byddai'r



**Elin Jones AC, Llywydd**

Cynulliad Cenedlaethol Cymru

**Elin Jones AM, Presiding Officer**

National Assembly for Wales

Panel Arbenigol ar Ddiwygio Etholiadol y Cynulliad wedi adrodd a bod y consensws gwleidyddol yn gliriach.

Fel y dywedais yn fy [natganiad ysgrifenedig ar 12 Rhagfyr 2017](#), ni ellir gwahanu materion cyfansoddiadol sylfaenol o'r natur a ystyriwyd gan y Panel Arbenigol oddi wrth realiti gwleidyddol democratiaeth gynrychioliadol yng Nghymru. Er mwyn sicrhau newid, bydd angen meithrin consensws gwleidyddol yn y Cynulliad a thu allan iddo. Felly bydd y cam nesaf yng ngwaith diwygio'r Cynulliad hefyd yn cynnwys ymgysylltiad eang, gyda holl Aelodau'r Cynulliad, gyda chymdeithas ddinesig a gwleidyddol ac, yn anad dim, gyda phobl Cymru. I'r perwyl hwnnw, bydd y Comisiwn yn ymgynghori yn gynnar yn 2018 ar sut y dylid bwrw ymlaen ag argymhellion y Panel a'r rhaglen ddiwygio ehangach.

Yn gywir

Elin Jones

Y Llywydd

Croesewir gohebiaeth yn Gymraeg neu yn Saesneg.

We welcome correspondence in Welsh or English.



## Atodiad: Argymhellion y Panel Arbenigol ar Ddiwygio Etholiadol y Cynulliad sy'n ymwneud â'r oedran pleidleisio isaf

**Argymhelliad 14.** Dylai'r oedran pleidleisio isaf ar gyfer etholiadau'r Cynulliad gael ei ostwng i 16 oed o etholiad 2021 ymlaen.

**Argymhelliad 15.** Pe byddai'r Cynulliad yn penderfynu deddfu i ostwng yr oedran pleidleisio ar gyfer etholiadau'r Cynulliad i 16, dylai Comisiwn y Cynulliad gydweithio â Llywodraeth Cymru, y Comisiwn Etholiadol, pleidiau gwleidyddol ac eraill i gefnogi ac annog pobl ifanc i arfer eu hawl i bleidleisio, yn bwysicaf oll drwy ddarparu addysg ddinasyddiaeth a gwleidyddiaeth a chodi ymwybyddiaeth ymysg y cyhoedd, a thrwy unrhyw ffyrdd priodol eraill.

**Argymhelliad 16.** Rhaid i'r addysg ddinasyddiaeth a ddarperir i gyd-fynd ag unrhyw ostyngiad yn yr oedran pleidleisio:

- i Gydabod yr amrywiaeth o leoliadau lle caiff pobl ifanc 16 ac 17 oed addysg a hyfforddiant, er mwyn sicrhau bod y rhai y tu allan i leoliadau ysgol traddodiadol hefyd yn cael eu cefnogi a'u hannog i fwrw'u pleidlais;
- ii Mynd ymhellach na dim ond amlinellu'r strwythurau democrataidd a'r prosesau ffurfiol, er mwyn ennyn diddordeb a hysbysu pobl ifanc am y materion sy'n bwysig iddynt;
- iii Sicrhau bod pobl ifanc yn cael cyfleoedd i ddysgu am yr amrywiaeth lawn o safbwyntiau gwleidyddol mewn ffordd amhleidiol;
- iv Cael ei darparu gan athrawon ac addysgwyr sydd wedi cael hyfforddiant o ansawdd uchel eu hunain er mwyn sicrhau bod yr addysg ddinasyddiaeth yn cael ei chymryd o ddifrif, ac i osgoi rhagfarn wleidyddol a'r canfyddiad o ragfarn wleidyddol;
- v Cael ei hadolygu ar ôl cyfnod addas i sicrhau bod ei dyluniad a'r modd y caiff ei chyflawni yn bodloni'r amcanion.

## Eitem 2.2

### P-05-795 Achos Niwsans neu Aflonyddwch ar safleoedd y GIG

Cyflwynwyd y ddeiseb hon gan Claire Thomas, ar ôl casglu 74 o lofnodion ar-lein.

#### **Geiriad y ddeiseb:**

Creodd A119 o'r Ddeddf Cyfiawnder Troseddol a Mewnfudo 2008 bwerau i ddelio â phobl sy'n achosi niwsans neu aflonyddwch ar safleoedd y GIG. Ni chafodd hyn ei ddeddfu yng Nghymru, ac nid oes unrhyw ddarpariaethau i ddelio â phobl sy'n creu problemau ar gyfer y GIG yn y modd hwn.

Mae yna nifer o unigolion sy'n achosi problemau tra ar safleoedd y GIG, ac mae'r heddlu yn derbyn llawer o alwadau i ddelio ag ymddygiad o'r fath, ond nid oes unrhyw ffordd o ymdrin â'r mater hwn yn effeithiol gan nad oes trosedd benodol y gall yr heddlu ei defnyddio i atal pobl, heb fod ganddynt esgus rhesymol, sydd naill ai'n achosi aflonyddwch neu niwsans, yn gwrthod gadael yr adeilad pan ofynnir iddynt, neu nad ydynt ar y safle at ddiben cael cyngor, triniaeth neu ofal meddygol.

#### **Gwybodaeth ychwanegol:**

Mae'r gost i wasanaethau iechyd a'r heddlu wrth ddelio â phobl sy'n achosi niwsans ar safleoedd y GIG yn sylweddol. Mae nifer o'r unigolion hyn yn ymddangos dro ar ôl tro, ac nid oes unrhyw bwerau i ddelio â hyn. Mae eu presenoldeb hefyd yn achosi gofid i eraill sy'n mynd at y GIG am resymau dilys. Mae A119 o Ddeddf Cyfiawnder Troseddol a Mewnfudo 2008 wedi cael ei defnyddio'n llwyddiannus gan yr heddlu ac iechyd yn Lloegr i fynd i'r afael â'r mater ers i'r adran benodol ddod i rym yn 2009, ac eto nid oes unrhyw bŵer i wneud hynny yng Nghymru, ac er bod Llywodraeth Cymru wedi awgrymu y byddai pwerau tebyg i fynd i'r afael â'r mater hwn yn cael eu datblygu yng Nghymru, nid yw hyn wedi digwydd.

#### **Etholaeth a Rhanbarth y Cynulliad**

- Canol Caerdydd
- Canol De Cymru

## Papur Briffio ar gyfer y Pwyllgor Deisebau

Rhif y ddeiseb: [P-05-795](#)

Teitl y ddeiseb: **Achosi Niwsans neu Aflonyddwch ar safleoedd y GIG**

Testun y ddeiseb: Creodd A119 o'r Ddeddf Cyfiawnder Troseddol a Mewnfudo 2008 bwerau i ddelio â phobl sy'n achosi niwsans neu aflonyddwch ar safleoedd y GIG. Ni chafodd hyn ei ddeddfu yng Nghymru, ac nid oes unrhyw ddarpariaethau i ddelio â phobl sy'n creu problemau ar gyfer y GIG yn y modd hwn.

Mae yna nifer o unigolion sy'n achosi problemau tra ar safleoedd y GIG, ac mae'r heddlu yn derbyn llawer o alwadau i ddelio ag ymddygiad o'r fath, ond nid oes unrhyw ffordd o ymdrin â'r mater hwn yn effeithiol gan nad oes trosedd benodol y gall yr heddlu ei defnyddio i atal pobl, heb fod ganddynt esgus rhesymol, sydd naill ai'n achosi aflonyddwch neu niwsans, yn gwrthod gadael yr adeilad pan ofynnir iddynt, neu nad ydynt ar y safle at ddiben cael cyngor, triniaeth neu ofal meddygol.

### Cefndir – Ymdrin â niwsans ac aflonyddu

Cyflwynodd *Deddf Cyfiawnder Troseddol a Mewnfudo 2008 (CJIA)* ddarpariaethau newydd sy'n rhoi'r pŵer i'r heddlu a'r staff sy'n gweithio yn y GIG symud ac erlyn unigolion sy'n achosi niwsans neu aflonyddwch ar safleoedd y GIG.

Mae [Adrannau 119](#) a [120](#) o'r Ddeddf hon yn cynnwys darpariaethau ar gyfer staff y GIG i ymdrin â niwsans neu aflonyddwch. Creodd Adran 119 drosedd newydd o achosi niwsans neu aflonyddwch ar safleoedd y GIG. Mae Adran 120 yn rhoi pŵer i'r heddlu neu staff awdurdodedig y GIG symud rhywun y maent yn amau ei fod wedi cyflawni'r drosedd hon. Nid yw'r Ddeddf ond yn berthnasol i ysbytai'r GIG yn Lloegr.

### Trosolwg o'r drosedd a'r pŵer i symud

Mae Adran 119 yn trafod y drosedd o achosi niwsans neu aflonyddwch ar safleoedd y GIG. Bydd person wedi tramgwyddo os ydynt yn bodloni **pob un** o'r meini prawf a ganlyn:

a) eu bod yn achosi, heb esgus rhesymol a phan eu bod ar un o safleoedd y GIG, niwsans neu aflonyddwch i aelod o staff y GIG sy'n gweithio yno neu sydd fel arall yno mewn cysylltiad â'u gwaith, a

b) bod y person yn gwrthod, heb esgus rhesymol, adael un o safleoedd y GIG pan ofynnir iddo wneud hynny gan gwnstabl yr heddlu neu aelod o staff y GIG, a

c) nid yw'r person ar un o safleoedd y GIG er mwyn cael cyngor meddygol, triniaeth neu ofal i'w hun.

Mae Adran 120 yn rhoi pŵer i gwnstabiliaid yr heddlu, swyddogion awdurdodedig (ac aelodau staff priodol y GIG a awdurdodwyd gan swyddog awdurdodedig) symud person y maent yn amau'n rhesymol ei fod wedi cyflawni trosedd o dan Adran 119. Gellir symud person o'r safle gan ddefnyddio grym rhesymol os oes angen. Ni all swyddog awdurdodedig symud person (neu awdurdodi person arall i wneud hynny) os ydynt yn credu bod angen cyngor, triniaeth neu ofal meddygol arno, neu os ydynt yn credu y byddai symud y person hwnnw yn peryglu ei iechyd corfforol neu feddyliol.

Y staff allweddol sy'n gysylltiedig â gweithredu'r darpariaethau hyn yw'r **Swyddogion Awdurdodedig**, sydd â'r rôl o asesu digwyddiad ac awdurdodi symud personau y maent yn amau eu bod wedi cyflawni trosedd, a **Staff priodol y GIG**, sydd â'r rôl o symud troseddwr pan fyddant wedi'u hawdurdodi i wneud hynny.

Ym mis Mawrth 2012, cyhoeddodd y GIG yn Lloegr ganllawiau ar sut i weithredu darpariaethau'r CJIA ['Guidance on provisions to deal with nuisance or disturbance behaviour on NHS premises in England'](#) (Saesneg yn unig).

### Ymateb Llywodraeth Cymru

Creodd adran 119 o'r CJIA drosedd newydd yn erbyn y drefn gyhoeddus o achosi niwsans neu aflonyddwch i aelod o staff y GIG. Ni ellir carcharu unrhyw un am y drosedd hon, ond gall arwain at ddirwy sydd ag uchafswm o £1,000. Daeth yr adran hon i rym yn Lloegr ar 30 Tachwedd 2009. Byddai'n rhaid i Lywodraeth Cymru gyhoeddi Gorchymyn Cychwyn i roi adran 119 ar waith yng Nghymru.

Yn ei ymateb i'r ddeiseb hon, a ddaeth i law ar 11 Rhagfyr 2017, mae Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau Cymdeithasol yn nodi ei fod yn ystyried ar hyn o bryd a yw hi bellach yn briodol rhoi Adran 119 ar waith yng Nghymru drwy gyhoeddi Gorchymyn Cychwyn.

### Trafodaethau Cynulliad Cenedlaethol Cymru

Cyhoeddodd Pwyllgor Archwilio y Cynulliad Cenedlaethol ei adroddiad ['Trais ac Ymddygiad Ymosodol yn y GIG'](#) ym mis Gorffennaf 2009.

### Gwybodaeth ychwanegol

Mae gan Fyrddau Iechyd yng Nghymru ddyletswydd i amddiffyn staff rhag niwed yn y gweithle. Mae gan y GIG rwymedigaeth gyfreithiol i nodi'r risg o drais ac ymddygiad ymosodol a datblygu strategaethau priodol i ymdrin â'r risg hon.



Mae'r ffigurau a gafwyd gan y Coleg Nyrso Brenhinol drwy Gais Rhyddid Gwybodaeth yn dangos y bu 18,000 o ymosodiadau corfforol yn erbyn staff mewn ysbytai'r GIG yn ystod cyfnod o bum mlynedd rhwng 2011 a 2016.

Cafodd yr [Assaults on Emergency Workers \(Offences\) Bill](#) (Saesneg yn unig), sef Bil Aelod Preifat gan Chris Bryant AS, ei gyflwyno yn Nhŷ'r Cyffredin ar 19 Gorffennaf 2017. Y cam nesaf fydd y Cyfnod Adrodd yn Nhŷ'r Cyffredin ar 27 Ebrill 2018. Mae'r Bil yn creu trosedd newydd o ymosodiad a churo yn erbyn gweithiwr argyfwng (gan gynyddu'r gosb hyd at uchafswm o 12 mis yn y carchar), ac mae hefyd yn creu ffactor gwaethgol statudol a fydd yn berthnasol yn achos ymosodiadau eraill a throseddau cysylltiedig yn erbyn staff y gwasanaethau brys.

Gellir dod o hyd i ragor o wybodaeth ym [Mhapur Briffio](#) Llyfrgell Tŷ'r Cyffredin (Saesneg yn unig).

Vaughan Gething AC/AM  
Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau  
Cymdeithasol  
Cabinet Secretary for Health and Social Services



Llywodraeth Cymru  
Welsh Government

Ein cyf/Our ref VG/05160/17

David John Rowlands AM  
Chair - Petitions committee.  
National Assembly for Wales  
Cardiff Bay  
Cardiff Bay  
CF99 1NA

government.committee.business@wales.gsi.gov.uk

11 Rhagfyr 2017

Annwyl David,

Diolch yn fawr am eich llythyr, dyddiedig 20 Tachwedd, ynglŷn â Deiseb P-05-795, Achos Niwsans neu Aflonyddwch ar safleoedd y GIG, a oedd yn gofyn am fy marn ar y materion a godwyd cyn ichi ystyried y ddeiseb yn ffurfiol am y tro cyntaf.

Rwyf wedi ymchwilio i'r mater hwn ac rwyf wrthi'n ystyried a yw hi'n bridol yn awr i weithredu adran 119 yng Nghymru trwy gyhoeddi Gorchymyn Cychwyn.

Byddaf yn ysgrifennu atoch eto am hyn yn y flwyddyn newydd.

Yn gywir,

**Vaughan Gething AC/AM**  
Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau Cymdeithasol  
Cabinet Secretary for Health and Social Services

Bae Caerdydd • Cardiff Bay  
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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Tudalen y pecyn 40

### **P-05-796 Galw ar Lywodraeth Cymru i wahardd yr arfer o ddefnyddio anifeiliaid gwyllt mewn syrzasau yng Nghymru**

Cyflwynwyd y ddeiseb hon gan Linda Evelyn Joyce Jones ar ôl 1,517 o lofnodion ar-lein a 1,737 o lofnodion papur. Casglodd deiseb gysylltiedig 3,144 o lofnodion ar wefan amgen.

#### **Geiriad y ddeiseb:**

Rydym yn galw ar Gynulliad Cymru i ofyn i Lywodraeth Cymru wahardd defnyddio anifeiliaid gwyllt mewn syrzasau yng Nghymru. Mae Lles Anifeiliaid (ac eithrio hela ac arbrofi ar anifeiliaid) yn fater datganoledig yng Nghymru.

Ym mis Rhagfyr 2015, dywedodd Rebecca Evans AC (y Dirprwy Weinidog Ffermio a Bwyd ar y pryd), "Mae Llywodraeth Cymru o'r farn nad oes unrhyw le i anifeiliaid gwyllt mewn syrzasau".

O dan ei chyfarwyddyd hi, comisiynodd Llywodraeth Cymru adroddiad annibynnol a chafwyd tystiolaeth gan dros 600 o arbenigwyr yn y maes. Cyhoeddwyd yr adroddiad hwn ym mis Gorffennaf 2016, ac roedd y casgliadau'n glir.

Yn ôl yr adroddiad, mae'r dystiolaeth wyddonol yn dangos nad yw syrzasau teithiol sy'n defnyddio anifeiliaid gwyllt yn bodloni'r gofynion lles a nodir o dan Ddeddf Lles Anifeiliaid 2006.

Mae'r adroddiad hefyd yn datgan "Nid yw bywyd anifeiliaid gwyllt mewn syrzasau a sŵau teithiol yn "fywyd da" nac yn "fywyd sy'n werth ei fyw".

Ym mis Rhagfyr 2016, dywedodd Lesley Griffiths AC (Ysgrifennydd y Cabinet dros yr Amgylchedd a Materion Gwledig) fod Llywodraeth Cymru yn gweithio tuag at sefydlu system drwyddedu, debyg i honno sy'n cael ei rhedeg gan DEFRA yn Lloegr ar hyn o bryd. Dylid nodi bod Llywodraeth y DU wedi rhoi'r system hon ar waith yn 2011 fel mesur dros dro hyd nes y gellid gwaharddiad yr arfer.

Mae'r dogfennau trwyddedu sydd ar gael i'r cyhoedd eu gweld yn dangos yn glir fod y system drwyddedu hon yn methu yn ei hymdrech i ddiogelu anifeiliaid. Mae'r ddwy syrzas anifeiliaid sydd wedi'u trwyddedu o dan DEFRA ar hyn o bryd wedi torri amodau eu trwyddedau droeon, ac mae eu trwyddedau wedi'u hatal ar ryw adeg neu'i gilydd.

Mewn arolwg a gynhaliwyd gan RSPCA Cymru, roedd 74% o bobl Cymru yn awyddus i'r arfer hwn gael ei wahardd. Cyflwynodd y corff hwn hefyd ddeiseb i Bwyllgor Deisebau Cynulliad Cymru yn 2015.

#### **Etholaeth a Rhanbarth y Cynulliad**

- Arfon
- Gogledd Cymru

## P-05-796 Galw ar Lywodraeth Cymru i wahardd yr arfer o ddefnyddio anifeiliaid gwyllt mewn syrcasau

Y Pwyllgor Deisebau | 23 Ionawr 2018

Petitions Committee | 23 January 2018

### Papur briffio gan y Gwasanaeth Ymchwil:

Rhif y ddeiseb: [P-05-796](#)

Teitl y ddeiseb: Galw ar Lywodraeth Cymru i wahardd yr arfer o ddefnyddio anifeiliaid gwyllt mewn syrcasau yng Nghymru

Testun y ddeiseb: Rydym yn galw ar Gynulliad Cymru i ofyn i Lywodraeth Cymru wahardd yr arfer o ddefnyddio anifeiliaid gwyllt mewn syrcasau yng Nghymru. Mae lles anifeiliaid (ac eithrio hela ac arbrofi ar anifeiliaid) yn fater datganoledig yng Nghymru.

Ym mis Rhagfyr 2015, dywedodd Rebecca Evans AC (y Dirprwy Weinidog Ffermio a Bwyd ar y pryd), "Mae Llywodraeth Cymru o'r farn nad oes unrhyw le i anifeiliaid gwyllt mewn syrcasau".

O dan ei chyfarwyddyd hi, comisiynodd Llywodraeth Cymru adroddiad annibynnol a chafwyd tystiolaeth gan dros 600 o arbenigwyr yn y maes. Cyhoeddwyd yr adroddiad hwn ym mis Gorffennaf 2016, ac roedd y casgliadau'n glir.

Yn ôl yr adroddiad, mae'r dystiolaeth wyddonol yn dangos nad yw syrcasau teithiol sy'n defnyddio anifeiliaid gwyllt yn bodloni'r gofynion lles a nodir o dan Ddeddf Lles Anifeiliaid 2006. Mae'r adroddiad hefyd yn datgan "Nid yw bywyd anifeiliaid gwyllt mewn syrcasau a sŵau teithiol yn "fywyd da" nac yn "fywyd sy'n werth ei fyw".

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Mae'r dogfennau trwyddedu sydd ar gael i'r cyhoedd eu gweld yn dangos yn glir fod y system drwyddedu hon yn methu yn ei hymdrech i ddiogelu anifeiliaid. Mae'r ddwy syrcas

anifeiliaid sydd wedi'u trwyddedu gan Defra ar hyn o bryd wedi torri amodau eu trwyddedau droeon, ac mae eu trwyddedau wedi'u hatal ar ryw adeg neu'i gilydd.

Mewn arolwg a gynhaliwyd gan RSPCA Cymru, roedd 74 y cant o bobl Cymru yn awyddus i'r arfer hwn gael ei wahardd. Cyflwynodd y corff hwn hefyd ddeiseb i Bwyllgor Deisebau Cynulliad Cymru yn 2015.

## Cefndir

### Lles anifeiliaid yng Nghymru

Mae gan y Cynulliad gymhwysedd deddfwriaethol ynghylch "iechyd a lles anifeiliaid" yn unol â pharagraff 1 o Atodlen 7 i *Ddeddf Llywodraeth Cymru 2006*. Ni fydd *Deddf Cymru 2017* yn newid cymhwysedd y Cynulliad ynghylch lles anifeiliaid.

[\*Deddf Lles Anifeiliaid 2006\*](#) yw'r prif ddarn o ddeddfwriaeth ynghylch lles anifeiliaid yng Nghymru ac mae'n cynnwys y deddfau cyffredinol sy'n ymwneud â lles anifeiliaid. Mae'r ddeddf hefyd yn rhoi ystod o bwerau i Weinidogion Cymru, er enghraifft:

- adran 12 – gwneud rheoliadau i hyrwyddo lles anifeiliaid;
- adran 13 – trwyddedu neu gofrestru gweithgareddau sy'n ymwneud ag anifeiliaid; ac
- adran 16 – gwneud codau ymarfer.

(mae adran 16 yn trafod gwneud neu ddiwygio codau ymarfer gan y Cynulliad).

Fel [y nodwyd ar wefan Llywodraeth Cymru](#), o dan [\*Ddeddf Anifeiliaid Perfformio \(Rheoliad\) 1925\*](#) mae'n rhaid i bobl sy'n arddangos, yn defnyddio neu'n hyfforddi anifail perfformio yng Nghymru [fod wedi'u cofrestru gyda'u hawdurdod lleol](#) (nid yw hyn yn berthnasol i hyfforddi ac arddangos anifeiliaid at ddibenion y fyddin neu'r heddlu, nac ar gyfer amaethyddiaeth a chwaraeon). Mae'r ddeddfwriaeth hon yn rhoi pwerau i'r heddlu a'r cynghorau fynd i mewn i adeiladau lle mae anifeiliaid yn cael eu hyfforddi a'u harddangos i wirio bod anifeiliaid yn cael eu cadw o dan amodau addas sy'n bodloni safonau iechyd, lles a diogelwch. Codir dirwy hyd at £2,500 ar gyfer methiant i gofrestru. Os caiff cwyn am greulondeb ei phrofi, gall arwain at wahardd unigolion rhag arddangos neu hyfforddi anifeiliaid perfformio yn y dyfodol.

### Lloegr

Yn Lloegr, mae [\*Rheoliadau Lles Anifeiliaid Gwyllt mewn Syrcasau Teithiol \(Lloegr\) 2012\*](#) yn ei gwneud yn ofynnol i syrcasau teithiol fod â thrwydded i ddefnyddio anifeiliaid gwyllt. Mae amodau'r drwydded yn nodi'r gofynion ar gyfer:

- darparu cynlluniau gofal;
- rheoli pwy all gael mynediad at yr anifeiliaid;
- trefnu gofal milfeddygol llawn; a

- gofynion lles o ran arddangos, hyfforddi a pherfformio, yn ogystal â gofynion ynghylch yr amgylchedd a thrafnidiaeth.

Gwnaed y rheoliadau hyn o dan adran 13 o *Ddeddf Lles Anifeiliaid 2006*. [Cafodd canllawiau \(PDF 654KB\)](#) eu cyflwyno ym mis Tachwedd 2012 sy'n cynnwys safonau lles anifeiliaid y mae'n rhaid i ddeiliaid trwyddedau gydymffurfio â nhw. Mae rheoliad 1(4) yn cynnwys cymal 'machlud' sy'n golygu y bydd effaith y rheoliadau yn dod i ben saith mlynedd ar ôl iddynt ddod i rym.

Mae Llywodraeth y DU ar sawl achlysur wedi trafod camau i wahardd defnyddio anifeiliaid gwyllt mewn syrcau. Ar 16 Ebrill 2013, cyhoeddodd Adran yr Amgylchedd, Bwyd a Materion Gwledig (Defra) Fil drafft gyda'r bwriad o wahardd defnyddio anifeiliaid gwyllt mewn syrcau teithiol yn Lloegr o fis Rhagfyr 2015. Yn ei adroddiad craffu, [argymhellodd](#) Pwyllgor Dethol yr Amgylchedd, Bwyd a Materion Gwledig fod Llywodraeth y DU yn adolygu cynnwys y Bil, gan awgrymu rhestr o anifeiliaid gwyllt gwaharddedig mewn syrcau yn hytrach na gwaharddiad llawn. Gwrthodwyd hyn gan Lywodraeth y DU yn ei [hymateb](#). Dywedodd y Pwyllgor hefyd y byddai'n ddymunol i waharddiad o'r fath fod yn gymwys ledled y DU. Cafwyd yr ymateb a ganlyn gan Lywodraeth y DU:

As the Committee is aware. Defra Minister Lord de Mauley wrote to his three counterparts in the Devolved Administrations last November offering to extend the territorial scope of the Bill to their countries. The Government remains committed to working with the Devolved Administrations on reaching a coordinated position on this matter before a Bill is introduced. [...] The Minister for Natural Resources and Food in the Welsh Government, Alun Davies, has already written to Lord de Mauley confirming he would want his officials to work with Defra to produce a Bill that applies to England and Wales.

Ar 20 Chwefror 2017, cafodd [Bil Aelod preifat, sef yr \*Wild Animals in Circuses \(Prohibition\) Bill 2016-17\*](#) ei gyflwyno yn Nhŷ'r Cyffredin. Yn ymdrin â Lloegr yn unig, roedd disgwyl i'r Bil gael ei ail ddarlleniad ar 12 Mai 2017. Fodd bynnag, methodd y Bil yn dilyn Etholiad Cyffredinol y DU. Nid oes unrhyw ddeddfwriaeth debyg wedi'i rhestru ar hyn o bryd yn y Biliau gerbron Senedd y DU yn 2017-19, nac yn y Biliau drafft ar gyfer 2017-18.

## Camau gweithredu gan Gynulliad Cenedlaethol Cymru

Mae defnyddio anifeiliaid gwyllt mewn syrcau wedi cael tipyn o sylw cyhoeddus ac roedd yn destun deiseb flaenorol yn ystod y Pedwerydd Cynulliad ([P-04-653](#)). Cyflwynwyd y ddeiseb hon gan RSPCA Cymru, ac roedd yn galw am waharddiad ar ddefnyddio anifeiliaid gwyllt mewn syrcau. Ymatebodd Rebecca Evans AC, y Dirprwy Weinidog dros Ffermio a Bwyd ar y pryd, i'r ddeiseb drwy gyhoeddi adolygiad annibynnol o'r dystiolaeth ar les anifeiliaid mewn syrcau teithiol a sefydlog. Yn dilyn hyn, cytunodd y Pwyllgor Deisebau i gau'r ddeiseb.

Mae'r mater hefyd yn aml yn destun cwestiynau yn y Cynulliad. Ar 16 Hydref 2017, [gofynnodd Siân Gwenllian AC i Lywodraeth Cymru](#) a oes unrhyw rwystrau cyfreithiol presennol sy'n gwahardd defnyddio anifeiliaid gwylt mewn syrcau yng Nghymru, ac a fyddai'r rwystrau hyn yn diflannu ym mis Ebrill 2018 (sef y dyddiad cychwyn disgwylidig ar gyfer nifer o ddarpariaethau Deddf Cymru 2017). Mewn ymateb, dywedodd Ysgrifennydd y Cabinet dros Ynni, Cynllunio a Materion Gwledig nad oedd unrhyw rwystrau cyfreithiol. Ar 15 Tachwedd 2017, cyflwynodd Steffan Lewis AC [gwestiwn ysgrifenedig](#) yn gofyn am ddatganiad ysgrifenedig ar gyflwyno gwaharddiad ar syrcau sy'n defnyddio anifeiliaid yng Nghymru. Ymatebodd Ysgrifennydd y Cabinet:

There is concern the welfare needs of some animals kept by Mobile Animal Exhibits (MAEs), including hawking displays, reindeer at Christmas events and, of course, performing wild animals in circuses cannot be met in a travelling environment. MAEs are diverse and there is no standard licensing regime or requirement for routine inspection. We must decide whether or not a change of policy and/or the law is required to protect the welfare of animals in MAEs. A licensing or registration scheme could improve the welfare of animals in travelling environments and also legitimise businesses operating as MAEs in Wales.

I recently consulted on the introduction of a licensing or registration scheme for MAEs. The consultation also asked for views on banning the use of wild animals in circuses. Officials are now analysing responses to the consultation, the first on this subject, which will be used to inform the next steps and I will make a statement on this before 15th December.

Details of the outcome of the consultation will be published on the Welsh Government website in due course.

## Camau gweithredu gan Lywodraeth Cymru

### Adolygiad annibynnol o faterion lles anifeiliaid mewn syrcau

Fel y nodwyd eisoes, mewn ymateb i ddeiseb flaenorol gan RSPCA Cymru, comisiynodd Llywodraeth Cymru adolygiad annibynnol o faterion ynghylch lles anifeiliaid mewn syrcau. Cafodd yr [adroddiad](#) yn deillio o'r adolygiad hwn ei gyhoeddi ym mis Ionawr 2016. Wrth ymchwilio i les (corfforol a meddyliol) anifeiliaid mewn syrcau teithio, canfu'r adolygiad:

The available scientific evidence indicated that captive wild animals in circuses and other travelling shows do not achieve their optimal welfare requirements, as set out under the Animal Welfare Act 2006, and the evidence would therefore support a ban on using wild animals in travelling circuses and mobile zoos on animal welfare grounds.

Mae'r adroddiad hwn yn tynnu sylw at arolwg gan yr RSPCA yn 2009 (a ddiweddarwyd yn 2016) a ganfu fod deg awdurdod lleol yng Nghymru wedi gwahardd syrcau ar eu tir.



## Ymgynghoriad ar Arddangosfeydd Teithiol o Anifeiliaid

Mewn [datganiad Gweinidogol](#) ar 15 Rhagfyr 2016, dywedodd Ysgrifennydd y Cabinet dros yr Amgylchedd a Materion Gwledig ar y pryd ei bod hi'n awyddus i fynd i'r afael â lles anifeiliaid mewn arddangosfeydd teithiol, gan gynnwys syrcau. Nododd fod ei swyddogion yn datblygu cynllun trwyddedu neu gofrestru ar gyfer arddangosfeydd teithiol o'r fath a fyddai'n mynd i'r afael â materion arolygu a gorfodi. Cynhaliodd Llywodraeth Cymru [ymgyngoriad](#) (rhwng 17 Gorffennaf a 8 Hydref 2017) ar ddichonoldeb system o'r fath ar gyfer arddangosfeydd teithiol o anifeiliaid sy'n cynnwys anifeiliaid domestig ac egstotig yng Nghymru. Tynnodd y ddogfen ymgynghori sylw at y sefyllfa a ganlyn yng Nghymru:

Cafodd arolwg casglu data ei gynnal gydag Awdurdodau Lleol yng Nghymru ddechrau 2017 a datgelodd fod o leiaf 53 ADA yng Nghymru. [...]

Ceir amrywiaeth o wahanol fathau o ADA [arddangosfa deithiol o anifeiliaid] ac nid oes trefn drwyddedu safonol na gofyn i gynnal archwiliad rheolaidd. Mae ambell ADA wedi'i chofrestru o dan Ddeddf Anifeiliaid Perfformio (Rheoliad) 1925. Mae hyn yn gofrestru am oes ac nid oes gofyn penodol ynddi i gynnal archwiliadau. O'r herwydd, mae'n annhebygol bod safonau lles llawer o anifeiliaid perfformio yng Nghymru'n cael eu hasesu.

Mae'r datganiad gan Ysgrifennydd y Cabinet hefyd yn nodi:

Nid wyf wedi diystyru'r posibilrwydd o wahardd anifeiliaid gwyllt rhag cael eu defnyddio mewn syrcau yn y dyfodol yng Nghymru, ac rwyf wedi cadw posibilrwydd o barhau i gynnwys hyn mewn unrhyw Fil gan Lywodraeth y DU sy'n cael ei ddatblygu ar y mater hwn. Fodd bynnag, ni allwn aros am byth i'r posibilrwydd hwnnw godi.

Roedd yr ymgynghoriad, felly, hefyd yn ceisio barn ar wahardd y defnydd o anifeiliaid gwyllt mewn syrcau yng Nghymru.

Cafodd datganiad ysgrifenedig a chrynodeb o'r ymatebion eu [cyhoeddi](#) gan Lywodraeth Cymru ar 14 Rhagfyr 2017. Oherwydd bod "y rhan fwyaf o'r ymatebwyr" yn cytuno y dylid cael trefn ar gyfer trwyddedu neu gofrestru arddangosfeydd teithiol o anifeiliaid (gyda'r mwyaf yn ffafrio trwyddedu dros gofrestru), mae'r datganiad ysgrifenedig yn nodi bod Ysgrifennydd y Cabinet wedi gofyn i swyddogion ddatblygu cynllun trwyddedu o'r fath ar gyfer arddangosfeydd teithiol o anifeiliaid. Bydd hyn yn destun ymgynghoriad cyhoeddus ac asesiad effaith rheoleiddiol. O ran gwaharddiad, mae'r [Crynodeb o Ymatebion](#) yn nodi:

Rhaid cydnabod y teimladau cryfion ymhlith yr ymatebwyr o blaid gwahardd defnyddio anifeiliaid gwyllt mewn syrcau yng Nghymru. Bydd swyddogion yn para i weithio gyda Defra a'r Gweinyddiaethau Datganoledig i ystyried materion trawsffiniol.

## Fframwaith Iechyd a Lles Anifeiliaid Cymru

Mae [Cynllun Gweithredu Fframwaith Iechyd a Lles Anifeiliaid Llywodraeth Cymru ar gyfer 2017-18](#) yn cynnwys dwy garreg filltir allweddol ar gyfer arddangosfeydd teithiol o

anifeiliaid. Yn gyntaf, cynnal ymgynghoriad ar ddichonoldeb cyflwyno cynllun trwyddedu neu gofrestru ar gyfer ADA, a bod yr ymgynghoriad hwn yn ceisio barn ar wahardd defnyddio anifeiliaid gwyllt mewn syrcau. Yn ail, cyflwyno canfyddiadau'r ymgynghoriad cyhoeddus a'r camau nesaf i Ysgrifennydd y Cabinet dros yr Amgylchedd a Materion Gwledig ar y pryd.

Mae'r cynllun gweithredu yn nodi:

O dan Ddeddf Cymru 2017, mae cyfle i ystyried yr opsiwn o wahardd defnyddio anifeiliaid gwyllt mewn syrcau.

### Yr ymateb i'r ddeiseb

Cafwyd ymateb i'r ddeiseb gan Ysgrifennydd y Cabinet ar 29 Tachwedd 2017. Mae'r ymateb hwn yn ailadrodd y sefyllfa a nodir yn ymgynghoriad Llywodraeth Cymru ar arddangosfeydd teithiol o anifeiliaid. Mae Ysgrifennydd y Cabinet yn nodi bod ymatebion i'r ymgynghoriad yn cael eu defnyddio i lywio'r camau nesaf o ran cynllun trwyddedu neu gofrestru ar gyfer ADA. Nododd hefyd:

At present there are no circuses based in Wales and I have not dismissed the possibility of working with the UK Government to bring in a joint ban on the use of wild animals in circuses. Officials attend regular meetings with Defra and the Devolved Administrations and are committed to moving this policy area forward.

Gwneir pob ymdrech i sicrhau bod y wybodaeth yn y papur briffio hwn yn gywir adeg ei gyhoeddi. Dylai darllenwyr fod yn ymwybodol nad yw'r papurau briffio hyn yn cael eu diweddarau o reidrwydd na'u diwygio fel arall i adlewyrchu newidiadau dilynol.

Lesley Griffiths AC/AM  
Ysgrifennydd y Cabinet dros Ynni, Cynllunio a Materion Gwledig  
Cabinet Secretary for Energy, Planning and Rural Affairs



Llywodraeth Cymru  
Welsh Government

Eich cyf/Your ref P-05-796  
Ein cyf/Our ref LG/05175/17

David John Rowlands AM

[government.committee.business@wales.gsi.gov.uk](mailto:government.committee.business@wales.gsi.gov.uk)

November 2017

Dear David

Thank you for your letter of 21 November regarding a petition from Linda Evelyn Joyce Jones on banning the use of wild animals in circuses in Wales.

The Welsh Government is committed to ensuring a high standard of welfare for all animals kept in Wales is maintained at all stages of their life. The way we treat animals is an important reflection of the values of our society. Animals should be protected from pain, injury, fear and distress.

I recognise there is concern the welfare needs of some animals kept by Mobile Animal Exhibits (MAEs), including circuses, cannot be met in a travelling environment. MAEs are diverse and there is no standard licensing regime or requirement for routine inspection. We must decide whether or not a change of policy and/or the law is required in Wales to protect the welfare of animals in MAEs. A licensing or registration scheme could improve the welfare of animals in travelling environments and also legitimise businesses operating as MAEs in Wales.

With this in mind, I have recently consulted on the introduction of a licensing or registration scheme for MAEs. I also asked for views on banning the use of wild animals in circuses. The public consultation, which lasted 12 weeks, closed for responses on 8 October 2017.

Officials are now analysing responses to the consultation, the first on this subject, which will be used to inform the next steps. Details of the outcome will be published on the Welsh Government website in due course.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Tudalen y pecyn 49

At present there are no circuses based in Wales and I have not dismissed the possibility of working with the UK Government to bring in a joint ban on the use of wild animals in circuses. Officials attend regular meetings with Defra and the Devolved Administrations and are committed to moving this policy area forward.

Regards  
Lesley

**Lesley Griffiths AC/AM**

Ysgrifennydd y Cabinet dros Ynni, Cynllunio a Materion Gwledig  
Cabinet Secretary for Energy, Planning and Rural Affairs

# Submission to the Petitions Committee of the Welsh Assembly.

## Petition title “calling on the Welsh Government to ban the use of wild animals in circuses in Wales”

Thank you for giving me this opportunity to provide this supporting statement .  
Lesley Griffiths' AM Cabinet Secretary for Energy Planning and Rural Affairs in response to my petition stated “ the way we treat animals is an important reflection of the values of our society. Animals should be protected from pain, injury, fear and distress “.

### The present position in Wales

Although no animal circuses are currently based in Wales, many do extensively tour our country. Attracted no doubt by the fact that we have a thriving tourist industry. Circus Mondao visit every year from April until July . Peter Jolly's Circus usually tour for two months or so dipping in and out of Wales, the last time they visited was 2016. Thomas Chipperfield toured Wales extensively in 2015 with his “educational show ” An Evening with Lions and Tigers (he and his big cats formally toured with Peter Jolly's Circus ). In total these circuses that feature wild animals are on the road for nine months of the year in England and Wales.

They use private land, as many if not all Councils in Wales will not allow them to use their land. The sites they use include land at garden centres, car boots sales, caravan and holiday parks, sea fronts and beaches. Together with land close to major roads like the A55 in north Wales, dual carriageways in Cardiff, Swansea, Hengoed and Neath. Land seems easier to find in the north which is more rural, and of course attracts more tourists. The circuses have teams of people who move into an area two weeks before their circus arrives. They put up their posters by illegally fly posting anywhere they can ( these remain long after they have left ) even in areas of outstanding natural beauty such as the Snowdonia National Park. Once their circus arrives in a town the signs on the highway go up, again illegally without the permission of the LA. They make their money, they leave so bring nothing to the economy of Wales . They also take no account of our culture, history or more importantly our Welsh language .

To keep wild animals they need a licence, which is granted by the LA where they are based. To tour they need a licence which is granted and policed by DEFRA. But at the present time this licence only extends to touring England. When I met with Councillor Dafydd Meurig and Ms Gwenan Mai Roberts, Public Protection Manager - Pollution Control and Licensing of

Gwynedd Council. They made it clear to me the challenges a visiting circus presents to their already stretched department. Ms Roberts also stated her colleagues felt they were operating with “one hand tied behind our backs “ . They can be refused entry to the private land to inspect the conditions the animals are kept in. Ms Roberts also admitted as far as the animals go “ we can only really check if their basic needs are provided for, and that they are moving around normally and their eyes, coats etc look okay “ . When Thomas Chipperfield visited Gwynedd in 2015 she stated that she was faced with “very challenging circumstances “ when she and a colleague inspected them.

If any concerns are identified then action can be taken, for instance to contact the RSPCA. But they often need police assistance to gain entry. By which time the circus has moved on, usually the longest period they remain in one spot in Wales is seven days. There has been only three successful prosecutions for animal cruelty in relation to animal circuses in England . Two of these related to the time the animals were in their winter quarters , so not on the road.

### **The recent consultation on Mobile Animal Exhibits.**

This was promised by the Welsh Government following on from the Harris report, which was published in July 2016. But the remit of the consultation was widened from just circuses that use wild animals. In the summary of responses to this consultation ( WG33753) it can be seen that the respondents felt the remit and title of this consultation were problematic. “ some thought that it was too broad and others were of the view that certain classes of animal, depending on their use should be excluded “.

In relation to wild animals in circuses only one question was asked, but the summary of responses stated “ there were 70 comprehensive responses to the consultation. A further 892 similar responses were received which only answered Questions 8 (on banning the use of wild animals in circuses ). This strengthens my belief that this consultation should have only been about wild animals in circuses, as originally promised by Rebecca Evans AM the former Minister for Environment, Farming and Rural Affairs.

The report also stated that “ the majority of respondents believe the use of wild animals in circuses should be banned and that wild animals cannot be cared for appropriately whilst in a travelling environment “.

### **The Harris Report.**

The remit of this report was “to provide the Welsh Government with an impartial literature review and an analysis of the scientific evidence available as to whether captive wild animals

in travelling circuses and other shows achieve their optimum welfare requirements set out under the Animal Welfare Act of 2006 and other relevant legislation “.

I think it is worth noting that this report took evidence from over 600 experts in the field, including those who work in the animal circus industry. The only differing of opinion occurred between those involved in the circus industry and the rest of the respondents in relation to the training techniques used by the profession and the impact the travelling life had on the animals used for example.

The conclusions of the Harris report stated that :

“ the scientific evidence indicates that captive wild animals in travelling circuses and mobile zoos do not achieve their optimum welfare requirements set out under the Animal Welfare Act 2006.”

“In our review of the needs of wild animals, we found that all of the “freedoms” are compromised in travelling circuses and mobile zoos “. that “ life for wild animals in travelling circuses and mobile zoos does not constitute either a " good life " or a " life worth living " .

I could also make mention of the numerous studies, reports etc that other government's and animal welfare bodies have commissioned through the years. Including Animal Defenders International, the Captive Animal Protection Society and the RSPCA ( England and Wales ).

All of the above-mentioned bodies submitted responses to both the Harris report and the recent consultation on MAE, as I myself did too.

### **The licensing system re wild animal circuses currently operating in England.**

In the light of Lesley Griffiths statement of 14/12/17 together with past discussions I have had with our First Minister Carwyn Jones AM. I think it's important members consider this subject.

On 13 May 2011 the UK Government announced its decision to introduce a licensing system rather than a ban on wild animals in circuses. In doing so the UK Government cited concern over a legal challenge to a ban in Austria. However, the case against the Austrian ban was later dropped.

The UK Government said that their licensing system would cover **all** aspects of life for a wild animal in a travelling circus environment including:

**Good accommodation and housing whilst being transported at a performance, and in winter quarters**

**Full veterinary care**

**Controlling carefully who has access to the animals**

**Diet including food storage, preparation and provision**

**Environment such as noise and temperature**

**Welfare during training and performance**

However the licensing documents in the public domain paint an altogether different picture.

These licence inspection reports concerning Circus Mondao are an example of the issues with reference to accommodation and housing.

<https://www.gov.uk/government/publications/reports-on-2-circuses-between-26-june-2014-and-22-january-2015>

At the time of the above inspection (at the animals winter quarters) the Inspector also raised concerns about the animals veterinary treatment.

It became clear to him during this unannounced inspection that Circus Mondao were self-medicating their animals, including their baby Camel (who was born on the road in Wales the previous year). The camel had "open and weeping sores on each of its legs". Circus Mondao's licence was instantly suspended, later to be reinstated, but only on certain conditions; one being that they wouldn't take their wild animals back to this location. They did exactly this in April 2017, with DEFRA having to insist certain animals were returned to their home base while they were at this location.

Veterinary treatment should be provided by a designated lead vet, who often lives close to the circuses home base. Veterinary consultations can of course be done by phone. Many



small animal veterinary practices right across Wales clearly excel in the range of treatments they can offer both companion and farm animals. But realistically how many would claim to see such animals as Reindeer, Camels, Zebra, Tigers and Lions on a regular basis? It's my understanding that the RCVS guidelines state that an animal should be registered with a veterinary practice before they are treated. Also ideally any vet who treats an animal should have the past clinical history, from previous vets to consult.

When Thomas Chipperfield was in Llanwnda near Caernarfon in 2015, it became clear that one of his Lions had sustained an injury to one of his rear legs. This prompted me to consider what veterinary provisions were available in our particularly rural area of north west Wales. In reality the RCVS University's Leahurst faculty located on The Wirral, 12 miles south of Liverpool would have been the nearest appropriate option with the expertise required to treat animals defined as wild.

I have read most of the travelling circus license applications, including the applications that were unsuccessful for example Thomas Chipperfield's and Anthony Beckwith before they toured Cymru in 2015. Also any related inspection reports from the DEFRA Inspectors, I can honestly say I have been haunted by their contents, especially with my background and love of animals.

### **Position in other countries.**

The practice of using wild animals in travelling circuses has been banned in over 35 countries. With the Republic of Ireland announcing their intention to ban at the end of this month. I believe Scotland's ban is effective from the 1<sup>st</sup> January 2018. Roseanna Cunningham Environment Secretary has been quoted as saying "this is an important act that will not only prevent travelling circuses ever showing wild animals in Scotland in the future. But will also demonstrate to the wider world that we are one of the growing number of countries that no longer condones the use of wild animals in this way".

Last week Michael Gove MP indicated that the UK Government intend finally to bring forward legislation that was first drafted five years ago. However in realistic terms, it will be next year before such legislation can be presented to the UK Parliament, if at all. I personally do not hold out much hope of this going forward in the UK Parliament.

### **In Conclusion**

The petition I present to you today contains 6,388 signatures, and as such will trigger a debate on the floor of The Senedd. These signatures were collected online and on paper from all over Wales. At events like food fairs, Dog Shows, Universities Freshers Fair's, The National Eisteddfod of Wales. People from all sections of our community willingly signed, many expressing the view that they thought this practice had already been banned. I have

been deeply humbled that many people have even thanked me for asking them to sign, and launching my petition in the first place. This is the second petition calling for a ban, to be presented to the Petitions Committee in three years. With RSPCA Cymru's petition of 2015 gaining over 7,000 signatures all from Wales.

It is clear the Harris report of 2016 gives the Welsh Government the independent scientific evidence to put a ban into place, as does the conclusions from the recent consultation on MAE.

It is my understanding that legislation can be brought forward by two routes. Either by primary legislation, or by way of the Animal Welfare Act of 2007. The Wales Act of 2011 gave the Welsh Government the power to act in these matters.

To me personally this isn't a political issue, it's an animal welfare issue. That is my background, as a former branch Trustee and Volunteer for an animal welfare organisation . For over forty years I have been fighting for a ban to be brought forward first by the UK Government and since 2011 the Welsh Government. Thomas Chipperfield touring Cymru in 2015, during which he visited my beloved home town of Caernarfon . Was truly abhorrent to me, and many others. My MP Hywel Williams said at the time " the days of loading animals onto the back of trucks, to tour our country purely for people's entertainment has long since passed " .

I urge you as a Committee and as Assembly Members to do everything in your power to ensure the Welsh Government acts in a timely manner to bring forward legislation to ban this outdated practice in Wales.

If I can assist members or the Welsh Government further in their deliberations I would be more than happy to do so.

**Linda Evelyn Joyce Jones 14/1/2018.**

### **P-05-797 Sicrhau mynediad i'r feddyginiaeth ffibrosis systig, Orkambi, fel mater o frys**

Cyflwynwyd y ddeiseb hon gan Rhian Barrance, ar ôl casglu 5,717 o lofnodion ar-lein.

#### **Geiriad y ddeiseb:**

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i alw am ddatrysiad i drafodaethau parhaus rhwng GIG Cymru, Grŵp Strategaeth Meddyginiaethau Cymru Gyfan, Pwyllgor Iechyd a Gwasanaethau Arbenigol Cymru a Vertex Pharmaceuticals ynghylch mynediad i'r feddyginiaeth ffibrosis systig, Orkambi, fel mater o'r brys eithaf.

#### **Gwybodaeth ychwanegol:**

Mae gan 418 o bobl yng Nghymru ffibrosis systig (CF). Mae CF yn anhwylder etifeddol sy'n lleihau bywyd. Yr oedran canolrifol ar farwolaeth i berson â CF yn 2016 oedd 31 oed. Mae CF yn cael ei achosi gan fwtadiadau yn y genyn CFTR sy'n arwain at fwcws trwchus, gludiog yn cronni yn yr ysgyfaint ac organau eraill. Yn raddol, mae'r cronniad hwn yn achosi heintiau cronig yn yr ysgyfaint a difrod cynyddol i'r ysgyfaint. Mae'r baich triniaeth ar gyfer person â CF yn uchel a gall bywyd bob dydd fod yn anodd.

Mae Orkambi yn feddyginiaeth fanwl y gallai 40% o bobl yn y DU gyda CF gael budd ohoni. Tra bod triniaethau CF confensiynol yn targedu'r symptomau, mae meddyginiaethau manwl yn mynd i'r afael â'r mwtadiadau genetig sylfaenol sy'n achosi'r cyflwr. Er nad yw Orkambi yn wellhad, canfuwyd ei bod yn arafu'r dirywiad yng ngweithrediad yr ysgyfaint – yr achos marwolaeth mwyaf cyffredin i bobl â CF – o 42%.

Ym mis Gorffennaf 2016, cydnabu'r Sefydliad Cenedlaethol Rhagoriaeth Glinigol (NICE) Orkambi fel 'triniaeth bwysig.' Fodd bynnag, nid oeddent yn gallu argymhell y cyffur i'w ddefnyddio o fewn y GIG ar sail cost effeithiolrwydd a diffyg data hirdymor.

Ym mis Mehefin 2017, trefnodd yr Ymddiriedolaeth Ffibrosis Cystig ddiwrnod o brotest cenedlaethol yn y Senedd, Stormont, Holyrood, Downing Street ac ar-lein i alw am derfyn ar y diffyg cynnydd. Ers y protestiadau, mae

Pwyllgor Iechyd a Gwasanaethau Arbenigol Cymru (WHSSC) wedi cyflwyno Grŵp Strategaeth Meddyginiaethau Cymru Gyfan (AWMSG) gyda'r dull portffolio a ddatblygwyd gan wneuthurwr y cyffur, Vertex Pharmaceuticals.

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i alw am ddatrysiad i'r trafodaethau parhaus hyn rhwng GIG Cymru, yr AWMSG, WHSSC a Vertex Pharmaceuticals fel mater o'r brys pennaf. Mae'n hanfodol bod dull ad-dalu teg a chynaliadwy i'w gael ar gyfer Orkambi ac ar gyfer y biblinell gyffrous o driniaethau yn y dyfodol.

Mae pobl yng Nghymru wedi bod yn aros yn rhy hir am y cyffur trawsnewidiol hwn. Maen nhw'n haeddu gwell.

#### **Etholaeth a Rhanbarth y Cynulliad**

- Gorllewin Caerdydd
- Canol De Cymru

## Papur Briffio ar gyfer y Pwyllgor Deisebau

Rhif y ddeiseb: [P-05-0797](#)

Teitl y ddeiseb: Sicrhau mynediad at y feddyginiaeth ffibrosis systig, Orkambi fel mater o frys

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i alw am ddatrysiad i drafodaethau parhaus rhwng GIG Cymru, Grŵp Strategaeth Meddyginiaethau Cymru Gyfan, Pwyllgor Iechyd a Gwasanaethau Arbenigol Cymru a Vertex Pharmaceuticals ynghylch mynediad i'r feddyginiaeth ffibrosis systig, Orkambi, fel mater o'r brys eithaf.

Mae gan 418 o bobl yng Nghymru ffibrosis systig (CF). Mae CF yn anhwylder etifeddol sy'n lleihau bywyd. Yr oedran canolrifol ar farwolaeth i berson â CF yn 2016 oedd 31 oed. Mae CF yn cael ei achosi gan fwtadiadau yn y genyn CFTR sy'n arwain at fwcws trwchus, gludiog yn cronni yn yr ysgyfaint ac organau eraill. Yn raddol, mae'r cronniad hwn yn achosi heintiau cronig yn yr ysgyfaint a difrod cynyddol i'r ysgyfaint. Mae'r baich triniaeth ar gyfer person â CF yn uchel a gall bywyd bob dydd fod yn anodd.

Mae Orkambi yn feddyginiaeth fanwl y gallai 40% o bobl yn y DU gyda CF gael budd ohoni. Tra bod triniaethau CF confensiynol yn targedu'r symptomau, mae meddyginiaethau manwl yn mynd i'r afael â'r mwtadiadau genetig sylfaenol sy'n achosi'r cyflwr. Er nad yw Orkambi yn wellhad, canfuwyd ei bod yn arafu'r dirywiad yng ngweithrediad yr ysgyfaint – yr achos marwolaeth mwyaf cyffredin i bobl â CF – o 42%.

Ym mis Gorffennaf 2016, cydnabu'r Sefydliad Cenedlaethol Rhagoriaeth Glinigol (NICE) Orkambi fel 'triniaeth bwysig.' Fodd bynnag, nid oeddent yn gallu argymhell y cyffur i'w ddefnyddio o fewn y GIG ar sail cost effeithiolrwydd a diffyg data hirdymor.

Ym mis Mehefin 2017, trefnodd yr Ymddiriedolaeth Ffibrosis Cystig ddiwrnod o brotest cenedlaethol yn y Senedd, Stormont, Holyrood, Downing Street ac ar-lein i alw am derfyn ar y diffyg cynnydd. Ers y protestiadau, mae Pwyllgor Iechyd a Gwasanaethau Arbenigol Cymru (WHSSC) wedi cyflwyno Grŵp Strategaeth Meddyginiaethau Cymru Gyfan (AWMSG) gyda'r dull portffolio a ddatblygwyd gan wneuthurwr y cyffur, Vertex Pharmaceuticals.

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i alw am ddatrysiad i'r trafodaethau parhaus hyn rhwng GIG Cymru, yr AWMSG, WHSSC a Vertex Pharmaceuticals fel mater o'r brys pennaf. Mae'n hanfodol bod dull ad-dalu teg a chynaliadwy i'w gael ar gyfer Orkambi

ac ar gyfer y biblinell gyffrous o driniaethau yn y dyfodol.

Mae pobl yng Nghymru wedi bod yn aros yn rhy hir am y cyffur trawsnewidiol hwn. Maen nhw'n haeddu gwell.

## Cefndir y polisi

Meddyginiaeth i drin ffibrosis cystig yw Orkambi (lumacaftor–ivacaftor). Caiff ei ddefnyddio i drin cleifion 12 oed a hŷn sydd â mwtadiadau genynnol penodol (mwtadiad F508del). Mae celloedd yn cynnwys dau gopi o'r genyn perthnasol, a gellir defnyddio Orkambi i drin cleifion os yw'r mwtadiad F508del yn effeithio ar y ddau gopi. Mae hyn yn cyfateb i tua 50% o bobl â ffibrosis cystig ac, yn ôl yr [Ymddiriedolaeth Ffibrosis Cystig](#), gellir defnyddio Orkambi yn effeithiol i drin 40% o'r achosion hyn yn y DU.

Dangoswyd bod Orkambi yn arafu'r dirywiad yng ngweithrediad yr ysgyfaint ac yn lleihau heintiau a'r cyfnodau y mae'n rhaid i gleifion aros yn yr ysbyty, a hynny'n sylweddol. Mae'r Ymddiriedolaeth Ffibrosis Cystig yn tynnu sylw at [ymchwil](#) sy'n dangos y gall Orkambi arafu'r dirywiad yng ngweithrediad yr ysgyfaint mewn pobl â ffibrosis cystig cymaint â 42% ar gyfartaledd.

Yn adroddiad [Cofrestrfa Ffibrosis Cystig y DU](#) a gyhoeddwyd yn 2014, nodir y gallai Orkambi helpu 2,834 o bobl yn Lloegr, 243 o bobl yn yr Alban, 118 o bobl yng Nghymru a 101 o bobl yng Ngogledd Iwerddon, sef cyfanswm o 3,296 o bobl.

Caiff pob meddyginiaeth ei harchwilio i benderfynu a yw'r budd i gleifion yn cyfiawnhau'r gost, cyn y gellir ei defnyddio'n rheolaidd i drin cleifion y GIG. Mae'r Sefydliad Cenedlaethol dros Ragoriaeth Iechyd a Gofal (NICE) yn cynghori'r GIG ynghylch effeithiolrwydd clinigol rhai meddyginiaethau sydd newydd eu trwyddedu, ynghyd â'u heffeithiolrwydd o ran y gost. Mae gan y cyngor hwn sail statudol yng Nghymru a Lloegr, ac mae rhwymedigaethau cyfreithiol ar fyrdau iechyd Cymru i ariannu meddyginiaethau a gymeradwyir gan NICE. Fel rhan o'i gylch gwaith, mae Grŵp Strategaeth Meddyginiaethau Cymru (AWMSG) yn gwerthuso meddyginiaethau newydd nad ydynt ar raglen waith NICE. Mae gofyniad cyfreithiol ar y GIG yng Nghymru i ariannu meddyginiaethau y mae NICE neu AWMSG yn eu cymeradwyo.

Fel y nodwyd yn y ddeiseb, nid yw [canllawiau NICE](#) (Gorffennaf 2016) yn argymhell defnyddio Orkambi yn y GIG yng Nghymru / Lloegr a hynny ar y sail nad yw'n gost effeithiol ac nad oes digon o ddata hirdymor. Nid yw Orkambi yn cael ei argymhell (gan Consortiwm Meddyginiaethau'r Alban) i'w ddefnyddio yn y GIG yn yr Alban ychwaith. Gan nad yw NICE yn ei argymhell, nid yw Orkambi ar gael i'w gomisiynu'n gyffredinol yn GIG Cymru.

Mae NICE yn nodi ei gasgliadau allweddol am y cyffur hwn ar ei [wefan](#),:

Lumacaftor-ivacaftor is not recommended, within its marketing authorisation, for treating cystic fibrosis in people 12 years and older who are homozygous for the F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene.

The committee concluded that longitudinal changes rather than acute changes in ppFEV1 were more clinically relevant for assessing long-term outcomes of cystic fibrosis. It also concluded that the reductions in pulmonary exacerbations seen with lumacaftor-ivacaftor treatment were clinically significant and important for managing cystic fibrosis.

The committee concluded that, even without including any of its preferred assumptions, the estimated incremental cost-effectiveness ratios (ICERs) were considerably higher than what is normally considered a cost-effective use of NHS resources.

Disgwylir i NICE gyhoeddi ei adolygiad nesaf o Orkambi ym mis **Gorffennaf 2019**. Gall Grŵp Strategaeth Meddyginiaethau Cymru (AWMSG) hefyd arfarnu meddyginiaethau yng Nghymru. Fodd bynnag, byddai angen i AWMSG gael gwybodaeth ychwanegol ar wahân i'r hyn a gafwyd gan NICE, yn dilyn penderfyniad y corff hwnnw i'w wrthod.

Mae'r Ymddiriedolaeth Ffibrosis Cystig wedi bod yn rhoi cyhoeddusrwydd i'r ddeiseb gan gynnwys astudiaethau achos perthnasol ar eu [gwefan](#), ac mae'n cynnal ymgyrch, *'Stopio'r cloc'*, i ganiatáu i gleifion ddefnyddio meddyginiaethau fel Orkambi. Fel y nodir yn y ddeiseb, mae'r elusen wedi bod yn [protestio y tu allan i'r Senedd](#) yn ddiweddar o blaid y cyffur.

## Ymateb Llywodraeth Cymru

Mae Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau Cymdeithasol yn nodi yn ei lythyr at y Pwyllgor bod NICE wedi cyhoeddi canllawiau terfynol ym mis Gorffennaf 2016 ac nad oedd yn argymhell y dylid defnyddio Orkambi fel rheol yn y GIG yng Nghymru na Lloegr. Ar ben hynny, **ym mis Rhagfyr 2016, NICE ailgyhoeddodd ei ganllaw ar Werthuso Technoleg o dan ei ganllaw "Do Not Do", gan bwysleisio na ddylai Orkambi fod ar gael fel rheol.** Mae Ysgrifennydd y Cabinet yn tanlinellu arwyddocâd hyn:

Whereas NICE frequently issue guidance which does not advocate using a specific medicine for a certain condition, it is far rarer for NICE to explicitly advise that a medicine should not be routinely used at all. The NICE independent appraisal committee found that when compared to the current standard of care, **the clinical benefit offer** between NHS Wales, the AWMSG, WHSSC and Vertex Pharmaceuticals'; The Cabinet Secretary states that the AWMSG has contacted the pharmaceutical company, Vertex Pharmaceuticals, and 'has strongly encouraged them to make a submission to the AWMSG for appraisal'. He states:

Whilst Vertex has agreed in principle to submit clinical data for appraisal by AWMSG, they have not committed to any firm date for doing so. However, discussions have commenced with Vertex on the most effective approaches to appraisal for the additional license extensions due to come on stream over the next few years. My officials will ensure the future appraisal of lumacaftor/ivacaftor (Orkambi®) is covered.

In the interim, the Welsh Health Specialised Services Committee (WHSSC) has agreed a patient access scheme with Vertex Pharmaceuticals and it is available in the Welsh NHS, where clinically appropriate.

Whilst compassionate use agreements offer treatment at no cost for a fixed period, NHS organisations must consider the implications of entering into such agreements including the clinical benefits for patients and the longer term cost implication for the NHS.

Where medicines such as Orkambi are not routinely available within NHS Wales, a clinician may apply for the medicine on behalf of their patient to an Individual Patient Funding Request (IPFR) panel in the appropriate health board. The clinician would need to source sufficient evidence to demonstrate the clinical and cost effectiveness of the proposed intervention.



Vaughan Gething AC / AM  
Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau  
Cymdeithasol  
Cabinet Secretary for Health and Social Services



Llywodraeth Cymru  
Welsh Government

Ein Cyf VG/05162/17

David John Rowlands AC  
Cadeirydd y Pwyllgor Deisebau  
Cynulliad Cenedlaethol  
Cymru Bae  
Caerdydd  
CF99 1NA

government.committee.business@wales.gsi.gov.uk

1 Rhagfyr 2017

Annwyl David,

Diolch ichi am eich llythyr dyddiedig 21 Tachwedd ynghylch Deiseb P-05-797 gan Rhian Barrance ynghylch mynediad at Orkambi®, y feddyginiaeth ar gyfer ffeibrosis systig.

Rydym yn credu y dylai pawb gael mynediad bob amser at driniaeth a gofal costeffeithiol sy'n seiliedig ar dystiolaeth fel rhan o wasanaeth y GIG er mwyn bodloni eu hanghenion clinigol. Mae hynny'n golygu sicrhau bod penderfyniadau ynghylch darparu triniaethau'n seiliedig ar dystiolaeth ynghylch eu heffeithiolrwydd ac ar sicrhau cydbwysedd rhwng eu manteision a'r pris y mae'r gwneuthurwr yn ei godi amdanynt. I wneud hynny, rydym yn dilyn argymhellion y Sefydliad Cenedlaethol dros Ragoriaeth mewn Iechyd a Gofal (NICE) a Grŵp Strategaeth Meddyginiaethau Cymru Gyfan (AWMSG).

Cyhoeddodd NICE ganllawiau terfynol ym mis Gorffennaf 2016, ac ni wnaeth argymhell y dylid cynnig Orkambi® fel triniaeth arferol yn y GIG yng Nghymru a Lloegr. Ym mis Rhagfyr, ailgyhoeddodd NICE ei ganllawiau Arfarnu Technoleg o dan ei ganllawiau "Do Not Do", gan bwysleisio na ddylai'r driniaeth hon gael ei chynnig fel mater o arfer. Er y bydd NICE yn aml yn cyhoeddi canllawiau nad ydynt yn argymhell defnyddio meddyginiaeth benodol i drin cyflwr penodol, prin iawn y bydd yn rhoi cyngor clir na ddylid cynnig meddyginiaeth o gwbl fel mater o arfer. Canfu pwyllgor arfarnu annibynnol NICE fod y manteision clinigol a ddaw o ddefnyddio'r feddyginiaeth hon yn weddol fach, a bod y gost yn sylweddol, o gymharu â safon bresennol y gofal a ddarperir. Mae Consortiwm Meddyginiaethau'r Alban hefyd wedi gwrthod y feddyginiaeth hon am yr un rheswm.

Bae Caerdydd • Cardiff Bay  
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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Tudalen y pecyn 63

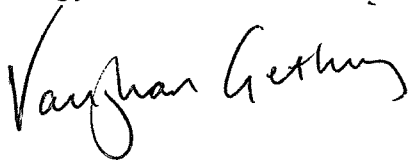
Mae AWMSG wedi cysylltu â'r cwmni fferyllol Vertex Pharmaceuticals gan ei annog yn gryf i gyflwyno data i AWMSG at ddibenion gwerthuso. Er bod Vertex wedi cytuno mewn egwyddor i gyflwyno data clinigol i AWMSG eu gwerthuso, nid yw'r cwmni wedi ymrwymo i unrhyw ddyddiad pendant ar gyfer gwneud hynny. Os yw'r gwneuthurwr yn gwrthod darparu tystiolaeth ynghylch pa mor effeithiol y mae ei feddyginiaeth, ni all AWMSG ei gwerthuso ac felly ni all wneud argymhelliad ynghylch a ddylai'r feddyginiaeth fod ar gael fel mater o arfer ai peidio. Fodd bynnag, mae trafodaethau wedi dechrau gyda Vertex ar y dulliau mwyaf effeithiol o werthuso ar gyfer yr estyniadau trwydded ychwanegol a fydd yn codi dros y blynyddoedd nesaf. Bydd fy swyddogion yn sicrhau bod gwerthuso lumacaftor/ivacaftor (Orkambi®) yn y dyfodol yn rhan o hyn.

Yn y cyfamser, mae Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru wedi cytuno ar gynllun mynediad ar gyfer clefion gyda Vertex Pharmaceuticals, ac mae'r cynllun hwn ar gael yn GIG Cymru, lle bo hynny'n briodol yn glinigol.

Er bod cytundebau defnydd ar sail ddyngarol yn cynnig triniaeth am ddim am gyfnod penodol, rhaid i sefydliadau'r GIG ystyried y goblygiadau a allai godi wrth weithredu cytundeb o'r fath, gan gynnwys y manteision clinigol i'r claf a'r gost i'r GIG yn y tymor hir.

Mewn achosion lle nad yw meddyginiaeth megis Orkambi® ar gael fel mater o arfer o fewn y GIG yng Nghymru, caiff clinigydd wneud cais am y feddyginiaeth ar ran ei glaf i banel Ceisiadau Cyllido Clefion Unigol y bwrdd iechyd perthnasol. Byddai angen i'r clinigydd dynnu ynghyd dystiolaeth ddigonol i ddangos yr effeithiolrwydd clinigol a pha mor gosteffeithiol fyddai'r ymyriad a gynigir.

Yn gywir,



**Vaughan Gething AC / AM**

Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau Cymdeithasol

Cabinet Secretary for Health and Social Services

# Cystic Fibrosis our focus

## **Petition consideration briefing:**

e-Petition: Ensure access to the cystic fibrosis medicine, Orkambi, as a matter of urgency

**We call on the Welsh government to agree a sustainable solution for cystic fibrosis medicines today and into the future.**

### **1. Cystic fibrosis**

Cystic fibrosis is a life-shortening genetic condition that affects over 10,400 people in the UK, including 398 people in Wales. Last year, half of all people who died with cystic fibrosis were under the age of 31.<sup>1</sup>

### **2. Precision medicine**

Traditional treatments for cystic fibrosis aim to lessen symptoms and complications. However, progressive damage still occurs, meaning that these symptoms and complications will inevitably increase with age.

New precision medicines target the dysfunctional protein that causes cystic fibrosis. They target specific mutations and have the potential to preserve or restore lung function, slow decline and improve life expectancy.

The first two precision medicines are Ivacaftor (effective for under 10% of people with cystic fibrosis) and Orkambi (effective for around half of people with cystic fibrosis in Wales).<sup>2</sup> Many further precision medicines are being developed. Within five years, around 90% of people with cystic fibrosis could be treated with new drugs<sup>3</sup> that transform cystic fibrosis from a condition that is life threatening to one you that you live with and manage.

People with cystic fibrosis in Wales have already faced significant delays in accessing new precision treatments and are increasingly concerned that they will not get to access these life-changing medicines.

### **3. Orkambi**

Orkambi is a precision medicine that tackles the underlying cause of cystic fibrosis rather than just managing the symptoms. The drug specifically targets the genotype with homozygous  $\Delta F508$  mutations which affects around 189 people in Wales.

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<sup>1</sup> UK CF Registry Report 2016, Cystic Fibrosis Trust, 2017.

<sup>2</sup> UK CF Registry Report 2016, Cystic Fibrosis Trust, 2017.

<sup>3</sup> <http://www.businesswire.com/news/home/20170718006344/en/>

# Cystic Fibrosis our focus

Orkambi has been shown to slow decline in lung function by 42%<sup>4</sup> and cut the number of infections requiring hospitalisation by 61%.<sup>5</sup> This gives people more control over their lives and greater quality of life.

Yet people with cystic fibrosis in Wales cannot access Orkambi. It has been two years since the licence of Orkambi. Orkambi is available to all eligible patients in Austria, Denmark, France, Germany, Luxembourg, the Netherlands, Italy, Ireland, Greece, and the United States.

In July 2016, NICE announced they were unable to recommend the drug due to its cost, despite acknowledging the drug is “important and effective”.<sup>6</sup> Since then, we have relentlessly called for negotiations and a fair, sustainable pricing deal for Orkambi. However, there has been no progress. People with cystic fibrosis are still waiting whilst their health and quality of life declines.

## 4. Using the UK CF Registry to deliver a fair deal

**We urge the assembly to consider how the UK CF Registry could form part of a robust and fair access scheme bridging the uncertainty gap associated with these medicines.**

The UK CF Registry is sponsored and managed by the Cystic Fibrosis Trust. The UK CF Registry offers population level coverage for people with cystic fibrosis in the UK. Anonymised, aggregated data from the registry are used as the evidence base for commissioning NHS care and post-marketing pharmacovigilance for the European Medicines Agency (EMA).<sup>7</sup> This means that it is possible to keep track of the effectiveness of Orkambi and other precision medicines to aid long-term monitoring.

In reimbursement decisions, the UK CF Registry could offer real world evidence of efficacy using observational comparative cohort models. The UK CF Registry already uses these models to assess the real-world efficacy of Ivacaftor in a study for the European Medicines Agency (EMA).<sup>8</sup>

This available data could inform a fair deal that secures access to transformational medicines for people with cystic fibrosis – now and in the future.

## 5. Response to the Cabinet Secretary for Health and Social Care

In his letter Health Minister Vaughan Gething states:

‘The NICE independent appraisal committee found that when compared to the current standard of care, the clinical benefit offered was modest and comes at a considerable cost’.

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<sup>4</sup> <http://www.businesswire.com/news/home/20161027005917/en/>

<sup>5</sup> <https://www.nice.org.uk/guidance/ta398/documents/appraisal-consultation-document>

<sup>6</sup> <https://www.nice.org.uk/guidance/ta398/documents/html-content-2>

<sup>7</sup> Data Resource Profile: The UK Cystic Fibrosis Registry, Taylor-Robinson D, University of Liverpool. 2017.

<sup>8</sup> [http://www.ema.europa.eu/docs/en\\_GB/document\\_library/EPAR\\_-\\_Assessment\\_Report\\_-\\_Variation/human/002494/WC500198918.pdf](http://www.ema.europa.eu/docs/en_GB/document_library/EPAR_-_Assessment_Report_-_Variation/human/002494/WC500198918.pdf)

# Cystic Fibrosis our focus

However, the data available at the time of NICE appraisal was from two short-term studies of 24 weeks. We now have long-term 96-week study data from which Orkambi has been found to slow decline in lung function by 42% and cut the number of infections requiring hospitalisation by 61%. These are significant outcomes not previously considered in the original appraisal.

Mr Gething also refers to a 'patient access scheme with Vertex Pharmaceuticals' which is 'available in the Welsh NHS, where clinically appropriate.' Whilst we welcome compassionate use of Orkambi in Wales, only the sickest patients are eligible to be considered when significant damage has already been done. We need a system which gives everyone with cystic fibrosis the earliest chance to access these medicines as soon as they are available and before irreparable lung damage has occurred.

The Cystic Fibrosis Trust is aware that meetings between Vertex and NHS Wales have been taking place since June and are ongoing to discuss a possible deal around a portfolio approach, which could look to incorporate Orkambi and potentially future treatments for CF. We welcome these discussions but emphasise that a resolution needs to be reached urgently.

## **Case study one- Rhian Barrance, 31 from Cardiff**

One of my closest friends, Jen, gave birth to a beautiful baby boy called Lorcán. Everyone who meets him falls in love with him immediately – he is bright, inquisitive and has Jen's gorgeous big brown eyes. But Lorcán needs more help and support than most children. Ten days after he was born he was diagnosed with cystic fibrosis. His extraordinary parents have launched themselves into doing everything they could to keep him as healthy and happy as they can.

I knew nothing about cystic fibrosis at the time, and spent a lot of time reading about it to figure out how I could best help and support Jen. When I found out about Orkambi, I threw myself into campaigning and it was then that I realised that there was something I could do – I could fight for the potentially life-changing treatments which target cystic fibrosis at its root cause to be made available to everyone in Wales who could benefit from them. This is why I started the e-petition to push for a debate in the Welsh Assembly to be considered.

Those who are currently eligible need access to it now as their health is deteriorating by the day. Lorcán and other children need Orkambi to be available to them as soon as they are old enough to take it. The National Assembly for Wales has made a strong commitment to children's rights through the Rights of Children and Young Persons (Wales) Measure (2011). One of the guiding principles of the United Nations Convention on the Rights of the Child (UNCRC) is the right to life, survival and development (article 6). Wales is often at the forefront in matters of children's rights, and providing children with a drug that can limit the lung damage caused by cystic fibrosis is a key part of realising the rights of children with the condition.

Ever since Lorcán was diagnosed with cystic fibrosis, he has faced a daily regime of treatment to manage his lung decline. These treatments do not address the underlying causes of the disease, and Lorcán's lung capacity will continue to decline despite the burden of constant drugs and physiotherapy. It is very difficult to accept that there is a treatment which could radically reduce the lung decline of people with this cruel condition, that is not available in Wales. It is particularly difficult to accept when this drug is available in many other countries, but this success abroad is an exciting prospect which gives us hope and makes me more determined than ever to keep up this fight.

# Cystic Fibrosis our focus

I urge the petitions committee to enable a debate to go ahead in the assembly to highlight the plight of those adults and children who cannot access this drug and to call for a solution that will allow urgent access to this life-changing drug in Wales.

## **Case study two- Beth Clarke, 36 from Cardiff**

I'm 36 years old and want to look forward to my future with my husband, but a huge chunk of each day is taken up by a regime that I must do to stay well, reminding me that I have a life-shortening genetic condition-cystic fibrosis (CF). My morning schedule of inhaled nebulisers and physiotherapy takes two-and-a-half hours in a grueling routine to stay alive, all before I can reach for a cup of tea. Using a machine to exercise my airways enables me to take deep breaths that my body wouldn't otherwise allow.

Coughing and spluttering my way through the day, I take upwards of 40 tablets and try to fit in half an hour of exercise to maintain as good health as I can. Despite this vigorous set of daily tasks, it is clear that I am battling with the symptoms-chest pain, shortness of breath, fatigue and not to mention the sickness that can accompany courses of intravenous antibiotics every six weeks. I'm doing my best and my family and I stay as positive and hopeful as we can- a mantra my parents have instilled in me- but I'm not tackling my cystic fibrosis at its core in a way that precision medicines like Orkambi would be able to do. My efforts are sometimes just not enough and my health can quickly deteriorate.

A treatment that could dramatically change my life for the better is something I have always talked and dreamed about with my parents and yet now that Orkambi is within touching distance I have to remind myself not to get my hopes up too much until it is available in Wales. It is incredibly cruel for all of us, knowing that Orkambi is available in countries across the world when our fight continues.

I urge the Welsh Assembly to debate this issue. I don't want my family and friends to be faced with another battle for medicines that could so easily change my life and the lives of others with cystic fibrosis. Please end the wait and give us hope again.

## P-04-667 – Cylchfan ar gyfer Cyffordd yr A477/A4075

Cyflwynwyd y ddeiseb hon gan Cyngor Tref Sir Benfro ar ar ôl casglu 115 Llofnod

### Geiriad y ddeiseb

*Rydym yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i gael gwared ar Gyffordd Mynegbost yr A477/A4075 a rhoi cylchffordd yn ei lle – nid yw'r trefniadau presennol wedi datrys y problemau ar y rhan beryglus hon o'r ffordd.destun mesurau arbennig.*

### Etholaeth a Rhanbarth y Cynulliad

- Gorllewin Caerfyrddin a De Sir Benfro
- Canolbarth a Gorllewin Cymru

**P-04-667 Roundabout for the A477/ A4075 Junction – Correspondence from the petitioner to the Committee, 15.12.17**

Good Afternoon Kathryn

Thank you for your email. The response from the committee and the final stage 4 document was discussed at a recent meeting of Pembroke Town Council on Thursday 7th December.

I have been asked to write to you to express Councils deep disappointment with the findings of the document. The report actually states that the Accident rate has increased, and I quote " **There has been an increase in the total number of collisions per year in the "After" period compared with the average for the three years in the Before period. In addition there has been an increase in the number of collisions involving a right turning vehicle emerging from the A4075 failing to give way to a westbound A477 vehicle**". so obviously it is not doing what it is supposed to do, and in our opinion the only way forward is the installation of a roundabout, and urge you to reconsider this position.

We have now written to Valero and David Saunders Haulage which uses this junction on a regular basis, so we can report to you their findings.

We quote again this is a dangerous junction, and is an accident waiting to happen, and will keep pointing this out again and again and will hold them responsible for the next death that will occur if the layout of the road stays the same.

I would be grateful if you could forward the above to be included for the Agenda on 9th January, and will try my best to forward further correspondence to you by the 2nd.

Kind Regards

*Suzie Thomas*  
*Town Clerk – Pembroke*



### **P-05-722 – Diogelu Anghenion Addysgol Arbennig**

Cyflwynwyd y ddeiseb hon gan Nicola Butterfield, ar ôl casglu 553 llofnod bapur.

#### **Geiriad y ddeiseb**

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i sicrhau bod y gwariant ar y ddarpariaeth anghenion addysgol arbennig yn cael ei glustnodi, gan gydnabod fod hwn yn fuddsoddiad ym mhlant Cymru, ac y dylai awdurdodau lleol gael eu cyfarwyddo i sicrhau bod lefelau digonol o gyllid ar gael fel y gall plant sydd angen gwasanaeth o'r fath fyw bywydau hapus a llawn, ac nad yw eu teuluoedd yn gorfod wynebu'r ofn o gystadlu â'i gilydd am leoedd.

#### **Etholaeth a Rhanbarth y Cynulliad**

Aberafan

Gorllewin De Cymru

# Eitem 3.3

## P-05-787 Achub Cenedlaeth y Dyfodol yng Nghymru

Cyflwynwyd y ddeiseb hon gan Ken Ebihara, ar ôl casglu 54 o lofnodion ar-lein.

### Geiriad y ddeiseb:

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i sicrhau bod awdurdodau lleol unigol yn dyrannu o leiaf 50 y cant o'u dyraniadau amcanol i waith ieuenctid drwy'r 'Grant Cynnal Refeniw'.

### Gwybodaeth ychwanegol

Mae'r mater o p'un ai y dylid neilltuo symiau penodol o'r 'Grant Cynnal Refeniw' ar gyfer gwaith ieuenctid ai peidio eisoes wedi'i nodi yn un o'r adroddiadau a gyhoeddwyd gan y 'Pwyllgor Plant, Pobl Ifanc ac Addysg' yn ystod y flwyddyn ddiwethaf. Mae'n ffaith bod yna fwlch rhwng y cyfraniadau ariannol gwirioneddol i waith ieuenctid gan awdurdodau lleol unigol drwy'r Grant Cynnal Refeniw a'r dyraniad amcanol ar gyfer y gwaith hwn.

Mae hyn yn hanfodol i sicrhau a chynnal ansawdd y gwaith a wneir gyda phobl ifanc yng Nghymru er mwyn iddynt gael cyfleoedd gwerthfawr i wella eu hunain mewn amgylchedd cefnogol. Ni ddylai'r ffactor hanfodol hwn ddibynnu ar benderfyniadau awdurdodau lleol yn unig, sy'n amrywio o un i'r llall oherwydd eu blaenoriaethau o ran gwariant. Rhaid i Lywodraeth Cymru ymyrryd yn fwy rhagweithiol i sicrhau bod y lefel isaf yn cael ei chynnal o ran ansawdd y gwasanaethau a ddarperir ledled Cymru.

Mae neilltuo rhannol yn atal awdurdodau lleol unigol rhag gostwng ymhellach lefel yr adnoddau ariannol sy'n cael eu gwario ar waith ieuenctid, gan eu galluogi i gynnal rhywfaint o annibyniaeth wrth flaenoriaethu eu gwariant yn unol â'u blaenoriaethau unigol. Efallai mai'r syniad penodol hwn yw'r ateb mwyaf realistig i'r mater.

### Etholaeth a Rhanbarth y Cynulliad

- Canol Caerdydd
- Canol De Cymru



Eich cyf/Your ref P-05- 787  
Ein cyf/Our ref EM/05158/17

David John Rowlands AM  
Chair  
Petitions Committee

SeneddPetitions@assembly.wales

January 2018

*Deu David,*

Thank you for your letter dated 12 December 2017 concerning the review of Extending Entitlement, and the level of spend on youth work provision from the standard spending assessments.

I can confirm that the future of youth work, including funding, was considered as part of the review of Extending Entitlement. Having recently received the report from this review it is important that I take some time to reflect on the findings before committing to a course of action. In the meantime I have asked the Youth Work Reference Group, which is made up of sector experts and representatives as well as Welsh Government officials, to consider the report, and advise on next steps. This will inform my decision on the way forward, and what further consultation should take place. I can assure you that future arrangements for youth work and funding for services will be part of any future public consultation that takes place.

I can also advise that a notional 1% (£21.9 million) of the total standard spending assessment is allocated to youth work. The decision on how to spend their budget lies with the local authorities in line with their identified priorities.

*Copion gorau*  
*Eluned Morgan*

**Eluned Morgan AC/AM**  
Gweinidog y Gymraeg a Dysgu Gydol Oes  
Minister for Welsh Language and Lifelong Learning

Bae Caerdydd • Cardiff Bay  
Caerdydd • Cardiff  
CF99 1NA

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:  
0300 0604400

[Gohebiaeth.Eluned.Morgan@llyw.cymru](mailto:Gohebiaeth.Eluned.Morgan@llyw.cymru)  
[Correspondence.Eluned.Morgan@gov.wales](mailto:Correspondence.Eluned.Morgan@gov.wales)

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

**Tudalen y pecyn 73**

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

**P-05-787 Save the Future Generation of Wales – Correspondence from the  
Petitioner to the Committee, 14.01.18**

Thank you very much for the opportunity to respond to the current debate on my petition.

Firstly, I am very pleased with the fact that the financial aspect of youth work has been included as a part of the reviewing process of Extending Entitlement and the involvement of the Youth Work Reference Group in the process including clarifying the contents of public consultation. As it is emphasised in the latest two correspondences of the Minister for Welsh Language and Lifelong Learning, it is important to clarify the current circumstances and consider how the Welsh Government creates policies and strategies for youth work with an effective approach. The establishment of a new National Youth Support Services Board would be seen as a wholistic approach as the Board would not only be responsible for financial aspect of youth work, but also implement the reviewing process of Extending Entitlement and shape the National Youth Work Strategy when it is established. Considering these elements, I would like the committee to allow the Minister to spend sufficient amount of time to find the most effective way for supporting young people in Wales.

Secondly, I am satisfied that the committee is now informed by the Minister of a fact that £21.9 million, which is equivalent to 1% of total standard spending assessment, was allocated to youth work in Wales. I also confirmed the fact above with a document, 'Welsh Local Government Revenue Settlement 2017-2018 Background Information for Standard Spending Assessments'. It is stated on page 21 that £21,932,000 was allocated to youth work service between 2017-2018 with Indicator Based Assessments (IBAs). I personally regard that it is quite meaningful for the committee to understand how much financial resources are currently spent

on youth work in Wales in a large picture for the further consideration on my petition.

# Eitem 3.4

## **P-05-742 Peidiwch â Gadael i Forsythia Gau!**

Cyflwynwyd y ddeiseb hon gan Forsythia Youth Centre ar ôl casglu 74 llofnod. Mae'r ddeiseb wedi casglu 533 o lofnodion ar wefan e- ddeiseb arall.

### **Geiriad y ddeiseb**

Mae Canolfan Ieuenctid Forsythia mewn perygl o gael ei chau oherwydd ansicrwydd ynghylch ei threfniadau cyllido gan raglen Llywodraeth Cymru, Cymunedau yn Gyntaf.

Mae Canolfan Ieuenctid Forsythia yn gwasanaethu pobl ifanc yn rhad ac am ddim, ac mae ar agor:

- 4 noson yr wythnos am 51 wythnos y flwyddyn;
- Yn ystod y dydd a'r nosweithiau drwy gydol gwyliau'r ysgol;
- Yn ystod y penwythnos os oes gwaith prosiect i'w gwblhau.

Mae gan Forsythia o leiaf 50 o bobl ifanc rhwng 11-20 oed yn bresennol bob nos yn ddi-ffael, a'r rheini o ardaloedd Y Gurnos, Galon Uchaf, Pant, Dowlais a Phen-y-Darren.

Heblaw am Ganolfan Ieuenctid Forsythia, ni fyddai gan bobl ifanc le diogel i fynd iddo o fewn eu cymuned, ac ni fyddai ganddynt yr unman arall i fynd iddo oherwydd nad oes digon o ddarpariaeth i bobl ifanc.

Mae Canolfan Ieuenctid Forsythia yn rhoi'r cyfle i bobl ifanc gymryd rhan mewn prosiectau ieuenctid megis 'Commit to quit' gydag Ash Cymru, prosiectau Erasmus+ ar 'Agweddau a Gwerthoedd Gwaith Ieuenctid', a'r 'prosiect Agenda' mewn partneriaeth â Phrifysgol Caerdydd.

Mae cyfle i'r bobl ifanc hefyd ddefnyddio sefydliadau megis Drug Aid Cymru a chymryd rhan mewn prosiectau Iechyd Rhywiol, rhaglenni Rhoi'r Gorau i Ysmygu, rhaglenni i gynyddu hyder a gwella iechyd meddwl, cânt ennill sgiliau a chymwysterau, a derbyn cymorth mewnol gan gan weithwyr ieuenctid cymwys.

Mae'r bobl ifanc a'r gweithwyr yn pryderu'n fawr am yr ansicrwydd ynghylch trefniadau cyllido Cymunedau yn Gyntaf oherwydd heb y cyllid hwn, bydd yn rhaid i Forsythia gau.

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i sicrhau bod unrhyw newidiadau a gaiff eu gwneud i raglen Cymunedau yn Gyntaf yn gwarchod Canolfan Ieuencid Forsythia rhag cael ei gau.

### **Gwybodaeth ychwanegol**

1. Mae'r bobl ifanc sydd wedi bod ynghlwm â Chanolfan Ieuencid Forsythia wedi bod yn rhan o ymgyrch i wella diogelwch yn y gymuned, gan lwyddo i gael croesfan sebra wedi'i gosod y tu allan i'r Ganolfan Ieuencid, goleuadau wedi'u gosod ar heolydd ger yr ysbyty, a chau'r hen danlwybr peryglus a oedd yn llawn o offer a ddefnyddir i gymryd cyffuriau.
2. Mae'r bobl ifanc yn mynd i ysgolion lleol ac i Goleg Merthyr Tudful i roi addysg ar roi'r gorau i ysmegu.
3. Cydweithiodd pobl ifanc Forsythia â'r Pwyllgor Iechyd a Gofal Cymdeithasol ym mhedwerydd tymor Cynulliad Cenedlaethol Cymru, gan gymryd rhan mewn cyfarfod grŵp ffocws gydag aelodau o'r Pwyllgor i drafod yr ymchwiliad newydd i Sylweddau Seicoweithredol.
4. Mae Canolfan Ieuencid Forsythia wedi ennill 18 o wobrwyon dros y 13 blynedd ddiwethaf yn lleol, yn genedlaethol ac yn rhyngwladol.
5. Mae pobl ifanc Forsythia wedi casglu 533 o lofnodion gan ddefnyddio [change.org](https://www.change.org) i hybu'r ddeiseb.

### **Etholaeth a Rhanbarth y Cynulliad**

- Merthyr Tudful a Rhymni
- Dwyrain De Cymru

Gareth Chapman CSTJ., DL., LL.M., MBA., CMgr., DipLG., CCMI., Solicitor  
Chief Executive/Prif Weithredwr



**MERTHYR TYDFIL**  
County Borough Council  
Cyngor Bwrdeistref Sirol  
**MERTHYR TUDFUL**

Civic Centre, Castle Street,  
Merthyr Tydfil, CF47 8AN

Canolfan Ddinesig, Stryd y Castell,  
Merthyr Tudful, CF47 8AN

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Fax/Ffacs: (01685) 374397

www.merthyr.gov.uk

Croesawn ohebu yn Gymraeg a fydd gohebu yn y Gymraeg ddim yn arwain at oedi.

Rhowch wybod inni beth yw'ch dewis iaith e.e Cymraeg neu'n ddwyieithog

We welcome correspondence in Welsh and corresponding with us in Welsh will not lead to a delay.

Let us know your language choice if Welsh or bilingual.

Croesawn alwadau yn y Gymraeg  
We welcome calls in Welsh

Mr David J Rowlands AM  
Petitions Committee  
National Assembly for Wales  
Cardiff Bay  
Cardiff  
CF99 1NT

Dyddiad/Date: 27<sup>th</sup> November 2017

Ein Cyf./Our Ref.: 17 11 27 (L) DR/GC  
Eich Cyf./Your Ref.:

Gofynnwch am/Please ask for: **Gareth Chapman**  
Linell Uniongyrchol/Direct Line: **(01685) 725000**  
e-bost/email: **chief.executive@merthyr.gov.uk**

Dear Mr Rowlands

## **FORSYTHIA YOUTH CLUB - 3G'S DEVELOPMENT TRUST**

Thank you for your enquiry regarding the future of the Forsythia Youth Centre in the current Communities First North Cluster of Merthyr Tydfil. My officers have been working with the community throughout the year to minimise the impact of the closure of the Communities First programme where possible. As stated in our previous correspondence, current provision at Forsythia Youth Club was scheduled to remain in place until the full closure of this Welsh Government programme, in line with the delivery plan submitted to Welsh Government.

In preparing for the Legacy fund my officers have been working closely with elected members and colleagues across the third sector, as well as engaging with the public, to identify the communities priorities. We are committed to ensuring that services which may receive financial support through the Legacy arrangements meet both localised needs as well as being in line with needs of our overall Wellbeing Assessment of the County Borough of Merthyr Tydfil.

Having undertaken this work elected members very recently (22/11/17) received a report on the future legacy options and after significant deliberation agreed a suite of proposals for the allocation of this funding. Individual organisations, which include the 3G's Development Trust, will now be engaged in order to develop service specifications, in line with the funding available. In relation to the 3G's Development trust this will include the continuation of Youth provision on the Gurnos estate 'Forsythia'.



Gareth Chapman CStJ., DL., LL.M., MBA., CMgr., DipLG., CCMI., Solicitor  
Chief Executive/Prif Weithredwr

The decisions of the Council on future funding, through the Legacy arrangements, is in the process of being formally communicated to those organisations involved in the delivery of the current Communities First programme.

It is unavoidable however that there is going to be some concerns across the communities as the funding available is extremely limited, in comparison to the previous resources available and therefore can only meet a small number of the priorities which were considered.

If we can be of any further assistance please do not hesitate to contact me.

Yours sincerely



**Gareth Chapman**  
**Chief Executive**

## Eitem 3.5

### **P-05-766 Dylid Gwneud Opsiwn Fegan yn Orfodol Mewn Ffreuturiau Cyhoeddus**

Cyflwynwyd y ddeiseb hon gan Rachel Turnbull, ar ôl casglu 118 o lofnodion ar-lein.

#### **Geiriad y ddeiseb:**

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i'w gwneud yn orfodol cynnwys opsiwn fegan ym mhob ffreutur neu wasanaeth cyhoeddus yng Nghymru lle y mae ganddi'r pŵer i wneud hynny. Mae Senedd Portiwgal wedi cymeradwyo opsiwn fegan gorfodol ym mhob ffreutur cyhoeddus (e.e. ysgolion, prifysgolion, carcharau, ysbytai) – sy'n gam enfawr ar gyfer arlwygo fegan i bawb. Mae dros 5 y cant o'r boblogaeth yn fegan, ac mae'r ganran yn cynyddu. Mae deiet fegan yn fwy iachus, mae'n arbed adnoddau ac mae'n amddiffyn y blaned ac, yn fwy na dim, nid oes creulondeb yn ei gylch. Mae'r Cenhedloedd Unedig wedi galw arnom i fwyta rhagor o fwydydd sy'n deillio o blanhigion. Mae bwydydd sy'n deillio o anifeiliaid yn gysylltiedig â chanser a chlefyd y galon.

#### **Etholaeth a Rhanbarth y Cynulliad**

- Gorllewin Casnewydd
- Canol De Cymru

### P-05-764 Gwell Gwasanaethau Iechyd Meddwl ar gyfer Oedolion

Cyflwynwyd y ddeiseb hon gan Megan Tudor, ar ôl casglu 84 o lofnodion ar-lein.

#### Geiriad y ddeiseb:

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i wella'r driniaeth a roddir i oedolion mewn gwasanaethau iechyd meddwl gan ganolbwyntio'n benodol ar wella gwasanaethau yn y gymuned, fel y Timau Iechyd Meddwl Cymunedol, adrannau damweiniau ac achosion brys, gwasanaethau i gleifion mewnol a gwasanaethau ambiwlans.

Yn rhy aml, mae'r gwasanaethau iechyd meddwl wedi siomi oedolion. Mae'n warthus meddwl bod miloedd o oedolion bob dydd yn cael eu troi o'r neilltu pan fyddant yn crefu am gymorth. Cael eich derbyn i'r ysbyty a'ch asesu'n gyflym gan seiciatrydd sy'n dweud y dylech 'wneud rhywbeth i dynnu'ch sylw oddi wrth eich problemau, a byddwch yn iawn' a chael eich anfon adref.

Rwy'n deall y bu toriadau mawr i'r gwasanaethau hyn dros yr ychydig flynyddoedd diwethaf, ond a dweud yn gwir mae'n annerbyniol. Ni ddylid rhoi pris ar iechyd meddwl rhywun. Dylid rhoi gofal o'r un lefel i iechyd meddwl ag i iechyd corfforol.

Pam mae mwy o gefnogaeth ar gyfer plant sy'n dioddef o iechyd meddwl? Mae cymorth ar gael i blant ar ôl iddynt gael eu derbyn i'r ysbyty, ond nid oes dim ar gyfer oedolion. Efallai y gwneir addewidion y byddant yn derbyn cymorth gan wasanaethau penodol, ond mae'r addewidion yn mynd i'r gwellt yn gyflym. Rwy'n ffieiddio at y straeon erchyll rwyf wedi'u clywed gan bobl yn y system. Rwyf wedi gweld dros fy hun y diffyg gofal ar gyfer oedolion sy'n dioddef o iechyd meddwl gwael. Mae angen i hyn newid ac mae angen iddo newid yn gyflym. Nid wyf yn fodlon sefyll o'r neilltu mwyach a gwylio hyn yn digwydd.

Rwyf am weld newidiadau enfawr yn y ffordd y mae cleifion sy'n oedolion yn cael triniaeth a chymorth. Dylai pob gwasanaeth gydlyn â'i gilydd i ddarparu'r gofal gorau posibl. Ar hyn o bryd mae'r trefniadau cyfathrebu rhwng gwasanaethau yn ddiffygiol, gan adael y claf heb gefnogaeth. Os oes angen gwasanaethau brys ar gleifion, mae angen i rywfaint o gymorth dilynol fod ar gael pan fyddant yn dychwelyd adref. Mae'r rhan fwyaf o'r gwasanaethau ar agor rhwng 9am a 5pm, ond nid yw iechyd meddwl yn diflannu am 5pm ac mae angen mwy o gymorth hygyrch ar ôl yr oriau arferol. Rwyf am weld mwy o ofal gan staff hefyd. Efallai eu bod wedi cael yr

hyfforddiant sy'n ofynnol ar gyfer eu swydd ond nid oes empathi a pharch i'w gweld yn unman. Mae'n bryd i bethau newid.

### **Gwybodaeth ychwanegol:**

lawn, beth am sgwrsio.

Gall iechyd meddwl fod yn dipyn o bwnc tabŵ o hyd, ond arhoswch gyda mi am funud. Rwyf am i chi ddychmygu teimlo'n hollol ar goll, yn wag ac heb reswm i fyw. Rydych am i'r boen ddod i ben felly rydych chi'n cymryd cam anoddaf eich bywyd; rydych yn gofyn am help. Yr unig beth rydych chi ei eisiau yw i rywun gydnabod pa mor ddrwg yw eich poen a gwneud iddo ddiflannu.

Mae'r meddygon / parafeddygon / heddlu / seiciatrydd yn dweud wrthy ch nad yw'n 'ddim byd i boeni amdano, rhaid eich bod chi'n cael diwrnod gwael ac mae hynny'n beth arferol'. Y gwir yw ei fod yn fwy na dim ond diwrnod gwael, rydych chi wedi methu â dianc o'r lle tywyll hwn ers llawer mwy na hynny. Nid ydynt yn gwrando, rydych chi'n mynd adref ac er nad oeddech yn meddwl ei bod yn bosibl, rydych chi'n teimlo'n waeth nag oeddech cyn gofyn am help.

**NID DYMA SUT DYLAI PETHAU FOD!** Dylai'r cymorth a'r gefnogaeth fod ar gael yn rhwydd i'r rhai sydd eu hangen, ond nid felly y mae hi a dyna beth y mae angen ei newid. Os bydd y ddeiseb hon yn gweithio, gallai achub miloedd o fywydau bob dydd. Dangoswch eich cefnogaeth trwy lofnodi'r ddeiseb hon a'i rhannu. Mae'n rhaid i bethau newid.

### **Etholaeth a Rhanbarth y Cynulliad**

- Sir Drefaldwyn
- Canolbarth a Gorllewin Cymru

### **P-05-784 Dibyniaeth ar gyffuriau presgripsiwn ac effeithiau diddyfnu – adnabyddiaeth a chefnogaeth**

Cyflwynwyd y ddeiseb hon gan Stevie Lewis, ar ôl casglu 213 o lofnodion ar-lein.

#### **Geiriad y ddeiseb:**

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i gymryd camau i adnabod yn briodol a chefnogi'n effeithiol yr unigolion hynny yr effeithir arnynt ac a niweidir gan ddibyniaeth ar gyffuriau presgripsiwn a'r adwaith wrth diddyfnu oddi wrthynt.

Sefydlwyd y ddeiseb hon i godi ymwybyddiaeth o sefyllfa unigolion yng Nghymru yr effeithir arnynt gan ddibyniaeth ar gyffuriau gwrth-iselder a bensodiasepinau ar bresgripsiwn a'r adwaith wrth geisio diddyfnu oddi wrthynt. Yn benodol gofynnwn i Lywodraeth Cymru gefnogi galwad Cymdeithas Feddygol Prydain ledled y DU am gamau i ddarparu cymorth amserol a phriodol ar gyfer unigolion yr effeithir arnynt.

Mae'r term "dibyniaeth ar gyffuriau presgripsiwn" yn cyfeirio'n benodol at y sefyllfa lle mae cleifion, ar ôl cymryd eu meddyginiaeth gwrth-iselder neu bensodiasepin yn union fel a ragnodwyd gan eu meddyg, yn gweld na allant roi'r gorau oherwydd yr effeithiau diddyfnu difrifol. Mae'n bwysig nodi yma bod caethiwed a dibyniaeth yn gysylltiedig â'i gilydd, ond yn faterion gwahanol. Mae defnyddio'r term 'bod yn gaeth' yn awgrymu bod yr unigolyn yn ymddwyn mewn ffordd benodol er mwyn ceisio pleser. Mae adroddiadau am ddibyniaeth ar gyffuriau presgripsiwn yn y cyfryngau yn parhau i gyfeirio at "camddefnyddio" a "bod yn gaeth" fel pe bai'r claf yn gyfrifol mewn rhyw ffordd am ei niwed ei hun. Mae hyn ymhell o'r gwir. Ni cheir unrhyw bleser o gwbl o sylweddoli eich bod yn dioddef amrywiaeth eang o symptomau corfforol ac emosiynol wrth geisio rhoi'r gorau i'ch meddyginiaeth gwrth-iselder neu cymryd llai ohoni. Mewn rhai achosion, gall y symptomau gyfyngu ar fywyd pobl ac, yn drasig, gallant fod yn angheuol hyd yn oed. Mae ar gleifion angen cydnabyddiaeth ffurfiol, cymorth ac arweiniad i'w helpu drwy eu taith o roi'r gorau i'r feddyginiaeth ac nid yw hynny'n bodoli ar hyn o bryd.

#### **Gwybodaeth ychwanegol:**

Yn ddiweddar, mae Cymdeithas Feddygol Prydain wedi tynnu sylw at broblem dibyniaeth ar gyffuriau presgripsiwn. Ym mis Mai 2017 ysgrifennodd: "Prescribing of psychoactive drugs is a major clinical activity and a key therapeutic tool for influencing the health of patients. But often their use can lead to a patient becoming dependent or suffering withdrawal symptoms. In the absence of robust data, we do not know the true scale and extent of the problem across the UK. However, the evidence and insight presented to us by many charity and support groups shows that it is substantial. It shows us that the 'lived experience' of patients using these medications is too often associated with devastating health and social harms. This represents a significant public health issue, one that is central to doctors' clinical role, and one that the medical profession has a clear responsibility to help address." Oherwydd nad yw sgil effeithiau, effeithiau goddefiad ac effeithiau diddyfnu'r meddyginiaethau hyn yn cael eu hadnabod yn feddygol am yr hyn ydynt, pan fydd cleifion yn datblygu'r effeithiau/symptomau cysylltiedig hyn maent yn aml yn cael presgripsiwn ar gyfer meddyginiaethau eraill ac yna mae'r gymysgedd o nifer o feddyginiaethau yn cymhlethu'r problemau ymhellach.

Mae cleifion yr effeithir arnynt yn eu cael eu hunain â diagnosis amwys, e.e.'symptomau heb esboniad meddygol' neu 'anhwylderau'r system anorganaid / corfforol'. Yn y bôn, diagnosis seiciatrïg yw pob un o'r rhain, yn priodoli amrywiol symptomau corfforol sy'n gwanychu a llesgáu'r claf i'w bryder a'i gredoau ac ati ei hun. Effaith hyn yw diystyru, diraddio a digalonni rhagor ar y cleifion hyn. Os na ellir cydnabod bod modd i gleifion ddiodef niwed a chamweithrediad anorganaid parhaus ar y system nerfol o ganlyniad i gymryd meddyginiaethau 'yn unol â'r presgripsiwn' (weithiau dros lawer o flynyddoedd), bydd dysg a gwelliant meddygol systemig yn cael eu llesteirio a bydd cleifion yn parhau i gael eu niweidio ymhellach. Yn y cyfamser ni sylweddolir o hyd faint y risgiau wrth roi'r presgripsiwn cychwynnol, ac mae'r canllawiau camarweiniol a'r cyngor 'arfer gorau' ar gyfer rhoi meddyginiaethau o'r fath ar bresgripsiwn yn parhau yr un fath.

### **Etholaeth a Rhanbarth y Cynulliad**

- Mynwy
- Dwyrain De Cymru

Vaughan Gething AC/AM  
Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau  
Cymdeithasol  
Cabinet Secretary for Health and Social Services



Llywodraeth Cymru  
Welsh Government

Our ref VG/05382/17

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4 January 2018

Dear David,

Thank you for your letter of 12 December on behalf of the Petitions Committee concerning Petition P-05-784: Prescription drug dependence and withdrawal - recognition and support. I shall respond to the specific points you have highlighted.

- **whether antidepressants should be added to the list of drugs targeted for reduction by the All Wales Medicines Strategy Group;**

As you are aware there are clear guidelines in place from the National Institute for Health and Care Excellence (NICE) for the prescribing of antidepressant drugs and the treatment of depression. Comprehensive guidance on the prescribing and monitoring of hypnotics and anxiolytics, including benzodiazepines were published by the All Wales Medicines Strategy Group in 2011 and updated in 2016. This includes guidance on prescribing and reduction/tapering over time.

Clinicians are required to follow these guidelines and use their clinical judgement in determining what course of treatment to prescribe to their patients, based on their patients' individual needs and medical history. The options for treatment include psychosocial interventions in addition to or as an alternative to prescribed medication.

Depression can be linked to the presence of chronic physical illness as well as deprivation; in some areas of Wales there is a high burden of such problems. Also, debt can lead to increased levels of stress and anxiety, to physical and mental health problems such as depression, low self esteem and relationship breakdown and even to loss of employment, which can lead to increased levels of mental ill health. Prescribing antidepressants is one aspect of helping patients manage their condition and reducing access to these medicines by requiring fewer prescriptions to be issued could be too simplistic an approach.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Nevertheless, my officials will investigate the scope and need for any further guidance over and above that already published by NICE and the degree to which a national prescribing indicator might support clinical decision-making.

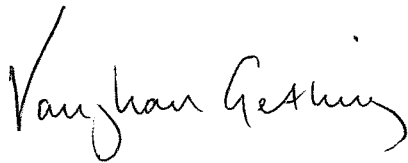
- **whether patients across Wales should have access to a Prescribed Medication Support Service.**

Tackling dependence on prescription only medicines and over the counter medicines is a priority for this government. Our Substance Misuse Delivery Plan 2016-18 contains a number of specific actions in this regard. This includes targeted prevention and awareness raising campaigns and the development of a specific Substance Misuse Treatment Framework (SMTF) focusing specifically on prescription only medicines and over the counter medicines. This guidance, expected to be published in March 2018 will assist our seven Substance Misuse Area Planning Boards (APBs) to commission and deliver treatment services to support those who are dependent on a range of drugs, based on the identified need in their areas.

You may also wish to be aware that help and support is available through DAN247, a free and bilingual telephone drugs helpline providing a single point of contact for anyone in Wales wanting further information or help relating to drugs (including prescription drugs) or alcohol and provides information on services available in their local areas. Individuals can access it on 0808 808 2234 or by visiting [www.dan247.org](http://www.dan247.org).

Thank you again for writing to me on this matter. I hope my response is helpful.

Yours sincerely,



**Vaughan Gething AC/AM**

Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau Cymdeithasol  
Cabinet Secretary for Health and Social Services



**Second submission in response to the letter from the Cabinet Secretary for Health and Social Services dated 04 January 2018**

**TO EFFECTIVELY SUPPORT PATIENTS WITH PRESCRIBED DRUG DEPENDENCE**

I am going to address the points in reverse order, and focus first on addressing the subject of appropriate help for those who have already been harmed by prescribed drug dependence (PDD). Mr Gething has not answered your question. You may have noticed that his letter is broadly a rehash of what the previous Minister, Rebecca Evans said. I don't see what more I can do in addition to my previous submission other than stand on the rooftops with a megaphone and shout: "We have not misused. You are neither recognising what has happened to us nor supporting our recovery."

In support of my frustration I would urge you to scan through the document to which Mr Gething refers (Substance Misuse and Delivery Plan 2016–18)<sup>1</sup> and see where you think policy statements are made regarding plans to help those whose health has been damaged from taking prescription drug medication in line with their doctor's advice. It is a document about misuse.

To repeat myself from my last submission, I recognise that it suits the Welsh Assembly government to chunk this issue up into an overall heading of "Substance Misuse", but I will say again that it is damaging and inhuman to do so and hides a truth that I believe people need to be aware of. The word "stigmatising" is bandied liberally around the subject of mental health but I am inclined to use that word here. Forcing patients who have been harmed by drugs that they took under their doctor's advice under the umbrella of "substance misuse" is stigmatising and branding them inaccurately and unjustly, and will continue to result in patients not getting the help they need. It is only right and proper that PDD is openly acknowledged, appropriately resourced and supported, and there is already a team in place in North Wales that can provide a template of care. That template of care differs from the service provided for street drug misuse or POM/OTC misuse. I am requesting the setting up of a separate arm to achieve that aim Wales-wide, funded from the "almost £50 million annually" available as stated by Ms Evans in November 2017.

**TO APPROPRIATELY RECOGNISE PRESCRIPTION DRUG DEPENDENCE**

I am pleased to read that the Cabinet Secretary for H&SS will ask his officials to investigate the scope and need for further guidance over and above that already in existence for antidepressants.

This may mean that the Committee considers their work to be done in the case of this aspect of my petition. I would like to take the opportunity to urge you to continue to press Mr Gething to agree to treat antidepressants, especially SSRIs and SNRIs, with the same caution as is currently applied to hypnotics and anxiolytics. It is extremely likely that members of the Committee will know someone in their family or amongst their friends who takes an antidepressant. It is their health and care we are talking about here too.

To quote from Johann Hari's book: *The Lost Connections: Uncovering the Real Causes of Depression – and the Unexpected Solutions* Bloomsbury (2018)<sup>2</sup>

*“To me, this seems like the most crucial piece of evidence about antidepressants of all: most people on these drugs, after an initial kick, remain depressed or fully depressed again. Only one in three of the people who stayed on the pills had a lasting, proper recovery from their depression. (And even that exaggerates the effect— since we don't know how many of those people would have recovered naturally without the pills.)”*

From *The Emperor's New Drugs: Exploding the Antidepressant Myth* by Irving Kirsch Random House (2009)<sup>3</sup>

*“Formerly depressed patients are far more likely to relapse and become depressed again after treatment with antidepressants than they are after psychotherapy. As a result, psychotherapy is significantly more effective than medication when measured some time after treatment has ended, and the more time that has passed since the end of treatment, the larger the difference between drugs and psychotherapy. This long-term advantage of psychotherapy over medication is independent of the severity of the depression. Psychotherapy outperforms antidepressants for severely depressed patients as much as it does for those who are mildly or moderately depressed.”*

Mr Gething states a reduction in prescribing of antidepressants is a simplistic approach. I would maintain that actually it is extremely difficult and divisive, which is why there are so many of us campaigning to bring this issue to the attention of our various governments. If it were simple, I wouldn't have had to raise a petition and be using this democratic means of getting my voice heard on behalf of the people who have been harmed by antidepressants. Here are some of the reasons why the treatment of people for depression with antidepressants, particularly SSRIs and SNRIs, is a difficult subject to address and why there will inevitably be resistance to the request for a targeted reduction in prescribing.

Firstly, because politicians are being advised by members of the medical profession who consistently sell the benefits of these drugs and downplay the risks. They lend their ears

to professors with medical degrees and strings of letters after their names who are compelling in their insistence of the drugs' safety and efficacy, and that withdrawal (or "discontinuation", the euphemism of choice) is short term. The evidence they turn to is provided by the pharmaceutical companies who hide clinical trials showing harm and provide ghost-written articles, provided by their marketing departments, to medical journals promoting their benefits. This system is described at length by Dr David Healy in his book *Pharmageddon*<sup>4</sup>. This is the system in place that regularly and persistently drowns out the voices of people who have found themselves physically dependent on antidepressants and unable to withdraw, or find themselves in the hell of withdrawal. I fear that any expert brought in to speak to you in support of the safety and efficacy of these drugs will undoubtedly convince you, and yet again we will be ignored. We fervently hope that via our petitions, this one and the sister petition raised in Scotland, which I will come on to later, you will take us seriously and help us bring about the change that we feel is needed.

We are forced to ask – since when does "science" and "evidence" trump people's experience to the point where we are disbelieved and ignored, and what is the Welsh government going to do to help us? This is not a black or white issue. Yes, of course there are people who say they have been helped by antidepressants. Yet surely it is entirely appropriate for us to ask for specific help for those who say they have been hurt by them, and insist on a means to be put in place to reduce the number of people being hurt in the future.

Secondly this subject is difficult and divisive because the rationale for the use of antidepressants is based on shaky evidence and the medical profession does not want to openly acknowledge this. When challenged the medical profession says that antidepressants are prescribed in the growing numbers that they are because the benefits outweigh the risks. Medicines are licenced for use in the UK by the Medicines and Healthcare Products Regulatory Agency (MHRA). The MHRA licences a drug based on the scientifically proven benefits. When pressed by author, researcher and campaigner Bob Fiddaman for a list of the benefits of fluoxetine (Prozac), on November 24<sup>th</sup> 2016, the MHRA stated in their reply to him: "*.....benefits are considered to be the therapeutic effects of the product to improve the medical conditions for which a product licence has been granted..... In the case of fluoxetine, it raises the level of the neurotransmitter, serotonin, in the brain which can improve symptoms of depression*"<sup>5</sup>

The MHRA has a Yellow Card System where doctors can report adverse effects – the risks associated with each drug. The Yellow Card system has a list of 27 "Disorders" reported for the SSRI fluoxetine (Prozac)<sup>6</sup>, including Cardiac, Ear and Labyrinth, Endocrine, Eye, Gastrointestinal, General, Metabolism and Nutritional, Musculoskeletal and Connective Tissue, Nervous system, Psychiatric, Skin, Vascular. The list for paroxetine, marketed as

Seroxat, the drug I took, is similar. Most of the people who experience adverse effects and withdrawal on SSRIs will have one, usually more, of those listed. I had 7 of the list above in withdrawal and still have 3 post withdrawal. These are the risks when taking an antidepressant. The only benefit the MHRA can cite is: “... *it raises the level of the neurotransmitter, serotonin, in the brain which can improve symptoms of depression*”.

The Yellow Card system for antidepressants is vastly underused because when a patient reduces or stops their antidepressant, the ensuing symptoms are diagnosed by the GP as being a relapse of their illness rather than a reportable adverse or withdrawal effect. The only way that the medical profession can “know” that antidepressants work is based on some of their patients telling them, in their opinion, they feel better. So why is it, then, when their patients tell them they feel worse, that opinion is not equally ascribed to the drug? Why is the diagnosis relapse not withdrawal?

*“We also have to ask do antidepressants worsen outcomes for patients? A 2011 meta-analysis by McMaster University in Canada discovered: “Patients who use antidepressants are much more likely to suffer relapse of major depression than those who use no medication at all.” How many of these patients have been misdiagnosed and may in actual fact be suffering not from relapse but withdrawal? ”*

From the 1970’s until recently, patients were told that their depression/anxiety is due to a chemical imbalance in the brain which is corrected by the antidepressant. This is the basis on which I was prescribed Seroxat in 1996 for intermittent insomnia and PMT. There is no scientific evidence to date to prove this. Today the explanation from the Royal College of Psychiatrists is that depression/anxiety is due to inflammation in the brain which is corrected by the same drugs. To date there is no scientific evidence to prove this. Should this theory be proved, logic dictates that anti-inflammatory drugs are likely to be the correcting drug of choice, not neuro-toxins which change the way neurotransmitters are used in the brain. Anti-inflammatories have strong scientific evidence to prove their efficacy.

If 64 million prescriptions for diabetics had been written in 2016 based on no sound scientific evidence and with the side and adverse effects listed above, there would be a public outcry.

Finally, this subject is difficult and divisive because GPs have nothing else in their armoury to offer due to the lack of readily available alternative therapies and the last thing they want to admit openly is the only thing they have to offer causes some people harm. Experts Dr David Healy, Dr Terry Lynch and Dr Noel Thomas have written to you directly to express their concerns. I’ll leave the last word to Professor John Read:

*“Our survey of 1800 antidepressant users, the largest ever, found that one in four were addicted and 55% experienced withdrawal symptoms when trying to stop or reduce. Meanwhile the drug companies and Royal College of Psychiatry insists they are not addictive. This is a repeat of the years of denial that benzodiazepines are addictive. And antidepressants are no more effective than placebo for about 90% of people.”<sup>8</sup>*

## **THE SCOTTISH CAMPAIGN**

I wish to bring to the attention of the Committee that there is a sister petition to this in Scotland which has been running since May 2017. The harm done to the people of Scotland by PDD is the same as to the people of Wales. In Wales we are in a better position because we already have in place the targeted reduction of anxiolytics (benzos) and hypnotics (Z drugs/sleeping pills). Also we already have a small, geographically limited Prescribed Medication Support Service as described at length in my last submission.

It would be inspiring if the two Petitions Committees were prepared to collaborate on this issue and even more inspiring if the two Governments would collaborate and cooperate in providing the recognition and help we are seeking. The BMA and All Party Parliamentary Committee for PDD are waiting to hear from you!

The Scottish petition differs from the Welsh one in as much as they have already invited and received many submissions from people with lived experience of PDD. Some of their stories are heart-rending. Every word written applies to Wales as to Scotland. It is a problem which is no respecter of borders. These submissions are publicly available here:

<http://www.parliament.scot/GettingInvolved/Petitions/PE01651>

I hope you will also decide to allow others with lived experience to share their stories so you can learn more about the depth of the problem and the suffering PDD brings. (At the last minute I have received a submission on his ongoing experiences of PDD from James Moore which I would like to include today).

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23<sup>rd</sup> December 2017

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**Re: Petition: Prescribed Drug Dependence and Withdrawal:**

I have been a practicing physician in Ireland for the past thirty-five years, fully registered with the Irish Medical Council. I am also a fully accredited psychotherapist. Having worked as a GP for over ten years, for the past seventeen years I have provided a recovery-oriented mental health service, attended by people from all over Ireland and beyond, including the UK. I am also a best-selling mental health author, and mental health educator. For nine years (2003-12) I was appointed by the Irish government to a series of national expert mental health groups, including the Expert Group on Mental Health Policy (2003-06) that formulated *A Vision for Change*, Ireland's official mental health policy document.

**This petition has my full support.** It is a responsibility of the medical profession to identify and publicly herald matters relating to public health, a duty generally executed well, with one notable exception – when the perceived welfare of the medical profession itself might be best served by either not noticing such an issue or remaining relatively silent about it. Prescribed drug dependence and withdrawal is one such issue. It is most regrettable that the medical profession has not only not taken the lead in this important matter, but has persistently resisted adequate public recognition of the extent and seriousness of the problem of prescribed drug dependence, including benzodiazepines and SSRIs.

**A long-standing systemic denial and failure.** The medical profession has consistently denied/minimised the extent of prescribed drug dependence. In 1998, the then head of Social Audit UK Charles Medawar wrote: “Over the past 200 years, doctors have prescribed an almost uninterrupted succession of addictive drugs, always in the belief that they would not cause dependence or that patients would be mainly responsible if they did. From alcohol and opium to barbiturates and benzodiazepine tranquillisers, all of these drugs have been prescribed as sedatives for mental distress.”<sup>1</sup>

The title of Medawar's article – “Antidepressants: Hooked on the Happy Drug” indicated his major concern regarding SSRI antidepressants and addiction/dependence – twenty years ago. In his 1992 book *Power and Dependence: Social Audit on the Safety of Medicines*, Charles Medawar wrote: “The evidence suggests that the providers of medicine keep making the same mistakes, mainly because they have been allowed to deny how badly things have gone wrong. Virtually every anti-anxiety drug and sleeping pill ever prescribed has proved to be a drug of dependence - yet each one has been prescribed, often for many years, as if the risk did not exist. This pattern of error has been established over the past 100 years or more, and continues to this day.”<sup>2</sup>

Alcohol, morphine, heroin, amphetamines, barbiturates, the benzodiazepines and the SSRI antidepressants were each, in their day, introduced as wonderful, non-addictive, non-dependency-creating treatments. The addictiveness of each of these drugs went unnoticed and/or vehemently denied by the medical profession for decades after they were introduced. Regarding each of these drugs, the medical profession has been painfully slow to accept their drug dependency-creating potential. The

push to have them recognised as addictive/dependency-creating in each case came not from within the medical profession, but from the public – as is happening here, in relation to this petition.

Throughout the decades, people had great difficulty convincing the medical profession that these drugs were addictive/dependency forming. In my 2001 best-selling book *Beyond Prozac*, flagging drug dependency problems with SSRI antidepressants I had repeatedly observed, I wrote: “Throughout history, millions of drug addicts have been created by the ‘best’ modern medical treatments of the day. Therefore, when doctors say that antidepressant drugs are not addictive, remember that they said precisely the same thing about a long list of addictive ‘treatments’. Based on the experiences of patients taking SSRI antidepressants, for many years I have believed that these drugs are addictive. Contrary to what you hear from psychiatrists and GPs, there is evidence suggesting that the newer antidepressants such as Prozac, Seroxat, Effexor and others may well be addictive. These drugs give an energy buzz, often making people feel better. But so did amphetamines and barbiturates, which were subsequently — many years and millions of patients later — found to be a very addictive group of drugs. I know many people who have had great difficulty coming off these newer antidepressant drugs.”<sup>3</sup>

In a 2001 article in the *Independent* entitled “World Health watchdog warns of addiction risk for Prozac users”, Professor Ralph Edwards (of the World Health Organisation’s unit monitoring drug adverse effects) expressed considerable concern that, with regard to the SSRI antidepressants, “the issue of dependence and withdrawal has become much more serious”.<sup>4</sup>

**Raising the addiction/drug dependence bar – the medical profession’s response to the benzodiazepine debacle:** The public – and the politicians who serve the public – might reasonably expect that the medical profession would have responded to the international benzodiazepine debacle – of addiction/dependence denial and failure to protect the public they serve – by increasing their awareness and vigilance in relation to prescribed drug dependence. The opposite was the case.

Produced in the wake of the benzodiazepine debacle, the SSRI antidepressants were not even tested for their addictive/drug dependency potential prior to being licensed for public consumption. Yet drug companies, psychiatrists and GPs alike felt it appropriate to unequivocally assure the public that these new substances were definitely not addictive or dependence-producing. UK psychiatrist David Healy, Professor of Psychiatry, Bangor University, Wales – a former secretary of the British Association for Psychopharmacology – has subsequently identified evidence of drug withdrawal problems within the original SSRI antidepressant drug trials.<sup>5</sup>

In 1980, the then current edition of the *DSM* (the *DSM-III*) – often referred to as the psychiatrist’s bible, which sets standards of psychiatric understanding and practice internationally – defined drug dependence as the presence of *either* tolerance (needing more of the drug to get the same effect) *or* withdrawal symptoms. Consistent with this definition of drug dependence, in 1990, according to the American Psychiatric Association, “The presence of a predictable abstinence syndrome following abrupt discontinuance of benzodiazepines is evidence of the development of physiological dependence”.<sup>6</sup>

In a subsequent edition, the *DSM-IV* (1994), the American Psychiatric Association changed the definition of drug dependence, making it *more* difficult to define drugs as addictive/dependency-creating. They now defined drug dependence as the presence of *both* tolerance and withdrawal. Rather than become *more* alert to the important issue of dependence to prescribed drugs as one might expect a responsible profession to do, the American Psychiatric Association both moved the goalposts and heightened the bar. As Charles Medawar subsequently commented, ‘This definition would exclude all but the most exceptional cases of dependence on benzodiazepines’.<sup>7</sup> This definition also results in the gross under-recognition of drug dependence problems with SSRI antidepressants.

The World Health Organisation’s view of drug dependence has contrasted with that of the American Psychiatric Association. According to the World Health Organisation, “When the person needs to take repeated doses of the drug to avoid bad feelings caused by withdrawal reactions, the person is dependent on the drug”.<sup>8</sup> Regrettably, this common-sense definition of drug dependence has been largely ignored by the medical profession.

**The current extent of the problem of prescribed drug dependency:** The two main drug groups of concern are the benzodiazepine tranquillisers and the SSRI antidepressants. Despite clear guidelines for over two decades that benzodiazepines should only be prescribed for one month or less due to drug dependence risk, an estimated one million UK residents are prescribed long-term benzodiazepines.<sup>9</sup> The medical profession and pharmaceutical manufacturers have persistently and



wrongly assured the public that SSRI antidepressants do not cause drug dependency. To protect themselves and their non-dependency claims, the medical profession has long insisted on the use of the term “discontinuation” symptoms rather than “withdrawal” symptoms, thus airbrushing the dirty words, “drug withdrawal” out of the discourse, and consequently, out of public awareness.

For two decades, it has been clear to me as a practicing physician that SSRIs commonly cause withdrawal problems. Traditionally, medical practitioners have mistaken SSRI drug withdrawal problems as recurrence of depression. Based on published research, Scottish GP Des Spence – who has repeatedly expressed many valid concerns about SSRIs – has written: “And when patients try to stop, half of them experience withdrawal with agitation, insomnia, and mood swings which many construe as a return of their low mood. Patients struggle to stop medication due to these physical and psychological withdrawal symptoms, so isn’t this a type of dependence? Anecdotally, patients elect to continue antidepressants, and remain stuck in a loop for years. And how safe are antidepressants when taken for decades? Why is there no systemic attempt to review long-term antidepressant prescribing?”<sup>10</sup> Given the relentless rise in UK antidepressant prescribing rates year on year – a staggering 64.7 million antidepressant prescriptions in England alone in 2016<sup>11</sup> – the Petitions Committee might take note of Dr. Des Spence’s last sentence above.

**Prescribed drug dependence – a UK “public health disaster”.** Prescribed drug dependence was correctly described in the title of a 2016 *New Scientist* article as a UK “public health disaster”.<sup>12</sup>

**The medical profession’s minimising of prescribed drug dependence; out of self-interest rather than the public interest.** It is profoundly embarrassing to medical doctors that substances they enthusiastically prescribe – with assurances of non-dependency – not uncommonly cause drug dependency and withdrawal problems. At a human level, one can understand the medical profession’s reluctance to admit to themselves and the public that substances they prescribe could cause quite widespread drug dependence. This is now particularly the case regarding SSRI antidepressants, heralded as harmless wonder-drugs since their launch in the 1980s, the flagship of the medical profession’s current psychiatric armoury. At a professional and public health level however, such widespread medical denial and minimisation of these problems are clearly unacceptable.

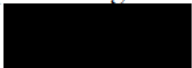
Because of the failure of the health system to recognise their prescribed drug dependency problem and provide anything approaching adequate support, thousands of people in the UK have turned to lay-created support groups. Over the years I have been contacted by many people in the UK, desperately seeking expert help and support in their efforts to come off prescribed benzodiazepines and SSRI antidepressants. I have been repeatedly struck by the lack of knowledge within the medical profession of how best to work with people seeking to withdraw from these substances. Protocols exist regarding withdrawal from benzodiazepines and SSRIs.<sup>13 14</sup> It appears that the majority of doctors do not adhere to the advice provided within these protocols. Many people who wish to come off these substances justifiably feel alone and unsupported in their efforts to do so. Many people have told me of their doctor’s unwillingness to engage seriously with them in a process of systematic drug withdrawal.

I respectfully caution your committee against acceptance of statements that might originate from medical sources that claim that prescribed drug dependence is not a significant public health issue, or that the medical profession has a handle on the problem. Neither is correct.

As the prescribers of these substances, the medical profession has “skin in the game” – the reputation of elements of the medical profession is at stake here. Therefore, their objectivity – conscious or otherwise – in such matters should not be assumed as a given.

Given the scale of the problem, in the public interest, there is an urgent need for (a) the extent of prescribed drug dependence – currently grossly underestimated and unaddressed – to be publicly identified and recognised; (b) the setting up of designated prescribed drug withdrawal centres, sufficient to meet the need. To my knowledge, there are few if any such drug withdrawal centres in the UK, a situation that is wholly inappropriate given the considerable public need.

On the whole, with a few exceptions, the medical profession – my profession – has for over half a century behaved dishonourably and irresponsibly in relation to prescribed drug dependence, prioritising self-interest over the public interest. This situation should not be allowed to continue.

  
Dr. Terry Lynch.

Keynote speaker, Samaritans Annual National Conference (Ireland), 21<sup>st</sup> March 2015.

Member, Expert Group on Mental Health Policy (*A Vision for Change*) 2003-6.  
Member, Independent Monitoring Group for *A Vision for Change* 2006-09.  
Member, Independent Monitoring Group for *A Vision for Change* 2009-12.  
Member, HSE Expert Advisory Group on Mental Health 2006-8.

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<sup>1</sup> Charles Medawar, “Antidepressants: Hooked on the Happy Drug”, in *What Doctors Don’t Tell You* magazine, February 1998.

<sup>2</sup> Charles Medawar, *Power and Dependence: Social Audit on the Safety of Medicines*, 1992, Social Audit Ltd.

<sup>3</sup> Terry Lynch, *Beyond Prozac*, Dublin: Marino, 2001.

<sup>4</sup> “World Health watchdog warn of addiction risk for Prozac users”, *Independent*, 29 April 2001.

[http://www.nzherald.co.nz/world/news/article.cfm?c\\_id=2&objectid=185657](http://www.nzherald.co.nz/world/news/article.cfm?c_id=2&objectid=185657)

<sup>5</sup> Professor David Healy, *Mental Health Today*, April 2002.

<sup>6</sup> American Psychiatric Association Task Force on Benzodiazepine Dependency. Benzodiazepine Dependence, Toxicity, and Abuse. Washington DC: APA, 1990.

<sup>7</sup> “Where the goalposts of dependence used to be”, Charles Medawar, Social Audit UK.

<https://www.socialaudit.org.uk/350goalp.htm>

<sup>8</sup> World Health Organisation (1998), “Selective Serotonin re-uptake inhibitors and withdrawal reactions”, *WHO Drug Information*, 12, 3: 136-8.

<sup>9</sup> “Benzodiazepines revisited”, *British Journal of Medical Practitioners*, 2012

<http://www.bjmp.org/content/benzodiazepines-revisited>

<sup>10</sup> “Bad medicine: The rise and rise of antidepressants”, Dr. Des Spence, *British Journal of General Practice*, Br J Gen Pract 2016; 66 (652): 573.

[http://bjgp.org/content/66/652/573?utm\\_source=TrendMD&utm\\_medium=cpc&utm\\_campaign=Br J Gen Pra ct TrendMD 1#ref-10](http://bjgp.org/content/66/652/573?utm_source=TrendMD&utm_medium=cpc&utm_campaign=Br_J_Gen_Pra ct_TrendMD_1#ref-10)

<sup>11</sup> <https://www.theguardian.com/society/2017/jun/29/nhs-prescribed-record-number-of-antidepressants-last-year>

<sup>12</sup> “Addiction to prescription drugs is UK ‘public health disaster’”, *New Scientist*, 24 October 2016.

<https://www.newscientist.com/article/2110089-addiction-to-prescription-drugs-is-uk-public-health-disaster/>

<sup>13</sup> Benzodiazepine withdrawal protocol: <https://www.benzo.org.uk/manual/bzcha02.htm>

<sup>14</sup> SSRI antidepressants withdrawal protocol: <https://www.benzo.org.uk/healy.htm>

Noel Thomas MA MB ChB DCH DRCOG DTM&H MFHom

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED] 9.1.2018

David John Rowlands AM  
Chair – Petitions Committee  
National Assembly for Wales  
Cardiff Bay  
CF99 1NA

Dear Mr Rowlands

re Prescription drug dependence and withdrawal - recognition and support.

I write to express my support for this petition, which I have already signed.

It will soon be fifty years since my medical graduation. Social Psychiatry and Therapeutic Communities were making huge differences to the way that psychiatric patients were treated at that time, and it was my very good fortune to work with Dr David Clark at Fulbourn Hospital, and Dr Maxwell Jones, at Dingleton Hospital. The concern shown by both men to avoid medication as much as possible, while understanding and optimising a person's milieu had a lasting effect on my approach to mental health.

For more than three decades after my return to join my father in general practice in Maesteg, in 1972, I worked with my partners in practice in an industrial valley, with high morbidity rates, high consultation rates, but without an appointment system. Our prescribing costs and use of anxiolytics and antidepressants were well below the average for Wales. Our practice population was very stable, we declined the very many people who wished to join the practice.

We tried to give people with complex problems more time, rather than more medication.

Since retirement from full time NHS work in 2005, I have continued to work as a part time GP locum.

I undertook Tropical Medicine training before retiring, and have worked, annually, for extended periods, in six developing countries.

I have had extensive experience in homeopathic practice, within the NHS, for 30 years.

My wife and I have provided a free weekly homeopathic clinic for asylum seekers, in Swansea, for five years.

I provide a weekly homeopathic session for Sandville Court self-care centre, near Porthcawl.

I see children who are referred with behaviour problems, ASD, ADHD etc.

I do no private practice, non-NHS patients may donate to African charities.

Because of the great variety of people who consult me, from many different backgrounds and practices, I have an insight into the prescribing habits of doctors over a wide area.

Many of the asylum seekers we see have been put on psychotropics when living temporarily in England.



[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

David John Rowlands AM  
Chair - Petitions Committee  
National Assembly for Wales  
Cardiff Bay  
CF99 1NA

17 January 2018

Dear David

**Petition: Prescription drug dependence and withdrawal - recognition and support (number 1235)**

My name is James Moore, I live in Monmouthshire and I am writing in support of the e-Petition: Prescription drug dependence and withdrawal - recognition and support.

I am currently in the midst of an extremely unpleasant and distressing attempt to withdraw from antidepressant drugs. I am one of the many people who experience profound and debilitating effects when they stop taking their psychotropic medications after a prolonged period of use (up to 63% of those taking antidepressants according to the Royal College of Psychiatrists). In a recent trial undertaken in the Netherlands, only 6% of long term users who wished to stop their antidepressant drugs were able to do so. Unfortunately, in my experience, medical knowledge of this and the experience required to support someone who is struggling is extremely difficult to find. In my case, the severity of withdrawal has cost me my career after 20 years in the UK Civil Service. I am now unemployed and barely able to function at all, I am a burden to my family and to society, all because of taking a psychiatric drug that I was told would 'help me'.

There are many problems inherent in the liberal prescribing of psychiatric prescription drugs but they can be summarised as:

- Doctors often do not tell patients when they start psychiatric drugs that there may be issues with dependence and withdrawal at the end of treatment.
- Doctors seem quite content to leave patients on these drugs for far longer than is necessary or even helpful, medication reviews are few and far between.
- Many patients are prescribed one psychiatric drug after another, so they end up on a cocktail of medications, making adverse effects more likely and withdrawal more difficult.

- The NICE guidelines that doctors use to try and support those who wish to stop their medications are wholly inadequate and not based on any sound science or evidence, indeed it is actually impossible for patients or doctors to comply with the guidelines as they are written.
- Doctors cannot rely on the pharmaceutical manufacturers for advice or guidance, as they don't acknowledge that there are any problems with withdrawal even though their own clinical trials clearly demonstrated that dependence occurs after a short period of taking the drugs.
- The evidence tells us that the dramatic increase in prescriptions for psychiatric drugs are because more patients are becoming dependent and unable to stop, rather than new prescriptions.
- Many prescriptions for antidepressant, antipsychotic or anxiolytic drugs are not for their indicated psychiatric conditions, but for 'off-label' uses such as insomnia, chronic pain or migraines, there is little evidence that these drugs are effective for these other uses and those taking the drugs for a variety of non-psychiatric conditions are never told of the dependence potential.

The result of this is that we are prescribing millions of drugs with a high dependence potential with scarcely a thought as to how we may manage the process of getting people off their drugs safely and with the minimum cost to our economy and to the long-term health and well-being of patients.

There is an alarming gap in services for dependent patients and this needs addressing urgently. If I were dependant on alcohol or nicotine, there would be a range of support services that I could access, both within the public and the private sectors and many that are partly funded by the alcohol or tobacco industry. Why should the users of prescribed drugs be left with no advice or support?

We have the opportunity, through a helpline and formal guidelines for prescribers, to address this issue, help patients and better support doctors too. I fully support this petition and call on the Welsh Assembly Government to back our request for recognition of this problem and specific support for those of us who have followed our doctor's advice to the detriment of our health and at significant personal cost to ourselves and our families.

Yours sincerely

James Moore

Email: [REDACTED]

Mobile: [REDACTED]

Web: [www.ifmoore.co.uk](http://www.ifmoore.co.uk)

### P-05-790 Mynd i'r afael â chysgu ar y stryd

Cyflwynwyd y ddeiseb hon gan Hanin Abou Salem, ar ôl casglu 71 o lofnodion ar-lein.

#### Geiriad y ddeiseb:

Rydym yn galw ar Lywodraeth Cymru i fynd i'r afael â'r ffaith bod pobl yn cysgu ar y stryd yng Nghymru. Mae llywodraeth ddatganoledig yn "llywodraeth sy'n nes at y bobl," yr holl bobl!

Symudais i Gymru yn ddiweddar, ac rwyf wedi cwmpo mewn cariad â phopeth Cymreig. Ond bob dydd mae fy hapusrwydd yn gymysg â thristwch mawr oherwydd fy mod yn gweld cymaint o bobl sy'n cysgu ar y stryd. Mae eu dioddefaint parhaus yn sarhad imi fel aelod o'r hil ddynol. Fel unigolyn, ni allaf ddatrys eu problem ar fy mhen fy hun ond gyda'n gilydd fel llywodraeth a phobl gallwn wneud gwahaniaeth.

Mae'r bobl ddigartref yr wyf yn cerdded heibio iddynt bob dydd yng Nghymru wedi nodi eu bod yn teimlo fel "pobl sydd wedi mynd yn angof". Maent yn byw mewn cylch dieflig na ellir ond ei dorri os bydd y llywodraeth yn gosod strategaeth glir i'w cael oddi ar y stryd ac i mewn i lety diogel er mwyn iddynt adennill eu bywydau. Oddeutu pythefnos yn ôl gwelais unigolyn digartref, a dywedodd rhywun fod pobl sy'n cysgu ar y stryd eisiau bod yn ddigartref. Wrth imi ddadlau yn erbyn y rhesymeg hon, gwelodd y ddau ohonom ddyn digartref ger City Road yn darllen llyfr!

Nid oes neb yn dewis bod yn ddigartref. Mae pobl yn dod yn ddigartref o ganlyniad i amgylchiadau penodol ac mae gan y llywodraeth ddyletswydd i gael pobl oddi ar y stryd fel y gallant bleidleisio a bod yn ddinasyddion gweithredol sy'n byw ag urddas, ac fel bod cyfleoedd gwaith ar gael iddynt. Mae Deddf Tai (Cymru) 2014 yn ei gwneud yn ofynnol i bob cyngor yng Nghymru roi cymorth i unrhyw un sydd mewn perygl o fod yn ddigartref o fewn 56 diwrnod ond nid yw hynny'n datrys problem unigolion sydd eisoes yn ddigartref ac sy'n cysgu ar y strydoedd. Mae angen inni roi sylw nawr i'r ffaith bod pobl yn cysgu ar y stryd!

#### Etholaeth a Rhanbarth y Cynulliad

- Canol Caerdydd
- Canol De Cymru

Rebecca Evans AC/AM  
Y Gweinidog Tai ac Adfywio  
Minister for Housing and Regeneration



Llywodraeth Cymru  
Welsh Government

Eich cyf/Your ref P-05-790  
Ein cyf/Our ref RE/05161/17

David John Rowlands AM  
Chair - Petitions committee.  
National Assembly for Wales  
Cardiff Bay  
CF99 1NA

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9 January 2018

Dear David,

Thank you for your letter of 12 December regarding petition P-05-790 Tackle Rough Sleeping. The petitioner has suggested a number of possible actions which they believe are needed to address the apparent increase in rough sleeping.

We believe that no person should need to sleep rough. Recent increases in rough sleeping are a concern for both myself and for my Government colleagues, and addressing this issue is a priority. The causes of rough sleeping involve personal and structural factors, which often interact. Employment and welfare benefit problems can make the context very difficult for people on low incomes. These issues are often compounded by personal problems such as ill health, substance misuse and criminal behaviour.

Outreach and other services for rough sleepers have increased over recent years, but access to emergency accommodation remains inconsistent. My officials are working with partners in local authorities and the voluntary sector to target areas where there are shortages of services. The draft budget highlights our commitment to tackle this issue. We know that some rough sleepers become entrenched in sleeping rough, and may become unwilling to try better alternatives for a number of complex reasons.

Bae Caerdydd • Cardiff Bay  
Caerdydd • Cardiff  
CF99 1NA

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:  
0300 0604400

[Correspondence.Rebecca.Evans@gov.wales](mailto:Correspondence.Rebecca.Evans@gov.wales)  
[Gohebiaeth.Rebecca.Evans@llyw.cymru](mailto:Gohebiaeth.Rebecca.Evans@llyw.cymru)

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

Tudalen y pecyn 102  
We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.



We agree there is a need for better monitoring data and have funded the Wallich to develop a national continuous monitoring system. We are also funding a rough sleeper network co-ordinator post to design and roll out the new system and share best practice across Wales. This new system will provide quantitative data and information regarding a person's use of services over time.

I also agree that services should be tailored to meet individual's needs, and this can only be achieved by listening and understanding an individual's experience and future aspirations. Research being undertaken by Shelter Cymru to understand the reasons why people are finding themselves with no accommodation is supported by Welsh Government. The primary objective of the project is to learn about the experiences of people on the streets and their opinions of what would have prevented their homelessness. This research is being carried out in Wrexham, Cardiff and Swansea. I expect to receive the findings of this research in April 2018.

The petitioner has proposed a 'no rough sleeping policy'. Our policy position is that no one should need to sleep rough. I support the petitioner's suggestion on long term accommodation. The Welsh Government is supporting 'Housing First' projects across a number of areas, including Cardiff, which will help rough sleepers move into settled accommodation and ensure support is available to help them maintain their tenancy. We will monitor closely the progress and impact of these projects.

I do not support the assertion that our legal reforms are not helping homeless people in general. The duties owed to an individual within the Housing Act (Wales) 2014, for homeless people and those threatened with homelessness are consistent. Local Authorities must take reasonable steps to help to prevent homelessness and to secure accommodation where needed. This enables most people to avoid homelessness and the need to sleep rough. However, I recognise that practice at a local level does vary, and may not meet the complex needs of many rough sleepers. The petitioner raises excellent points regarding austerity and welfare cuts. These areas are non-devolved. We recognise the shortage of affordable housing and we have committed to delivering 20,000 affordable homes over the Assembly term.

I am aware of concerns over conditions in some emergency accommodation. In the summer of 2017, the former Cabinet Secretary for Communities and Children announced an additional £2.6 million to tackle homelessness. This funding has been allocated to local authorities who are using it to fund a range of initiatives, including capital investment to improve the quality of emergency provision in Newport, Cardiff and Wrexham. As previously mentioned, we are also committing revenue funding to further develop Housing First style approaches to help rough sleepers into settled accommodation.

In addition to the work we are undertaking we are also planning for the future. Officials are working with partners to develop a national action plan to tackle rough sleeping which will address the issues raised by the petitioner. This action plan will be based on the recommendations of the Rough Sleepers Working Group. I expect this plan to be published during February and to outline developments taking us into January 2020. The Rough Sleeper Action plan will be forwarded on to the committee once finalised.

This information evidences our firm commitment to tackling rough sleeping.

Yours sincerely,

A handwritten signature in black ink that reads "Rebecca Evans". The script is cursive and fluid.

**Rebecca Evans AC/AM**  
Y Gweinidog Tai ac Adfywio  
Minister for Housing and Regeneration

### P-05-778 Amddiffyn Cyllyll Môr ar Draeth Llanfairfechan

Cyflwynwyd y ddeiseb hon gan Vanessa L Dye, ar ôl casglu 225 o lofnodion ar-lein a 234 ar bapur – cyfanswm o 459 lofnodion.

#### Geiriad y ddeiseb:

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i wneud y canlynol:

- comisiynu astudiaeth ymchwil i ganfod cyflwr gwelyau'r cyllyll môr a'u hyfywedd fel adnodd naturiol hirdymor, a rhoi moratoriwm ar waith ar gyfer pysgota cyllyll môr hyd nes y gall yr ymchwil adrodd ar ei ganfyddiadau;
- cadarnhau tymor 'caeëdig' ar gyfer cynaeafu cyllyll môr sy'n cyd-fynd â'r tymor silio h.y. mis Mai i fis Medi;
- llunio rheoliadau yn ogystal â'r maint glanio lleiaf o 10cm i gynnwys cwotâu penodol y mae unigolion yn cael eu casglu; a
- chyflwyno deddfwriaeth a rheoliadau i amddiffyn y cyllyll môr ar draeth Llanfairfechan.

"Mae'r cynaeafu ar raddfa fawr o gyllyll môr ar draeth Llanfairfechan wedi bod yn destun pryder i lawer o drigolion a chadwraethwyr ers nifer o flynyddoedd." (Cyf: llythyr at Lesley Griffiths AC, Ysgrifennydd y Cabinet gan Janet Finch Saunders AC 28 Gorffennaf 2017.)

Ar hyn o bryd yr unig reolaeth reoliadol ar gyllyll môr yw bod yn rhaid iddynt fod â maint glanio lleiaf cyfreithiol o 10cm, ac mae gwiriadau sy'n ymwneud â rheoli'r hyn sy'n dod yn rhan o'r gadwyn fwyd. Mae llawer o drigolion yn pryderu am y diffyg ymddangosiadol o weithdrefnau a/neu reoliadau sy'n llywodraethu'r broses o gasglu cyllyll môr yn enwedig o ran dynodi tymor 'caeëdig' yn ystod silio, y cwotâu a ganiateir, a'r angen am gynnal gwaith ymchwil ar y cyllyll môr i ganfod yr effaith ar yr ecosystem a'r amgylchedd lleol.

Ers 2013 nodwyd gan nifer o ffynonellau fod cyllyll môr yn cael eu cynaeafu mewn niferoedd mawr o draeth Llanfairfechan. Mae tystiolaeth i gefnogi'r honiad hwn wedi cael ei dogfennu ar sawl achlysur yn y cyfryngau cymdeithasol. Mae cais diweddar ar Hysbysfwrdd Llanfairfechan ar gyfer unrhyw luniau neu fideos o'r rheini sy'n casglu cyllyll môr yn dangos yn glir bod nifer fawr o bobl yn ymwneud â'r gweithgarwch hwn. Mae'r broses o gasglu'r cyllyll môr fel arfer yn digwydd ar ôl llanw uchel.

### **Gwybodaeth ychwanegol:**

Dyma rywfaint o gefndir hanesyddol am y mater hwn. Yn 2013 amlygwyd y cynaeafu gan bapur newydd Weekly News gan Tom Davidson pan nodwyd fod 'criw o dros 100 o bobl yn cynaeafu llawer iawn o gyllyll môr...' Roedd pryderon hefyd fod gweithwyr anghyfreithlon yn cael eu hecsbloetio a bod y cyllyll môr yn cael eu pysgota at ddibenion masnachol. Ar y pryd, dywedodd un o'r trigolion ei fod 'wedi gweld golygfeydd tebyg yn ymwneud â nifer cynyddol o gasglwyr yn ystod yr ychydig wythnosau diwethaf. Mae'r trigolion yn flin oherwydd y nifer fawr o gynaeafwyr gydag ofnau y gallai'r cynefin lleol gael ei ddifrodi yn anadferadwy, gyda channoedd o gyllyll môr yn cael eu casglu oddi ar y traeth yn rheolaidd.'

Er bod yr ofnau o ran bod y casglwyr yn cael eu defnyddio fel rhan o gaethwasiaeth fodern a'r pysgod cregyn yn dod yn rhan o'r gadwyn fwyd wedi cael eu tawelu gan ymdrechion parhaus yr heddlu a'r Asiantaeth Safonau Bwyd, mae canlyniadau amgylcheddol y broses gyson a systematig o gasglu cyllyll môr yn parhau i fod yn broblem fawr, a all effeithio ar fywyd adar môr ac eraill yn yr ardal, ynghyd ag achosi newidiadau posibl yn y dwysedd o dywod ar y traeth. Mae rhai pryderon ynglŷn â'r tywod yn ansefydlog mewn mannau a gallai pobl sy'n anghyfarwydd â'r traeth yn hawdd fynd i drafferthion e.e. mae rhai o'r casglwyr yn cynaeafu'r cyllyll môr gryn bellter i ffwrdd oddi wrth ddiogelwch y tir.

Mae wedi bod yn eithaf diraddiol a rhwystredig i ddinasyddion cyffredin wylio'r ysbeilio o adnodd amgylcheddol ac yn cwestiynu pam mae sefydliadau sydd â chylch gwaith i warchod yr amgylchedd yn ymddangos i gael eu llyffetheirio oherwydd y diffyg gweithdrefnau/deddfau priodol. Mae hyn yn syndod o gofio bod traeth Llanfairfechan wedi'i dynodi'n Safle o Ddiddordeb Gwyddonol Arbennig, Ardal Gwarchodaeth Arbennig ac Ardal Cadwraeth Arbennig. 2013. Mae'n rhaid bod rheoliadau o fewn y cyrff hyn o wybodaeth i fanteisio arnynt fel ffynhonnell i ddiogelu'r anghydbwysedd hwn mewn ecosystem o'r fath?

### **Etholaeth a Rhanbarth y Cynulliad**

- Not provided

Lesley Griffiths AC/AM  
Ysgrifennydd y Cabinet dros Ynni, Cynllunio a Materion Gwledig  
Cabinet Secretary for Energy, Planning and Rural Affairs



Llywodraeth Cymru  
Welsh Government

Eich cyf/Your ref P-05-778  
Ein cyf/Our ref LG/05399/17

David John Rowlands AM  
Chair - Petitions committee.  
National Assembly for Wales  
Cardiff Bay  
Cardiff Bay  
CF99 1NA

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9 January 2018

Dear David

Thank you for your letter of 8 December regarding P05-778, Protect the Razor Clams on Llanfairfechan Beach.

I can confirm that the fishery will remain closed until the results of the razor clam stock assessment have been considered. To this end, I have extended the closure of the fishery until 31 December 2018.

Regards  
Lesley

**Lesley Griffiths AC/AM**  
Ysgrifennydd y Cabinet dros Ynni, Cynllunio a Materion Gwledig  
Cabinet Secretary for Energy, Planning and Rural Affairs

Bae Caerdydd • Cardiff Bay  
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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

**Tudalen y pecyn 107**  
We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Dear Petition Committee Members,

Thank you for the opportunity to comment on Cabinet Secretary for Energy, planning and rural affairs letter which indicates that the prohibition of fishing for razor clams on Llanfairfechan beach has been extended until December 2018, to allow time for the *assessment of razor clam stocks*. The key comments follow:

**1. Need for Signs displaying closure of razor clam beds**

The majority of comments from Llanfairfechan Noticeboard Facebook group have shown a very positive response to the closure date. However, there is some concern that this letter is currently only displayed on one of the waste bins on Llanfairfechan promenade and it is hoped that signs indicating the razor clam bed closure will be prominently displayed at the various access points to the beach to ensure all potential gatherers are aware that this bye law is in place.

**2. Need for Fisheries authorities to ensure there are no breaches of closure**

As has been raised previously, (see original notes supporting the petition), there are concerns that the relevant fishery authorities are in attendance on occasions when gathering of the razor clams takes place i.e. following high/spring tides etc. so that any violations can be stopped.

**3. Capitalise on the unique research opportunity to explore and report on the razor clam beds**

It was very evident at an open meeting held on 24<sup>th</sup> July 2017 by Janet Finch Saunders(AM) that there was a dearth of existing evidence; being offered by the experts present; about the types, extent and health of the razor beds. In addition, there appeared to be a lack of extant information about razor clams on the internet. Therefore the current closure of the razor clam beds for assessment signals an ideal and unique opportunity to explore and gather findings of a virtually untrammelled area of research. Thus providing a great opportunity for any 'would be', or expert marine biologists, to provide kudos for the individuals involved. I.e. in terms of

published papers and conferences etc., along with a fulfilling a huge gap in benchmark evidence to inform 'fisheries' practices for the future.

I hope these comments are of use to the ongoing progress and discussion of the Petition Committee.

Yours sincerely,

Vanessa L Dye(Mrs)

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**Petitioner to Committee, 16.01.18**

Dear Kayleigh,

Thank you once again for this information. Along with attachment I sent you earlier I have one additional point to put forward to the Petition Committee. There have been a few comments on facebook (Llanfairfechan) saying that residents think the density of the sand in places seems improved since the closure of the razor beds has been in place.

Once again, thank you for your ongoing help

Kind regards

Vanessa

# Eitem 4

## **P-05-751 Cydnabod achosion o Ddieithrio Plentyn oddi wrth Riant**

Cyflwynwyd y ddeiseb hon gan Families Need Fathers Both Parents Matter Cymru ar ôl casglu 2,058 llofnod – 752 ar bapur a 1,306 ar-lein.

### **Geiriad y ddeiseb**

Rydym yn galw ar Gynulliad Cymru i berswadio Llywodraeth Cymru i ddiogelu plant a phobl ifanc Cymru drwy gydnabod yn ffurfiol fod unrhyw un sy'n 'Dieithrio Plentyn oddi wrth Riant' yn cam-drin plentyn yn emosiynol. Rydym yn galw ymhellach ar Lywodraeth Cymru i gymryd camau penodol i leihau'r effaith a gaiff achosion o Ddieithrio Plentyn oddi wrth Riant ar blant a'u teuluoedd.

### **Gwybodaeth Ychwanegol**

Rydym yn cynnig bod Llywodraeth Cymru yn cymryd y camau a ganlyn:

- Cydnabod bod unrhyw un sy'n 'Dieithrio Plentyn oddi wrth Riant' yn cam-drin plentyn yn emosiynol ac, wrth ddiffinio'r term, dylid cynnwys y diffiniad a gafwyd gan y Weinyddiaeth Gyfiawnder (paragraff 1) yma <https://petition.parliament.uk/petitions/164983> )
- Comisiynu ac ariannu hyfforddiant gorfodol i weithwyr proffesiynol gan gynnwys staff y Gwasanaethau Cymdeithasol a Cafcass Cymru (ond nid dim ond y rhain), i'w helpu i adnabod achosion o Ddieithrio Plentyn oddi wrth Riant ac i sicrhau eu bod yn gwybod am y trefniadau sydd ar waith i ddiogelu plant rhag niwed.
- Sefydlu ac ariannu ymgyrch genedlaethol i roi gwybodaeth i blant a'u teuluoedd a'u dysgu am y cysyniad o Ddieithrio Plentyn oddi wrth Riant a'r niwed y mae'n ei achosi.
- Rhoi dyletswydd ar Weinidogion Cymru i gymryd camau i ddiogelu plant rhag cael eu cam-drin a'u niweidio drwy eu Dieithrio oddi wrth Riant.

Dyma sut y diffiniwyd 'Dieithrio Plentyn oddi wrth Riant' gan y Weinyddiaeth Gyfiawnder:

'In cases where parents are separated, parental alienation refers to a situation in which one parent (usually the parent with whom the child lives) behaves in a way



which creates anxiety in the child, so that it appears the child is opposed to living or spending time with the other parent.'

Daw'r diffiniad hwn o'r paragraff cyntaf yn ymateb y Llywodraeth i ddeiseb Mr. Darren Towill sydd i'w gweld yn: <https://petition.parliament.uk/petitions/164983>  
Mae CAF/CASS Lloegr eisoes wedi cydnabod bod unrhyw un sy'n dieithrio plentyn oddi wrth riant yn euog o gam-drin y plentyn hwnnw. Mewn erthygl yn y Telegraph ar-lein, dyddiedig 12 Chwefror, 2017, dywedodd Anthony Douglas, Prif Weithredwr CAF/CASS, fod Dieithrio Plentyn oddi wrth Riant yn sicr gyfystyr ag esgeuluso neu gam-drin plentyn, o ran ei effaith bosibl. <http://www.telegraph.co.uk/news/2017/02/12/divorced-parents-pit-children-against-former-partners-guilty/>

### **Etholaeth a Rhanbarth y Cynulliad**

- Gorllewin Caerdydd
- Canol De Cymru

# Evidence for the Senedd Petitions Committee in respect of Petition P-05-751 *Recognition of Parental Alienation*

Prepared by: Dr Sue Whitcombe  
Chartered Psychologist, AFBPsS  
HCPC Registered Counselling Psychologist

Email: [sue@suewhitcombe.co.uk](mailto:sue@suewhitcombe.co.uk)

Date: 10<sup>th</sup> January 2018 (revised 17/01/2018)

1. I am a HCPC registered counselling psychologist, chartered with the British Psychological Society (BPS). I founded a social enterprise, Family Psychology Solutions CIC, with support from Teesside University to develop provision around parental alienation resulting from my research and doctoral training. I provide therapeutic interventions, offer consultancy and training, and have conducted research into parental alienation. I facilitate BPS approved training (CPD) on parental alienation for practitioners and professionals. I have been instructed to provide expert assessment and opinion in family law cases in England, Scotland and Wales. I sit on the Expert Witness Advisory Group of the BPS, am Chair Elect of the BPS Division of Counselling Psychology Welsh Branch and Chair of the BPS Training Committee in Counselling Psychology.
2. I support and volunteer on a pro bono basis for a number of charities who work with and for children and families. Families Need Fathers Both Parents Matter Cymru is one of these charities.
3. This petition calls for:
  - a. the recognition of parental alienation as a form of emotional abuse by the Welsh Government
  - b. mandatory training for professionals, including social workers and Cafcass Cymru staff, in the recognition of parental alienation and pathways to protect children from harm
  - c. a national campaign to raise awareness of the harm caused by parental alienation
  - d. a duty on Welsh Ministers to protect children from abuse and harm where parental alienation has been identified.
4. Parental alienation is characterised by a child's strong alignment, or enmeshment, with one parent whilst rejecting a relationship with the other, or presenting with an almost phobic fear of that parent. This rejection, or fear, seems unwarranted based on the entirety of the child's actual experience of that parent. As a condition which may be a focus of clinical attention, parental alienation is most readily categorised as a Parent-child Relational Problem (V61.20) or Child Affected by Parental Relationship Distress (V61.29). In some cases the behaviours of a caregiver in perpetuating an alienated condition in a child may be defined as Child Psychological Abuse (995.51) (American Psychiatric Association, 2013).
5. Many children impacted by alienation appear, on the surface, to function well. They may be seen as model pupils at school, polite and well-behaved. In my experience, school staff are shocked when they witness the out of character vehement rejection and callous response of a child when referring to a parent. However, studies have identified increased emotional and behavioural problems in alienated children as well as risks to a child's psychological and emotional development. Going into adulthood, those who have been alienated are more likely to have an impaired ability to sustain effective, healthy relationships throughout their life-course, including work and social relationships. In addition there is increased risk of mental health and psychiatric disorders, including disturbances in identity and personality functioning, and substance misuse.

6. The symptomatic behaviours and the underlying psychological processes in an alienated child have been independently identified since the 1980s by researchers and practitioners in social work, law and psychology. These behaviours include:
  - a. Psychological splitting, a lack of ambivalence, where a child idealises one parent and devalues the other. The child sees one parent as all good, the other as all bad. This is most readily apparent in the enmeshed relationship with, or reflexive support of, one parent. This polarised thinking often extends to the rejection of one side of the child's family in its entirety.
  - b. Apparent fear, irrational anxiety, refusal or resistance to being with a parent, or parenting time which is characterised by extreme withdrawal, gross hatred and animosity
  - c. An evident absence of guilt over poor behaviour towards the parent
7. These behaviours are the presenting features of a maladaptive coping strategy. Within the dynamics of a family system under stress, the child feels a loyalty conflict, is unwittingly co-opted into an unhealthy cross-generational coalition with one parent, or empowered or elevated to the role of decision maker in perverse triangulation, parentification or adultification processes.
8. Within this dysfunctional system, a child's critical thinking is impaired, they experience a cognitive dissonance – they are unable to reconcile their actual experience of a loved parent with the contrasting overt and implicit information received from the other loving parent.
9. In order to achieve some equilibrium, the child is driven (usually unconsciously) to reduce this psychological distress by rejecting the least vulnerable or least fearsome parent. This rejection enables a child to present, on the surface, as coping and functioning well.
10. A child is biologically and psychologically wired to connect with their primary caregivers in order to have their needs for sustenance, safety and security are met, enhancing the chance of survival. A child's attachment to their parent is innate, even when care is less than good. In general, children crave a relationship with their parent, even if their experience of that parent is poor and they have been subject to physical or sexual abuse or neglect.
11. Rejection of a parent is rare in a child, particularly in pre-adolescence, and is a key indicator that alienation may be present. Rejection or expressed fear in an alienated child is usually accompanied by a lack of evident emotion, or extreme displays of emotion which are disproportionate to their actual experience of the parent.
12. Psychological splitting – the idealisation of one parent and/or one side of the family and devaluing or rejection of the other parents and/or side of the family - is another key indicator of alienation.
13. In response to the petition, the former Cabinet Secretary for Communities and Children stated that the Family Justice Network:
  - a. Recognised that some parents can behave in a way that alienates the other parent from their child's life

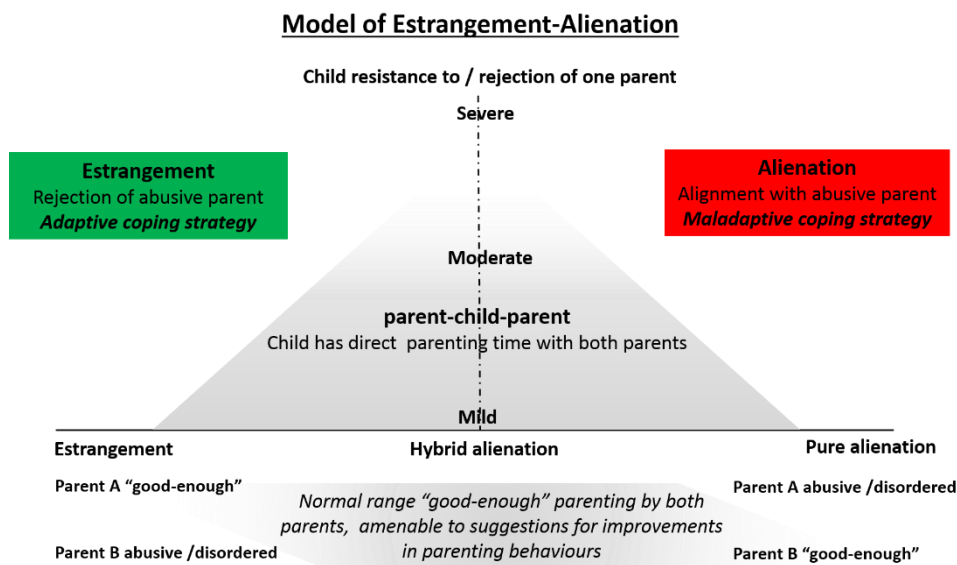
- b. Acknowledged the significant impact this type of behaviour can have on the emotional well-being of the child
  - c. Stated their belief that the Family Court already has sufficient range of powers to deal with cases where alienating behaviours feature
  - d. Acknowledged that some cases can and have been considered by Welsh local authorities under child protection procedures
  - e. Affirmed that parental alienation should continue to be dealt with using current legal provisions.
14. In his response, Mr Sargeant also stated that “CAFCASS Cymru practitioners, as professionally qualified social workers, are trained to understand and recognise the potential for implacable hostility by a party in divorce or separation cases and its potential impact on the child.” My professional experience suggests otherwise.
15. Having worked in academia and having close working relationships with academic social work professionals, my understanding is that parental alienation is not a core aspect of all Social Work curricula. In fact, my understanding is that it is not included in the majority of Social Work curricula at either undergraduate or postgraduate level. As such, the assertion that Cafcass Cymru practitioners, by virtue of the fact that they are qualified social workers, have sufficient understanding regarding parental alienation is likely to be incorrect.
16. Given that Sir Anthony Douglas, CEO of Cafcass, confirmed in October 2017 that it will likely take a considerable period of time before all Cafcass Family Court Advisers have a good understanding of parental alienation, it is clear that on recruitment to Cafcass, social workers are not required to have an understanding of parental alienation. To clarify, it is unlikely that their initial training included knowledge and skills around parental alienation, and certainly this would not have been universal.
17. As Cafcass Cymru draw from the same pool of social workers, albeit regulation of Social Work in Wales is by Social Care Wales and not the Health and Care Professions Council, it is unlikely that Cafcass Cymru practitioners, as professionally qualified social workers, **are** universally trained to understand and recognise parental alienation as was suggested by the former Cabinet Secretary for Communities and Children.
18. Social Care Wales’ (2013) *Evidence Matters in Family Justice Tools* resource pack for child and family social workers in Wales does not include parental alienation in the list of 57 areas of expertise in which social workers might be expected to have even a minimal knowledge.
19. Since 2014, I have delivered fourteen workshops on parental alienation to a total of 397 practitioners and professionals – practitioner psychologists, social workers, psychiatrists, family workers, mental health practitioners, counsellors, family therapists and trainees in these core professions. Data suggests that professionals across these disciplines have minimal knowledge of parental alienation prior to this professional development training.

<b>Parental Alienation Workshops – April 2014 – December 2017</b>			
Number of Workshops = 14 Number of Attendees = 397			
	<b>Scale 1-10 (1= very poor; 10=excellent)</b>		
	<b>Mean</b>	<b>Mode</b>	<b>Range</b>
Pre Workshop: <i>Please rate your knowledge or understanding of parental alienation</i>	3.49	3	1-8
Post Workshop: <i>Please rate your knowledge or understanding of parental alienation</i>	7.72	8	5-10
	<b>Scale 0-5 (1=not at all; 5=very useful)</b>		
<i>How useful will this training be in your client work?</i>	3.94	4	2-5
All feedback is provided anonymously			

20. All workshop delegates in clinical practice acknowledged more than one client on their caseload from the previous six months, in which parental alienation had likely been a factor.
21. Delegates expressed ongoing concerns following training that the lack of understanding of practitioners in Local Authorities would render it difficult for their concerns regarding a child to be dealt with appropriately should they wish to make a referral.
22. In November 2017, two employees of Cafcass Cymru, including one of the Heads of Operation, attended BPS Approved training in parental alienation facilitated by myself. These delegates reported that they believed they were able to identify cases where alienation is a factor though they would like to be able to identify these at an earlier stage. They reported that they were not always aware of the most appropriate intervention or where to access necessary interventions.
23. One delegate stated her belief that there were a very small number of these cases, though they made exceptional demands on resources. Establishing the prevalence of parental alienation is hampered by issues of data samples and definitions. In Wales, Cafcass Cymru have to date not seemed to be prepared to identify a case as one including alienation. Case management information does not appear to include this data. The most recent study of 610 randomly selected adults in the USA suggests that 13.4 percent of parents have been alienated from one or more of their children which is much higher than previous estimates (Harman, Leder-Elder, & Biringen, 2016).
24. In my experience, throughout the country and in Wales, recognition of cases where alienation may be a factor is inconsistent, and there are likely many more cases than are currently identified. In informal conversations with Family Court Advisors, Guardians and Local Authority Social Workers in Wales they have suggested an increasing number of cases

where alienation is likely present, a lack of knowledge and training in how to work with these cases and limited resources.

25. Parental alienation exists on a continuum from mild to severe. In reality, cases of family breakdown can be complex, often with co-existent intimate partner or domestic violence, substance misuse, long standing mental health issues, prior safeguarding and child protection issues. When faced with a child presenting as resistant to seeing a parent, vehemently rejecting a parent or displaying extreme anxiety or fear of a parent, it is important to determine whether this presentation is 'reasonable' or not, based on the entirety of that child's experience of that parent. Often, in my experience, there is a failure to unravel the complexity in cases.
26. Front-line practitioners in the UK are well-versed at evaluating families where there is recognisable abuse or poor parenting – the far left of the Estrangement-Alienation model. It is likely that both Parental Estrangement and Parental Alienation will be classified in the 11th revision of the International Classification of Diseases (ICD-11) due for issue in 2018. Established assessment, evaluation and intervention models used in typical cases of abuse and less than good parenting are core components of social work training.



27. A limited understanding of alienation often leads to a presumption that a child's resistance or fear is justified – 'there's no smoke without fire.' Incorrect assessment, formulation and intervention can be damaging, exacerbating alienation and on occasions leaving a child in the care of a psychologically abusive or psychologically unwell parent. My direct clinical and legal experience suggests that few practitioners are aware of appropriate interventions and their actions, or failure to act appropriately, in some cases likely exacerbates the emotional harm and psychological distress experienced by children.

28. In October 2016 I was commissioned to write an article by the editor of *Seen and Heard* for their readership of independent social workers, children's guardians and child protection social workers. The scope was to include the information needed to distinguish the

(potentially) alienated child from a child with other issues; approaches likely to be successful when trying to re-establish a relationship with a parent; approaches which have the potential to further damage the child; the pros and cons of a change of residence. For reference and clarification, the article which was published in 2017 and includes a comprehensive bibliography can be accessed here:

[https://www.academia.edu/35180977/Parental\\_alienation\\_or\\_justifiable\\_estrangement\\_Assessing\\_a\\_child\\_s\\_resistance\\_to\\_a\\_parent\\_in\\_the\\_UK](https://www.academia.edu/35180977/Parental_alienation_or_justifiable_estrangement_Assessing_a_child_s_resistance_to_a_parent_in_the_UK)

29. I have been instructed on cases in Wales where early indicators of alienation were not identified or acted upon leading to entrenched alienation, significant harm and psychological distress in the child.
30. There is a tendency, in my opinion, for many Cafcass and Cafcass Cymru practitioners to conceptualise cases as high conflict and a propensity to conflate 'high conflict' with alienation. Acrimony and conflict is often present in cases where there is parental alienation. However, the conflict is often a symptom of the alienation dynamic and the adversarial legal process; it is not a cause of the relationship breakdown or disagreement regarding child arrangements.
31. My clinical and legal experience in Wales suggests:
  - a. there are some excellent, knowledgeable Guardians who recognise parental alienation in its complexity and take appropriate action in seeking psychological assessments and involving the Local Authority
  - b. there are front line professionals in Cafcass Cymru who do not recognise the common signs of alienation, misinterpret and wrongly attribute a child's response, do not identify emotional harm, fail to suggest appropriate interventions and consequently prolong, and exacerbate, psychological distress and emotional harm.
  - c. Local Authority social workers rarely have an understanding of parental alienation and find those cases referred with concern around significant harm or child protection difficult to assess and manage appropriately.
  - f. despite the range of powers available to the Family Court, the limited knowledge and understanding on the part of practitioners results in a failure to ensure that it has the necessary information to make informed judgements in cases where alienation may be a factor.
32. In 2014 I completed my doctoral research into the experience of alienated parents. Whilst not the main focus of the research, the findings identified concerns for child welfare, mental health and safety and variable, often negative, experiences in relation to family proceedings and social care services. A report which detailed these findings was distributed to Local Family Justice Boards in England and Wales in 2015. A copy of this report is available here: [https://www.academia.edu/35475673/Whitcombe\\_2015\\_Summary\\_Report](https://www.academia.edu/35475673/Whitcombe_2015_Summary_Report)
33. To summarise, in my professional opinion, based on my clinical, training, research and family proceedings experience:



- a. The Welsh Government does not recognise parental alienation as a form of emotional abuse.
- b. There is minimal training of professionals, including social workers and Cafcass Cymru staff, in the recognition of the complexity of parental alienation and pathways to protect children from harm. There is no mandatory training.
- c. There is limited awareness of the harm caused by parental alienation.
- d. Current procedures and practices fail to protect children from psychological distress, abuse and harm where parental alienation is a factor.

Mae cyfyngiadau ar y ddogfen hon