



**RACP**  
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1 February 2017

Chair, Health Select Committee  
C/- Committee Secretariat  
Health  
Parliament Building Wellington

Via email: [select.committees@parliament.govt.nz](mailto:select.committees@parliament.govt.nz)

Dear Simon O'Connor,

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to submit feedback on the Health (Fluoridation of Drinking Water) Amendment Bill.

The RACP works across more than 40 medical specialties to educate, innovate, and advocate for excellence in health and medical care. The RACP trains the next generation of specialists while playing a lead role in developing world best practice models of care. We draw on the skills of our members to develop policies that promote a healthier society. By working together, our members advance the interest of our profession, our patients and the broader community.

The RACP supports the policy objective behind this bill to improve the oral health status and reduce the burden and disparities associated with dental caries (tooth decay). We believe that shifting the decision making power to the Director-General of Health to enable a national fluoridation programme to be established would be more effective; however, we acknowledge that this shift to from local authorities to District Health Boards (DHBs) is a step in the right direction. Giving DHBs the authority to mandate the fluoridation of local water supplies firmly places the issue of fluoridation into the public health arena and ensures it is linked to local health priorities, creating a more integrated local health system.

We are strong advocates for all health policy to be developed from a base of robust scientific evidence and with a focus on reducing health inequities. We support the Bill's requirement to consider the scientific evidence in reducing the prevalence and severity of dental decay and consideration of the cost effectiveness of fluoridation for each community. The oral health benefits of Community Water Fluoridation (CWF) have been extensively researched through cohort studies and a diverse range of analyses since the mid-twentieth century<sup>1</sup>. CWF is a cost-effective method to mitigate incidences of dental caries and promote improved oral

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<sup>1</sup> Royal Australasian College of Physicians (2012) Oral health in children and young people position statement. Sydney: Royal Australasian College of Physicians, 11. PDF available <https://www.racp.edu.au/docs/default-source/advocacy-library/oral-health-in-children-and-young-people.pdf>

health (particularly for lower socio-economic populations and children), and there is a growing evidence base proving its efficacy for communities in New Zealand<sup>2</sup>.

The role fluoridation could have in reducing health inequities is particularly pertinent. Public health experts have argued that one of the causes of the higher indices of dental caries in Māori adults and children, in comparison to the general population, is lower access to fluoridated drinking water<sup>3</sup>. Further, the 2009 Oral Health Survey indicated children and adolescents living in fluoridated areas had, on average, 40 per cent less dental caries than their peers living in non-fluoridated areas and those individuals living in areas of higher socioeconomic deprivation experienced worse oral health outcomes<sup>4</sup>.

Most drinking water supplied in New Zealand already contains low levels of naturally-present fluoride (around ~0.1-0.2 mg/L), and the addition of fluoride substances including hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) increases these levels to between 0.7 and 1.0 mg/L<sup>5</sup>. At these levels, fluoride, present naturally or added to community water supplies, is not associated with an increased risk of developing dental fluorosis<sup>6 7</sup>.

The RACP supports shifting the focus on fluoridation to the public health arena, however while DHBs sit within the public health service area, their individual board members and staff may not have adequate knowledge or expertise to effectively consider the evidence on fluoridation. The DHB will require the support of robust data sets and cost effectiveness tools for the local area. The Ministry of Health (MOH) is ideally situated to support DHBs in the development of these tools and information. MOH involvement would also help to negate the additional financial burden placed on DHBs in developing such tools.

There is a risk that DHBs would face the same oppositions and lobbying to their fluoridation proposal as local authorities. Under this bill DHBs would still be open to facing legal challenges about their decisions. While High Court rulings in recent cases have reduced the grounds available for future challenge, the MOH would need to ensure the DHBs are also adequately supported by legal advice.

While the DHBs have to take into account the financial benefits of fluoridation, it will fall to local government drinking water suppliers to absorb the cost of implementing fluoridation. The benefits will be seen by the community, through reduced dental caries and by the DHBs, through reduced dental care cost and other health benefits. To help offset the cost to local government and ensure fluoridation is the most cost-effective option, the MOH should continue to subsidise the implementation costs as it does under the current fluoridation scheme.

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<sup>2</sup> Royal Australasian College of Physicians (2012) Oral health in children and young people position statement. Sydney: Royal Australasian College of Physicians, 11. PDF available <https://www.racp.edu.au/docs/default-source/advocacy-library/oral-health-in-children-and-young-people.pdf>

<sup>3</sup> Koopu P, Keefe-Ormsby V. (2007). Oral Health – ornaaga niho. In B. Robinson & R Harris (Eds.), Hauroa: Māori Standards of Health IV. A study of years 2000-2005, pp. 181-187. Wellington: Te Ropu Rangahau Hauroa a Eru Pomare

<sup>4</sup> Ministry of Health (2010) Our oral health: Key finding of the 2009 New Zealand oral health survey. Wellington: Ministry of Health.

<sup>5</sup> Gluckman P & Skegg D. (2014) Health effects of water fluoridation: A review of the scientific evidence. Auckland & Wellington: Office of the Prime Minister's Chief Science Advisor and the Royal Society of New society of New Zealand, 4.

<sup>6</sup> Ministry of Health (2010) Our oral health: Key finding of the 2009 New Zealand oral health survey. Wellington: Ministry of Health.

<sup>7</sup> Gluckman P & Skegg D. (2014) Health effects of water fluoridation: A review of the scientific evidence. Auckland & Wellington: Office of the Prime Minister's Chief Science Advisor and the Royal Society of New society of New Zealand, 4.

We wish to thank the Health Select Committee for the opportunity to provide feedback on this consultation. We would also like to take the opportunity to present before the select committee. If the Committee has any question regarding the RACPs submission, and to arrange an oral submission please contact [policy@racp.org.nz](mailto:policy@racp.org.nz).

Yours sincerely

A handwritten signature in black ink, appearing to read 'Jonathan Christiansen', with a large initial 'J' and a horizontal flourish extending to the right.

Dr Jonathan Christiansen FRACP  
NZ President  
**The Royal Australasian College of Physicians**