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Committee Secretariat
Health
Parliament Buildings
WELLINGTON

Submission on the Health (Fluoridation of Drinking Water) Amendment Bill

To the Health Committee

This submission is from Toi Te Ora – Public Health Service on behalf of Lakes District Health Board.

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Lakes District Health Board is required under Section 22 (1)(a) New Zealand Public Health and Disability Act 2000 to improve, promote, and protect the health of people and communities in the Lakes region.

Toi Te Ora – Public Health Service (on behalf of Lakes District Health Board) supports the intent of this Bill because water fluoridation is an effective and safe measure that reduces the occurrence of dental caries. It improves oral health for people of all ages who retain their natural teeth and helps to reduce inequalities in health.

However, we wish to make the following comments and recommendations on the Amendment Bill:

Section 69ZJA (2) (a)

Although we agree with the general intent of this clause, we consider that the assessment and ongoing review of scientific evidence of effectiveness and safety should be led by the Ministry of Health and summarised for district health boards as a policy direction. If this is not done nationally, and on an ongoing basis, there is significant risk for all district health boards in having to bear unnecessary and expensive legal costs in defending their view of the scientific evidence.

Toi Te Ora – Public Health Service recommends that this legislation establishes or identifies a national entity with the specific role to objectively monitor and review all evidence regarding the safety and effectiveness of water fluoridation, similar to the role that the National Fluoridation Information Service previously held. We recommend that the wording of **Section 69ZJA (2) (a)** is then redrafted to reflect this approach.

Section 69ZJA (2) (b)

We agree with the intent of this clause but recommend removing the word 'outweigh' so that the clause is rewritten as: "*the costs and benefits of adding fluoride to the drinking water, taking into account ...*"

This then recognises that the whole range of benefits may not always be readily amenable to quantification in financial terms and that proving benefit in financial terms may not always be practical in every situation. This would also more readily allow district health boards to consider other factors besides financial costs, for example, possible risks to health, safety issues, community views on fluoridation, or whether water fluoridation is technologically feasible for a water supply.

Other recommendations

We would also like to recommend that:

- The Bill provides clarity about who funds the costs incurred with water fluoridation This includes, for example, costs of fluoridating the water supply and plant maintenance, costs of monitoring fluoride levels, costs of population oral health status assessment, costs of undertaking cost-benefit analyses, and costs that district health boards may incur with legal challenges of a direction to fluoridate a drinking water supply.
- A clause is added describing duties and responsibilities for monitoring and reporting fluoride levels in fluoridated drinking water.

Toi Te Ora – Public Health Service does not wish to be heard on this submission.



Dr Phil Shoemack
Medical Officer of Health