



Fluoride Submission  
to: askmedsafe

07/01/2015 08:23 p.m.

History: This message has been replied to.

**SUBMISSION FORM**

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**Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)**

“It is proposed that a new regulation be made under section 105(1)(i) that: Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies.” Medsafe

**Name:**  
**Email:**  
**Address:**

**Question 1.** *Do you support the proposed amendment? If not why not?*

**NO.** I do not support the proposed amendment because:

1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to “first do no harm”
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines

**Question 2.** *Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?*

**NO.** Fluoride and its compounds are **not** used to ‘**treat**’ community water supplies. In community water fluoridation (CWF) the **purpose** of fluoride and its compounds is to **treat people**

*I do not wish to speak to my submission.*

Regulations under the Medicines Act 1981 Consultation  
Medsafe  
Clinical Leadership Protection & Regulation  
Ministry of Health  
PO Box 5013  
Wellington 6145



flouride

to: askmedsafe

07/01/2015 08:51 p.m.

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History: This message has been replied to.

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Email: :

Address:

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**Submission**

to: askmedsafe

07/01/2015 08:58 p.m.

Please respond to

History: This message has been replied to.

**SUBMISSION FORM**

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*I do not wish to speak to my submission.*

postal: PO Box  
 private:  
 phone:  
 mobile:  
 e-mail:





Flouride should not be allowed an exemption under New Zealand law

to: askmedsafe

07/01/2015 09:00 p.m.

History:

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## Fluoride

replied to: askmedsafe

07/01/2015 09:21 p.m.

History: This message has been replied to.

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I am not convinced that added fluoride is a great danger to my health but I still do not see the logic in or the need to include it in my water supply.

Only a very small percentage of the water that passes through our municipal pumps will be ingested by humans. An even smaller percentage will be swallowed by those humans young enough to gain any benefit from this compound.

Does fluoride make the flowers grow better?

Does fluoride flush our toilets more effectively?

Does fluoride help the car-wash liquid clean more thoroughly?

Does fluoride quench fires faster than plain water?

Does fluoride clean my hands or my dishes in a way that soap will not?

Does fluoride increase or maintain the health of my animals?

Do the children who may benefit from fluoride actually ever drink tap water? My experience suggests they either drink bottled water or more likely, carbonated soft-drink. If the most effective way to absorb fluoride is for the water to be held in the mouth against the teeth for a time before swallowing; are children being trained to do this?

For those (of us) that see some value in fluoride, should we not take the responsibility of medicating our own children?

Isn't there greater logic in bringing the fluoride to the young teeth on a toothbrush than in a hot or cold drink made with tap water?

If I will not teach my children to brush their teeth with fluoride toothpaste; can I be trusted to steer them to tap-water instead of flavoured refreshment?

Please do not force the inefficient, wasteful and controversial addition of fluoride to our water supply.



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**Name:**

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*I do wish to speak to my submission.*

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## 1.0 Submission

### Question 1. Do you support the proposed amendment? If not why not?

**NO.** I do not support the proposed amendment because:

1.1 Fluoride is not a water treatment like chlorine. It is added to the water as treatment for the **disease of dental caries. Therapeutic claims are made for it which makes it a medicine as defined in Part A- NZ Regulations Medicines Act 1981.** My own experience of fluoride tablets in childhood, and pineal cancer in adulthood, highlights there are risks for those exposed to higher doses of fluoride. There is no monitoring of possible harm for people in fluoridated areas even though research and personal stories demonstrates there is potential harm.

1.2 When put into town/city water supplies it is added in a precise concentration which is monitored by local governments. However the dose that people receive is dependent on the amount of water they drink making it an **uncontrolled dose.** Some sensitive people are able to detect when fluoride is added to the water beyond the natural background level and their health is affected by consumption of fluoridated water. The care of these people is undertaken by a health professional who may regularly monitor their fluoride levels and treat affected endocrine, nervous system, skeletal or digestive problems (in reality GPs

rarely do this monitoring unless the patients persistently requests it). The responsibility for these people does not lie with a local council but with a health professional, which usually is the GP and sometimes other complementary health providers, all of whom are professionally bound by the Medicines Act. If fluoridation is taken out of the Medicines Act what legal comeback do these patients have? Three case histories demonstrate the complex health issues related to their consumption of fluoride in various forms.

1.3 Given fluoridated chemicals are claimed to be therapeutic substances, they should remain legislated under the Medicines Act. The claim that FSA and SSA are simply increasing the natural 'fluoride' level is incorrect. **There were no indications of fluoride deficiency prior to the arrival of Europeans.** Fluoride is not found as a single element in nature but readily forms complexes which are less easily absorbed in the body.

1.4 The withdrawal of fluoride tablets from general use, and especially for pregnant women and children, occurred when fluoridation became more widespread. Fluoride tablets now carry health warnings for pregnant women and children under 3. If tablets are not suitable for pregnant women and young children in a controlled dose, **how can it be safe when it is added to drinking water and ingested in an uncontrolled dose?**

1.5 The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to "first do no harm". By excluding HFA and SSF from the Medicines Act the health authorities are removing the right of complaint for consumers under the Act, and removing themselves from culpability or blame. They are refusing to acknowledge the science that demonstrates the harm that fluoride in water can cause people.

1.6 The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines

**Question 2.** *Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?*

**NO.** Fluoride and its compounds are **not** used to ‘**treat**’ community water supplies. In community water fluoridation (CWF) the **purpose** of fluoride and its compounds is to **treat people**.

## 2.0 Qualifications

I am a NZCH registered homeopath (RCHom) with a Diploma of Homeopathy from Wellington College of Homeopathy and Advanced Diploma of Homeopathy from Bay of Plenty College of Homeopathy. I have a BSc (hons) from Canterbury University, majoring in psychology.

I have worked as a health professional in the fluoridated areas of Hastings and Havelock North for 15 years. I have been the spokesperson for Fluoride Free Hastings during the fluoride referendum in 2013. During the three years prior to the referendum I have researched the subject extensively including reading;

The National Research Council 2006 report;

*The Case Against Fluoride* by Paul Connett(PhD), James Beck(MD, PhD) and HS Micklem (DPhil);

*The Fluoride Deception* by Christopher Bryson

and numerous scientific papers about the fluoride issue. I have also spoken with Dr Paul Connett extensively and researched on the Fluoride Alert website [www.fluoridealert.org](http://www.fluoridealert.org)

## 2.1 My Fluoride Experience

My own personal experience with fluoride began as a 5 month old baby when my doctor recommended that I be given 1mg fluoride tablet daily. This practice has since been discontinued and fluoride supplements are not recommended for pregnant women or children younger than 3 years old. In 1961 when I was born the final report investigating the safety of fluoride tablets was published. Dr Rueben Feltman and George Kosel stated the following;

**“One percent of our cases reacted adversely to the fluoride (1mg /day tablets). By the use of placebos, it was definitely established that the fluoride and not the binder was the causative agent. These reactions, occurring in gravid women and in children of all ages in the study group affected the dermatologic, gastro-intestinal and neurological systems. Eczema, atopic dermatitis, urticaria, epigastric distress, emesis and headache have all occurred with the use of fluoride and disappeared upon the use of placebo tablets, only to recur when the fluoride tablet was, unknowingly to the patient, given again. When adverse reactions occur, the therapy can be readily discontinued and the patient or parent advised of the fact that sensitivity exists and the element is to be avoided as much as possible.”** (R.Feltman and G.Kosel, “Prenatal and Postnatal Ingestion of Fluorides - Fourteen years of investion - Final Report.” The Journal of Dental Medicine 16 (1961) 190-99)

Sensitivity is one aspect of the fluoride debate, the other is accumulation of fluoride in the body over time. It is known that exposure to fluoride while the teeth are forming increases the risk of fluorosis and also delays the eruption of the teeth. Babies are therefore a particularly sensitive population. The lack of an adequate non-invasive fluoride test in New Zealand makes it very difficult to determine who are sensitive people and whether excessive fluoride accumulation is happening. This lack of monitoring over a person’s lifetime is concerning as demonstrated in the cases below.

## 2.2 Pineal Cancer

My family did not observe that I had an adverse reaction to fluoride as a baby although I had repeated throat infections and went on to develop allergies, typical of a person with a compromised immune system. As a 52 year old, I was diagnosed with a Pineal Parenchymal Tumour - Intermediate Differentiation (PTTID).

Research work by Dr Jennifer Luke, a dentist in UK, confirmed that the pineal gland is capable of laying down crystals of calcium hydroxyapatite, the mineral formed in teeth and bones. Dr Luke hypothesised that like teeth and bones, this little gland could concentrate fluoride. She investigated the pineal glands of 11 corpses from elderly people and found fluoride concentrations in the pineal glands. The average level of fluoride in the glands was 9000ppm, one case reaching the extremely high level of 21,000ppm. Significantly 9000ppm approaches the level of fluoride found in the bones of someone suffering from skeletal fluorosis. (*J. Luke, "The Effect of Fluoride on the Physiology of the Pineal Gland," OhD thesis, University of Surrey, Guildford, UK, 1997. Online - <http://fluoridealert.org/luke-1997.pdf>*)

Dr Luke also presented evidence that animals (Mongolian gerbils) exposed to high levels of fluoride had lowered melatonin levels and reached puberty earlier than gerbils exposed to lower levels of fluoride. (*J. Luke, "The Effect of Fluoride on the Physiology of the Pineal Gland," OhD thesis, University of Surrey, Guildford, UK, 1997. Online - <http://fluoridealert.org/luke-1997.pdf>*)

The 2006 NRC panel acknowledged the potential seriousness of her work:

"The single animal study of pineal function indicated that fluoride exposure results in altered melatonin production and altered timing of sexual maturity... Whether fluoride affects pineal function in humans remains to be demonstrated. The two studies of menarcheal age in humans show the possibility of earlier menarche in some individuals exposed to fluoride, but no definitive statement can be made. Recent information on the role of the pineal organ in humans suggests that any agent that affects the pineal function could affect human health in a variety of ways, including effects on sexual maturity, calcium metabolism, parathyroid function, postmenopausal osteoporosis, cancer and psychiatric disease." (National Research Council, Fluoride in Drinking Water, page 264)



Dr Luke's work has highlighted a possible cause of the pineal tumour I was diagnosed with. After the initial brain surgery to open an alternative drainage hole from my third ventricle to my spinal column, I have spent the year healing myself of this tumour. Central to that treatment program has been detoxifying my pineal gland of fluoride and other chemicals that may have accumulated in my body. It is impossible to confirm the degree to which I have accumulated fluoride in my pineal gland, teeth or bones. I have no fluorosis of my teeth so it is possible that much of the fluoride I ingested as a child was either detoxified or accumulated in the pineal gland. Unfortunately the tiny biopsy sample was insufficient for assessing fluoride although I did ask for investigation to be done.

**How many other people are accumulating fluoride in their pineal gland and contending with early sexual maturity, calcium metabolism problems, parathyroid dysfunction, postmenopausal osteoporosis, cancer, psychiatric disease and sleep disorders as a result of fluoride exposure?**

Dr Dean Burk, who worked for the US National Cancer Institute for 34 years, made this statement to the US Congress 21 July 1976:

*"In point of fact, fluoride causes more human cancer death, and causes it faster than any other chemical."*

Dr Burk clearly recognised the potential for fluoride to cause cancer.

### **3.0 Fluoride Sensitive People**

For the 1% of people who are sensitive to fluoride tablets (according to Feltman and Kosel), the addition of HFA in their drinking water is paramount to slow poisoning. **It is likely these people have no tolerance for fluoride at any dose.**

Hastings, Havelock North and Flaxmere have a population centre of 67,800 and have fluoride chemicals (HFA) added to their water supply. The number of people who according to Feltman and Kosel's research may be 'sensitive' to fluoride may be as many as 678 people. That is a significant number of people who may have eczema, atopic dermatitis, urticaria, epigastric distress, emesis and headaches caused by fluoride exposure. It is unknown how many cancer patients may be affected by fluoride. Fluoride serum tests are

not regularly carried out by GPs. Most people desperate to find relief from their symptoms stumble upon the fluoride sensitivity possibility and confirm the diagnosis by switching to non-fluoridated water.

**If people cannot readily get fluoride testing from their doctors, who can they rely on to diagnose their suffering?**

### **3.1 Case 1 - Eczema**

Mr W drank fluoridated water in Havelock North and developed a rash that was 'extremely itchy and irritating'. During an interruption to the fluoridation of Havelock North's water (in the 1980s) Mr W's rash cleared. He went to show his dermatologist who had previously told the elderly man that he had an 'allergy but we can't identify it' (or words to that effect). The man asked if the rash could have been caused by fluoridation and the dermatologist replied "Very likely, but we are not allowed to say so." (HB Today Letter to Editor by Mr W Wright 11/3/11).

### **3.2 Case 2 - Chronic fatigue and other symptoms**

I lived in the UK most of my childhood. When I was 10 I had a major immune system crash. After seeing doctor after doctor I was diagnosed with chronic fatigue syndrome. It got bad, same symptoms every week. Vomiting, headaches and sore throat. The doctors could do nothing for me and none of them even questioned the fluoride in the water where I lived. When I was 12 my family moved to NZ. With better water (ie fluoride free) and air, my symptoms started receding straight away. I have experimented with toothpaste and other sources of fluoride and I found I am highly sensitive to it. The following describes my personal experience almost perfectly "*In hypersensitive individuals, fluorides occasionally cause skin eruptions such as atopic dermatitis, eczema or urticaria. Gastric distress, headache and weakness have also been reported. These hypersensitivity reactions usually disappear promptly after discontinuation of the fluoride.*" - Physician's Desk Reference. (Fluoride Action Network testimonials).

### Case 3      Hypothyroid and Arthritis

I have had health issues with hypothyroidism since 1956 - two years following fluoridation of the Hastings water supply... As this was again a problem for me earlier this year I consulted my GP and asked if, as well as my normal thyroid blood test, I might be referred for a special fluoride blood serum test, a test rarely done in New Zealand... The blood test figure meant little to me so I talked to the laboratory professor for his interpretation. He said my blood test was indicative of a person who had lived in a fluoridated area long term.

It was recommended that I stop drinking fluoridated water, tea, not brush with fluoridated toothpaste, have only brief warm showers and no baths. My GP said the problem was "treatable" and reassured me I did not have fluoride toxicity ... Recently I sought a further opinion on my May blood test result from Dr Declan Waugh, an independent international scientist whose work and research on fluoride's effects on the human health have been recognised and lauded by senior members of the National Academies of Medicine and Sciences in the United States and whose research is now being used to end fluoridation in many parts of the world.

On viewing my blood test results he reported as follows:

"The mean blood test for individuals living in non-fluoridated areas is 0.3 umol/litre. For those living in fluoridated areas it is generally 1umol/litre. There is a positive relationship between plasma fluoride levels and bone fluoride levels. The levels you refer to indicate that your skeletal system is saturated with fluoride, resulting in a rise in your plasma fluoride levels. In women, post menopause results in liberating/the release of fluoride from the bone. From the data you sent me I would be of the opinion, based on published scientific studies, that your blood levels indicate chronic long-term fluoride exposure. This exposure is also likely to have a direct effect on your thyroid and associated health problems".

On 3 October 2013 I received the results of a further fluoride blood test and over 5 months of detoxing and keeping off all fluoridated water, tea and limiting my exposure when

showering, my fluoride level has now dropped to 2.6 umol/l (previously 5.0 umol/l). My thyroid function, sleep, arthritic pain and blood pressure have all improved since I stopped fluoride, which leads me to the inescapable conclusion fluoride exposure previously played a role in my situation.

I spoke to the pathologist testing for fluoride and he remarked that my test results should not be viewed in isolation. He feels it is timely for a larger study to be undertaken to examine fluoridation in New Zealand. (From HB Today Talking Point 9/10/13)

### **3.4 Hastings fluoride serum testing**

Assessing whether fluoride is affecting a person involves a combination of symptom assessment, serum and/or urine testing and fluoride 'challenging' tests. To investigate this in Hastings I invited residents to undertake a serum test which was analysed by the Canterbury Research Laboratory.

Eleven fluoride serum samples were taken in Hastings/Havelock North/Flaxmere.

- a. The eldest person in our sample (N=11) was 81 and the youngest 45 years old
- b. No one in the sample was undergoing fluoride treatment for osteoporosis at the time of the test
- c. Medication history has not been collected. Use of Fluoride tablets as a child is noted in one participant
- d. Range of years lived in fluoridated areas 10 - 59 years
- e. These people asked for a fluoride serum test after local publicity. There was no particular selection criteria except 'live/work in fluoridated area'.
- f. All participants in this study have given written permission to be included in the study.
- g. Six people live in Havelock North, four in Hastings, one lives rurally but worked in Havelock North
- h. The sample group self-reported these health concerns; Irritable Bowel Syndrome (IBS)(2 people), hypothyroid(1), prostate cancer(1), heart condition(1), arthritis(3), alzheimer's

(1), loss of teeth(3), insomnia(2), poor energy(1), itching(2), osteoporosis(1), poor memory(2), gastrointestinal problems other than IBS(2).

Patient	Gender	Age	Yrs in F area	Date of Test	Result umol/L	Result mg/L	Lab assess	Retest umol/L	Note
002HN	M	73	59	17/6/13	1.9	0.036			Drinks milk not H2O
003HN	F	71	59	7/5/13	5	0.095	H	2.6 *	6-8 glasses H2O
0010HN	M	63	59	19/9/13	2.1	0.039			Drinks 3 l day
008H	M	58	58	3/7/13	1.5	0.028			
001H	M	55	55	30/1/03	2.9	0.055	*		
004H	M	69	46	30/5/13	2.6	0.049	HH		No assessment given
005HN	F	61	45	2/7/13	5.9	0.112	*		
009H	F	60	39	13/8/13	1.8	0.028			
0011HN	F	60	39	27/9/13	1.8	0.034			
006HN	F	45	20	30/8/13	0.9	0.017			
007R	F	49	10	12/11/10	1.2	0.022			F Tabs as child
Average					2.46162	0.04682			

### 3.4.1 Results

1. The range of these samples is 0.9 - 5.9 umol/L serum fluoride
2. The average is 2.48 umol/L
3. The reference range (supplied by CRL) is 0.3 - 2.2 umol/L
4. Normal upper limit in fluoridated community is 1 umol/L (0.019 mg/L)
5. Normal upper limit in non-fluoridated community is 0.3 umol/L (0.0057mg/L)
6. Four people had high fluoride serum levels compared to the reference group, specified as \* (and/ or HH) in CRL reports, two of these people had very high (HH) fluoride serum levels.

**All but one sample exceeded the upper limit for a fluoridated community.** As fluoride accumulation may be a function of kidney health, length of exposure and fluoride sources, it is not surprising that older people are more likely to have elevated fluoride levels.

### 3.4.2 Discussion of Results

One person (003HN) had a high reading of 5  $\mu\text{mol/L}$  (0.095  $\text{mg/L}$ ) which has since dropped to 2.6  $\mu\text{mol/L}$  (0.049  $\text{mg/L}$ ) after 5 months of avoiding all fluoride including fluoridated water (only short showers and no baths), fluoridated toothpaste, and tea (see case 3 above). Her husband (002HN) had a reading of 1.9  $\mu\text{mol/L}$  and drinks mainly milk not water.

The oldest person aged 81 (005HN) had the highest reading and died from pneumonia within a month of this high reading. She had severe osteoporosis but had never had fluoride treatment for this condition. She had severe gastric bloating which her Doctor diagnosed as a hernia but also had characteristics of irritable bowel syndrome. She suffered from on-going arthritis, gastric and bone pain. She was often bothered by an itchy rash. Due to her age and frailty she was not able to access fluoride free water which may have helped her considerably.

### 3.5 The biochemical role of fluoride

The role that fluoride plays in suppressing biochemical enzymes in the body may contribute to a host of illnesses including thyroid conditions, brain dysfunction and many other subtle and not so subtle disturbances as mentioned above. It is interesting to note that some of the earliest opponents of fluoridation in the 1950s were biochemists who used fluoride to poison enzymes in their experiments.

One of these was Dr James Sumner, who was the director of enzyme chemistry, Cornell University. He is quoted as saying *'We ought to go slowly. Everybody knows fluorine and fluorides are very poisonous substances and we use them in enzyme chemistry to poison enzymes, those vital agents in the body.'* (Printed in booklet 'When Doctors Disagree' 9th printing March 1965. See A Case Against Fluoride by Paul Connett for further information).

Our health authorities are taking a considerable risk by adding fluoride to the water supplies of our communities without adequate monitoring of sensitivity or accumulation over time.

#### 4.0 Fluoride is not an essential nutrient

The argument that fluoride is deficient in New Zealand soils or waters is spurious since research has not demonstrated that there is a deficiency disease that results from lack of fluoride in the body. The dental decay problems our communities face results from excess sugar and insufficient nutrition in our diets. This should be the focus for all public health education. This broad brush approach will prevent many illnesses, not just dental decay. Adding fluoride to the background levels of fluoride in water is poisoning people. The HFA and SFA additive is not 'natural' fluoride and the right amount of fluoride is the 'background' level. This is what humans have evolved with. People have variable sensitivity to fluoride, and this may be particularly concerning in babies when formula is mixed with fluoridated water. **Breast milk contains 175% less fluoride than fluoridated water (0.7ppm). Surely nature knows how much a baby needs.**

Significant research from China has demonstrated that in communities with higher fluoride levels, childhood IQ has reduced, especially where there is also low iodine levels. This effect was seen in Chinese communities with fluoride levels close to the levels used in our fluoridated communities (i.e 0.8mg/L).

#### 4.2 Historical Evidence

Maori Children on the East Coast were examined by visiting dentist Dr Weston A Price in the 1930s. He found excellent teeth and bones with very few caries or missing teeth until the children moved into 'modern' communities and started eating sugar and white flour. This is documented in his book 'Nutrition and Physical Degeneration'. If there had been a deficiency of fluoride in our NZ waters these children would have had more caries. It is likely that a complex of nutrition helped these children prior to being exposed to the Western diet, which is why a single element approach makes no sense.

## **5.0 Conclusion**

It is acknowledged by health authorities that the fluoridating chemicals are added to the water for a therapeutic purpose, therefore substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are definitely medicines under the Medicines Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies. There is sufficient research showing harm for people who are very sensitive to fluoride and over time older people are more likely to be harmed due to the accumulation of fluoride in their bodies. Young children are at risk of having reduced intelligence if they consume large amounts of fluoridated water and have low iodine levels.

**The proposed amendment should be opposed.**

**Post to:**

Regulations under the Medicines Act 1981 Consultation

Medsafe

Clinical Leadership Protection & Regulation

Ministry of Health

PO Box 5013

Wellington 6145

**Email to:** [askmedsafe@moh.govt.nz](mailto:askmedsafe@moh.govt.nz)





Fluoride Submission

to: askmedsafe

07/01/2015 09:59 p.m.

History: This message has been replied to.

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3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to "first do no harm"
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines

Question 2. Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?

NO. Fluoride and its compounds are not used to 'treat' community water supplies. In community water fluoridation (CWF) the purpose of fluoride and its compounds is to treat people

I do not wish to speak to my submission.

Sincerely





**Submission to Consultation on Proposed Amendment to Regulations  
under the Medicines Act 1981 - Fluoride (2014)**

to: askmedsafe

07/01/2015 10:00 p.m.

History: This message has been replied to.

I understand that an amendment is proposed that will mean community water fluoridation chemicals are not considered medicines.

I do not support the proposed amendment for numerous reasons:

1. Water fluoridation is promoted solely because of the therapeutic effect it has on dental caries. The fluoride containing compounds are not added to treat the water itself, as chlorine is, and there are no other reasons for adding fluoride compounds to water supplies other than for dental health benefits. This means a chemical is being supplied to people for the express purpose of treating a health issue, therefore there is no way the chemicals added cannot be classified as medicines.
2. The Medicines Act is designed to protect people from the risk of the indiscriminate use of medicines. The way fluoride is supplied to people is indeed indiscriminate because there are no controls whatsoever over dosage when it is administered through the water supply. Infants that are formula fed using fluoridated water receive, on a per body weight basis, in excess of a safe daily intake of fluoride, as detailed in research commissioned by the MOH itself. Clearly we need better administration of this chemical, not removal of a safety barrier that is in place to ensure safer use of medicines.
3. This sets a dangerous precedent to exempt what is clearly a medicine from the Medicines Act. Just because the compound is administered through the water supply, and the concentration in the water supply is at a low level, is not justification for exempting fluoride from being considered a medicine. I am concerned that other medicines may be exempted in a similar fashion and added to our water supply in future attempts to address public health issues.
4. I suggest the drivers for this amendment are not of a sound or democratic basis. Exempting fluoride from the act appears to be merely a mechanism to prevent people from successfully fighting against having fluoridation of their community water supplies. This is a very underhand way of removing people's freedom of choice.

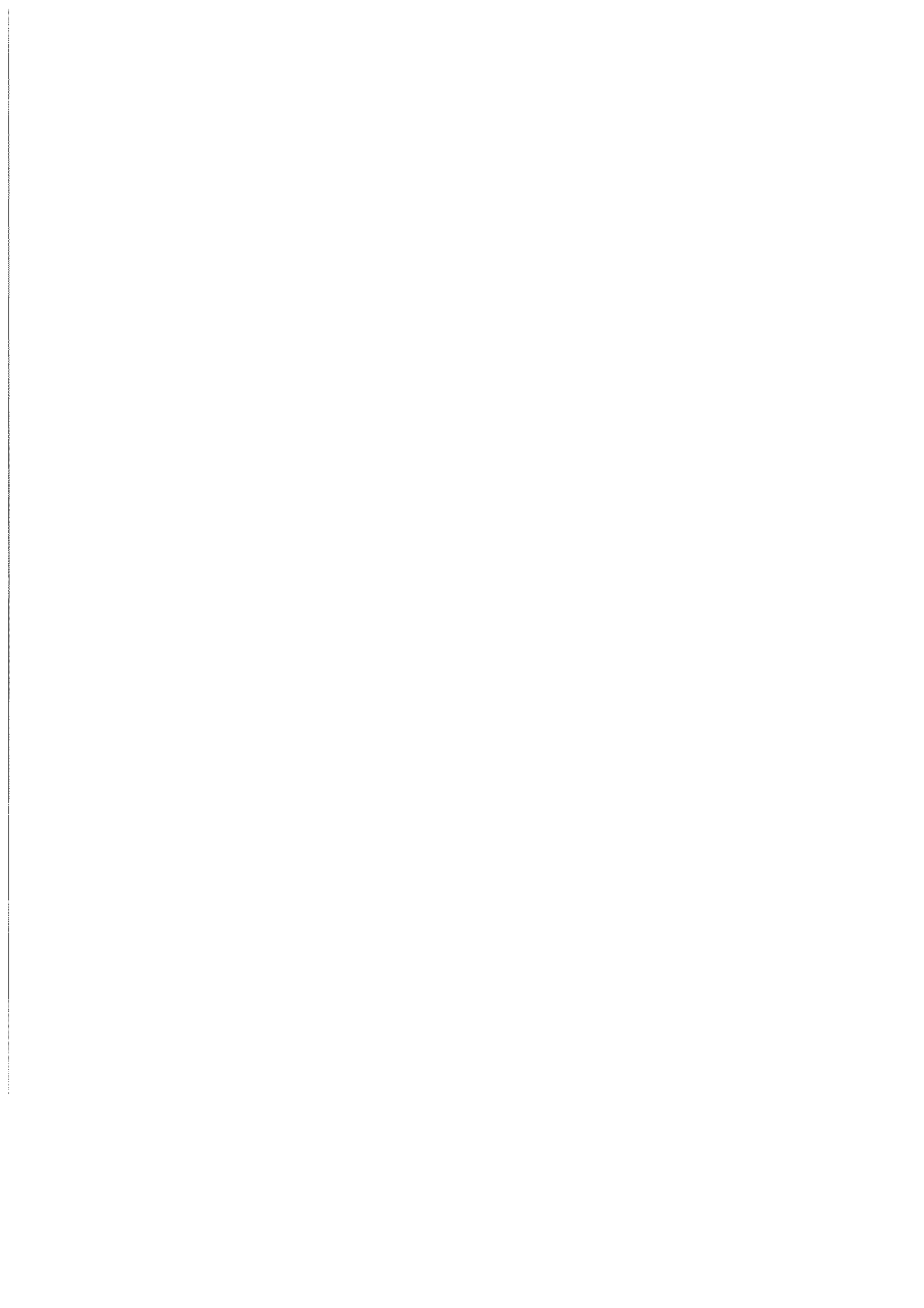
With regard to Question 2 in the consultation form, I find this is a very misleading question. Fluoride and its compounds are used to treat people and are not used to treat water supplies. Referring to treatment of water supplies makes it sound like it is a treatment such as chlorine that does directly treat the water, and helps to perpetuate the illusion that fluoride is not being used as a medicine. If it was worded correctly to ask whether there are "other fluoride containing compounds used to treat dental health through water fluoridation..." it would be quite clear that fluoride is being used as a medicine.

I do not wish to speak to my submission.

-

f

☺





**Submission to Consultation on Proposed Amendment to Regulations  
under the Medicines Act 1981 - Fluoride (2014)**

askmedsafe

07/01/2015 10:10 p.m.

History: This message has been replied to.

I do not give permission for my personal details to be released to persons under the Official Information Act 1982  
Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

"It is proposed that a new regulation be made under section 105(1)(i) that:

Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies." Medsafe

Name:

Email:

Address:

Question 1. Do you support the proposed amendment? If not why not?

NO. I do not support the proposed amendment because:

1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to "first do no harm"
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines

Question 2. Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?

NO. Fluoride and its compounds are not used to 'treat' community water supplies. In community water fluoridation (CWF) the purpose of fluoride and its compounds is to treat people

I do not wish to speak to my submission.





Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 - Fluoride (2014)

to: askmedsafe

07/01/2015 10:10 p.m.

History: This message has been replied to.

SUBMISSION FORM

I do not give permission for my personal details to be released to persons under the Official Information Act 1982

Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

“It is proposed that a new regulation be made under section 105(1)(i) that: Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies.” Medsafe

Name:

Email:

Address:

Question 1. *Do you support the proposed amendment? If not why not?*

NO. I do not support the proposed amendment because:

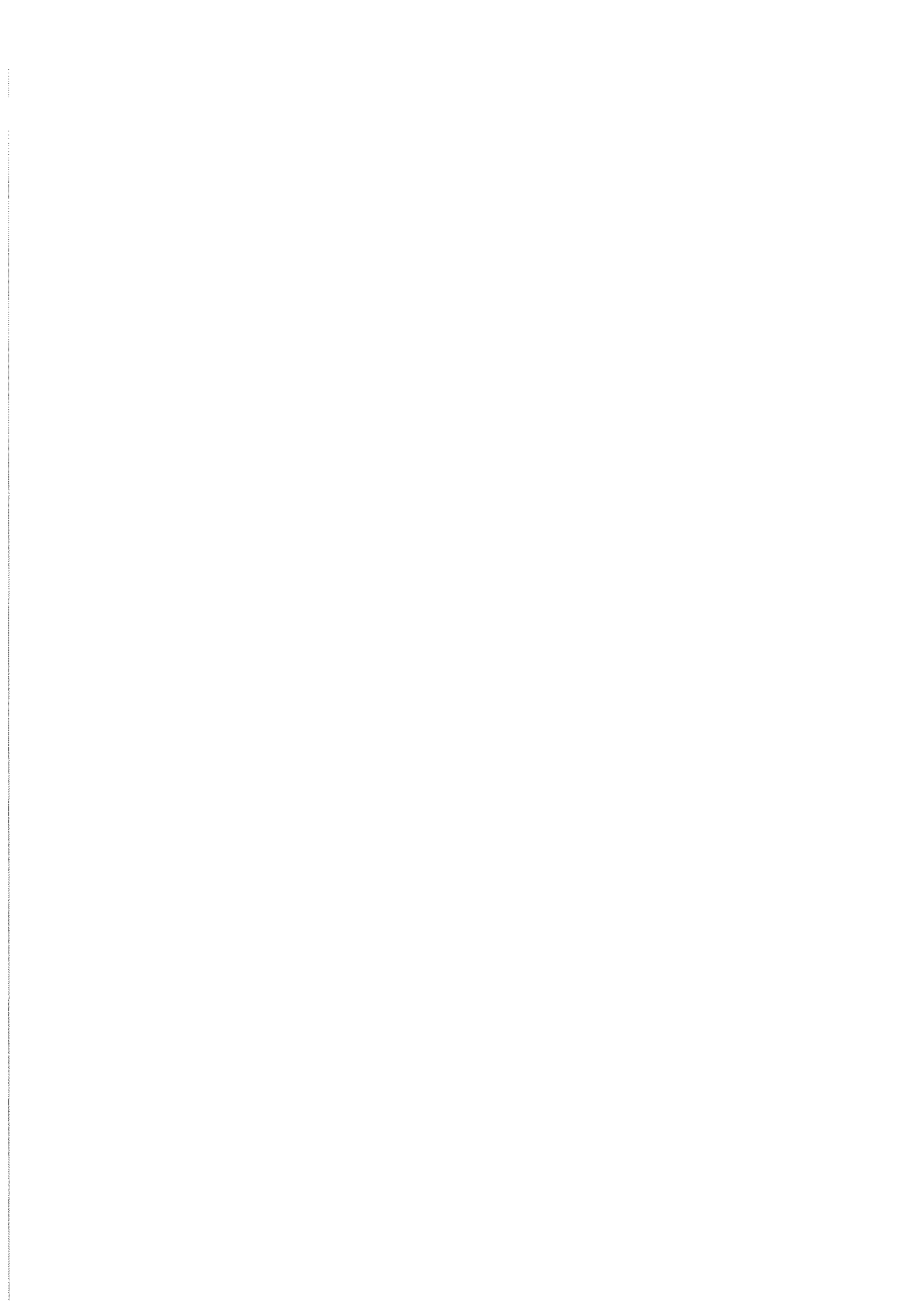
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2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
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Question 2. *Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?*

NO. Fluoride and its compounds are not used to ‘treat’ community water supplies. In community water fluoridation (CWF) the purpose of fluoride and its compounds is to treat people

*I do not wish to speak to my submission.*

Yours Sincerely





**SUBMISSION FORM**

I do ~~/do not~~ (delete whichever does not apply) give permission for my personal details to be released to persons under the Official Information Act 1982

**Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)**

"It is proposed that a new regulation be made under section 105(1)(i) that: Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies." Medsafe

**Name:**

**Email:**

**Address:**

**Question 1.** *Do you support the proposed amendment? If not why not?*

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1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
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**Question 2.** *Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?*

**NO.** Fluoride and its compounds are **not** used to '**treat**' community water supplies. In community water fluoridation (CWF) the **purpose** of fluoride and its compounds is to **treat people**

~~I do not~~ (delete whichever does not apply) wish to speak to my submission.

**Post to:**

Regulations under the Medicines Act 1981 Consultation

Medsafe

Clinical Leadership Protection & Regulation

Ministry of Health

PO Box 5013

Wellington 6145

**Email to:** [askmedsafe@moh.govt.nz](mailto:askmedsafe@moh.govt.nz)





**Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 - Fluoride (2014)**

to: askmedsafe

07/01/2015 10:22 p.m.

History: This message has been replied to.

SUBMISSION FORM

I do not give permission for my personal details to be released to persons under the Official Information Act 1982

Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

“It is proposed that a new regulation be made under section 105(1)(i) that: Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies.” Medsafe

Name:

Email:

Address: '

Question 1. *Do you support the proposed amendment? If not why not?*

NO. I do not support the proposed amendment because:

1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
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NO. Fluoride and its compounds are not used to ‘treat’ community water supplies. In community water fluoridation (CWF) the purpose of fluoride and its compounds is to treat people

*I do not wish to speak to my submission.*





Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 - Fluoride (2014)

to: askmedsafe

07/01/2015 10:32 p.m.

History: This message has been replied to.

To whom this may concern

SUBMISSION FORM

I do not give permission for my personal details to be released to persons under the Official Information Act 1982

Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

“It is proposed that a new regulation be made under section 105(1)(i) that:

Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies.” Medsafe

Question 1. *Do you support the proposed amendment? If not why not?*

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Question 2. *Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?*

NO. Fluoride and its compounds are not used to ‘treat’ community water supplies. In community water fluoridation (CWF) the purpose of fluoride and its compounds is to treat people

*I do not wish to speak to my submission.*

*Kindest Regards*





NZ wide Fluoride submission  
to: askmedsafe

07/01/2015 10:54 p.m.

History: This message has been replied to.

I do give permission for my personal details to be released to persons under the Official Information Act 1982  
Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride  
(2014) "It is proposed that a new regulation be made under section 105(1)(i) that:

Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies." Medsafe

Name:  
Ema  
Address

Question 1. Do you support the proposed amendment? If not why not?

NO. I do not support the proposed amendment because:

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- 2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
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I do not wish to speak to my submission.

--  
Dr. (   
Chiropractor






**SUBMISSION FORM**

to: askmedsafe

07/01/2015 10:55 p.m.

History: This message has been replied to.

I do not give permission for my personal details to be released to persons under the Official Information Act 1982

**Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)**

“It is proposed that a new regulation be made under section 105(1)(i) that: Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies.” Medsafe

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**Question 2.** *Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?*

**NO.** Fluoride and its compounds are **not** used to ‘**treat**’ community water supplies. In community water fluoridation (CWF) the **purpose** of fluoride and its compounds is to **treat people**

*I do not wish to speak to my submission.*

Thank you and kind regards.





History:

This message has been replied to.

**SUBMISSION FORM**

I do give permission for my personal details to be released to persons under the Official Information Act 1982

**Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)**

“It is proposed that a new regulation be made under section 105(1)(i) that: Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies.” Medsafe

**Name:**

**Email**

**Address**

**Question 1.** *Do you support the proposed amendment? If not why not?*

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4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines.
5. This is medical mafia facism. Twisting the truth into lies with word games. Stop lying

**Question 2.** *Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?*

**NO.** Fluoride and its compounds are **not** used to ‘**treat**’ community water supplies. In community water fluoridation (CWF) the **purpose** of fluoride and its compounds is to **treat people**

*I do not wish to speak to my submission.*

**Post to:**

Regulations under the Medicines Act 1981 Consultation

Medsafe

Clinical Leadership Protection & Regulation

Ministry of Health

PO Box 5013

Wellington 6145

**Email to:** [askmedsafe@moh.govt.nz](mailto:askmedsafe@moh.govt.nz)

December 17, 2014By maryNews





**Submission to Consultation on Proposed Amendment to Regulations  
under the Medicines Act 1981 - Fluoride (2014)**

askmedsafe@moh.govt.nz

08/01/2015 12:25 a.m.

Please respond to

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History: This message has been replied to.

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Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

I do not give permission for my personal details to be released to persons under the Official Information Act 1982

"It is proposed that a new regulation be made under section 105(1)(i) that: Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies." Medsafe

Name:

Email:

Address:

Question 1. Do you support the proposed amendment? If not why not?

**NO.** I do not support the proposed amendment because:

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2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
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**NO.** Fluoride and its compounds are not used to 'treat' community water supplies. In community water fluoridation (CWF) the purpose of fluoride and its compounds is to treat people

Thank you





Proposed Amendment to Regulations under the Medicines Act 1981 -  
Fluoride (2014)

to: askmedsafe@moh.govt.nz

08/01/2015 12:35 a.m.

History:

This message has been replied to.

I do give permission for my personal details to be released to persons under the Official Information Act 1982

Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

“It is proposed that a new regulation be made under section 105(1)(i) that:

Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies.” Medsafe

Name:

Email:

Address:

I do not support the proposed amendment because:

Fluoride is not a water treatment like chlorine

Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine

The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to “first do no harm”

The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines

Fluoride and its compounds are **not used** to ‘treat’ community water supplies. In community water fluoridation (CWF) the purpose of fluoride and its compounds is to treat people

I believe this proposed amendment to be a direct violation to basic human rights

Sent from my iPhone







submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 - Fluoride (2014)

askmedsafe

08/01/2015 12:39 a.m.

History:

This message has been replied to.

Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

I do not give permission for my personal details to be released to persons under the Official Information Act 1982

“It is proposed that a new regulation be made under section 105(1)(i) that: Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies.” Medsafe

Name:

Email:

Address:

Question 1. Do you support the proposed amendment? If not why not?

NO. I do not support the proposed amendment because:

- 1. Fluoride is not a water treatment like chlorine
- 2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
- 3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to “first do no harm”
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Question 2. Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?

NO. Fluoride and its compounds are not used to ‘treat’ community water supplies. In community water fluoridation (CWF) the purpose of fluoride and its compounds is to treat people

Thank you



## SUBMISSION FORM

Please provide your contact details below. You may also wish to use this form to comment on the proposed amendment.

Name:	
If this submission is made on behalf of an organisation, please name that organisation here:	
Please provide a brief description of the organisation if applicable:	
Address/email:	T
Your interest in this topic (for example, local body, consumer, manufacturer, health professional etc):	consumer
<b>Question 1</b> <i>Do you support the proposed amendment? If not, why not?</i>	No.
<b>Question 2</b> <i>Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?</i>	No.

Please note that all correspondence may be requested by any member of the public under

the Official Information Act 1982. If there is any part of your correspondence that you consider should be properly withheld under this legislation, please make this clear in your submission, noting the reasons why you would like the information to be withheld.

If information from your submission is requested under the Act, the Ministry of Health will release your submission to the person who requested it. However, if you are an individual, rather than an organisation, the Ministry will remove your personal details from the submission if you check the following box:

- I **do not** give permission for my personal details to be released to persons under the Official Information Act 1982.

All submissions will be acknowledged, and a summary of submissions will be sent to those who request a copy. The summary will include the names of all those who made a submission. In the case of individuals who withhold permission to release personal details, the name of the organisation will be given if supplied.


**Fluoride Submission**

to: askmedsafe

08/01/2015 02:27 a.m.

Sent by:

History: This message has been replied to.

I do not give permission for my personal details to be released to persons under the Official Information Act 1982

**Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)**

“It is proposed that a new regulation be made under section 105(1)(i) that: Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies.” Medsafe

**Name:** ]

**Email:**
**Address:**

**Question 1.** *Do you support the proposed amendment? If not why not?*

**NO.** I do not support the proposed amendment because:

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2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
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**Question 2.** *Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?*

**NO.** Fluoride and its compounds are **not** used to ‘**treat**’ community water supplies. In community water fluoridation (CWF) the **purpose** of fluoride and its compounds is to **treat people**

*I do not wish to speak to my submission.*

--

Many Thanks

// Please note:

In an effort to become more efficient and manage your projects better, I will be checking and responding to emails at 11am and 3pm on-  
Monday  
Wednesday  
Friday

If and only if it's urgent you can call or message me outside of these days on -

If you'd like to contact me for personal reasons you can email me on

Thanks again for your understanding in allowing me to create a more efficient service for you.  
//

A small, handwritten mark or signature located at the bottom left of the page. It consists of a horizontal line that curves upwards and then downwards, resembling a stylized 'T' or a checkmark.



Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 - Fluoride (2014)

to: askmedsafe

08/01/2015 06:04 a.m.

History: This message has been replied to.

Name:

Email:

Address:

Question 1. Do you support the proposed amendment? If not why not?

NO. I do not support the proposed amendment because:

1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to "first do no harm"
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines

Only a morally and ethically bankrupt person would seek to put into drinking water and therefore the environment, something they know categorically is harmful. Pro-fluoride government bureaucrats know categorically this is a harmful practice because they are taking extraordinary steps to hide the truth about this practice. Since fluoride is available in many forms if you wish to take it, there has to be a sinister purpose for pro-fluoride advocates to force it on others, particularly the most vulnerable who cannot afford the filtering systems. No one can ever be convinced that pro-fluoride advocates really want to 'protect' children when they behave in ways that make it clear they only want to harm and force others.

Question 2. Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?

NO. Fluoride and its compounds are not used to 'treat' community water supplies. It is used to deliberate poison the population. In community water fluoridation (CWF) the purpose of fluoride and its compounds is to treat people with a cancer-causing agent to support the illness-creation machinery.

I do not wish to speak to my submission for obvious reasons.

Post to:

Regulations under the Medicines Act 1981 Consultation

Medsafe

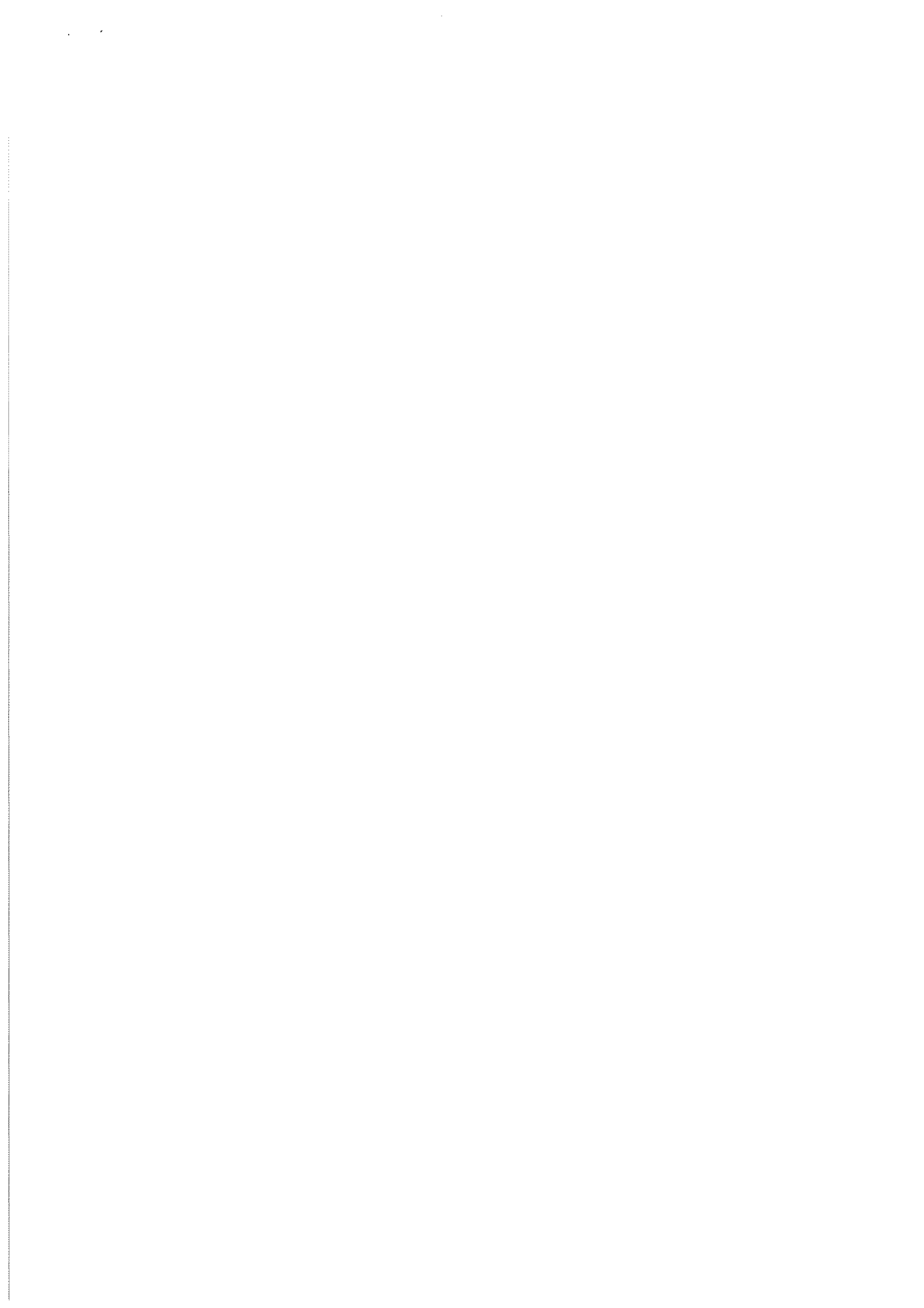
Clinical Leadership Protection & Regulation

Ministry of Health

PO Box 5013

Wellington 6145

Sincerely,







o: askmedsafe

08/01/2015 06:06 a.m.

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History: This message has been replied to.

---

What is being proposed is absurd.

I am a chemist and I can tell you unequivocally that fluoride is a poison and only a poison.

There is no metabolic function that requires fluoride, quite to the contrary it interferes with numerous bodily functions and denatures dozens of enzymes.

If you care about the people of New Zealand you will do everything you can to keep fluoride out of water entirely!

Fluorides are industrial wastes that should be dealt with appropriately.

The supposed reason for diluting fluoride into water is for dental health, but because it is so extremely toxic this so-called medicine is not safe at any level.

Trying to define a lower concentration as not being a medicine is disingenuous and deceitful.

Please make the right decision

Thank you,





Submission to Consultation on Proposed Amendment to Regulations  
under the Medicines Act 1981 - Fluoride (2014)

o: askmedsafe

08/01/2015 06:24 a.m.

History: This message has been replied to.

SUBMISSION FORM

I do give permission for

my personal details to be released to persons under the Official  
Information Act 1982

Submission to Consultation on Proposed Amendment to Regulations under the Medicines  
Act 1981 – Fluoride (2014)

“It is proposed that a new regulation be made under section 105(1)(i) that:  
Fluoride containing substances, including the substances  
hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not  
medicines for the purpose of the Act when they are manufactured and  
supplied or distributed for the purpose of fluoridating community water  
supplies.” Medsafe

Name

Email:

Address

Question 1. Do you support the proposed amendment? If not why not?

NO. I do not support the proposed amendment because:

1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a  
medicine
3. The Medicines Act is designed to protect people from the risk of  
indiscriminate use of medicines, reflecting the ethical codes of health  
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compounds used to treat community water supplies that should be  
specifically named in the regulation? If so, what are they?

NO. Fluoride and its compounds are not used to ‘treat’ community water supplies. In  
community water fluoridation (CWF) the purpose of fluoride and its compounds is to treat  
people.

I do not wish to speak to my submission.

Regards,



## SUBMISSION FORM

Please provide your contact details below. You may also wish to use this form to comment on the proposed amendment.

Name:	
If this submission is made on behalf of an organisation, please name that organisation here:	
Please provide a brief description of the organisation if applicable:	
Address/email:	
Your interest in this topic (for example, local body, consumer, manufacturer, health professional etc):	Agriculture and nutrition consultant
<p><b>Question 1</b></p> <p><i>Do you support the proposed amendment? If not, why not?</i></p>	<p>No. Ingested chemical substances or residues should remain thoroughly regulated and treated as medicines under the existing regulations. The emerging science of epigenetics and our greater understanding of the impacts of hormonal balance, point to the deleterious effects of even minute (ppt) doses of chemicals. Use of fluoride based compounds in agriculture or in community water supplies does contribute cumulative poisoning to crucial soil microbes, our food supply and mammalian enzyme and hormone systems. To protect public health we need thoroughly document the long term safety of these halogens in the environment, food and water supply before we remove the regulations surrounding</p>

	their use.
<p><b>Question 2</b></p> <p><i>Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?</i></p>	No.

Please note that all correspondence may be requested by any member of the public under the Official Information Act 1982. If there is any part of your correspondence that you consider should be properly withheld under this legislation, please make this clear in your submission, noting the reasons why you would like the information to be withheld.

If information from your submission is requested under the Act, the Ministry of Health will release your submission to the person who requested it. However, if you are an individual, rather than an organisation, the Ministry will remove your personal details from the submission if you check the following box:

I **do not** give permission for my personal details to be released to persons under the Official Information Act 1982.


All submissions will be acknowledged, and a summary of submissions will be sent to those who request a copy. The summary will include the names of all those who made a submission. In the case of individuals who withhold permission to release personal details, the name of the organisation will be given if supplied.

# SUBMISSION FORM

Please provide your contact details below. You may also wish to use this form to comment on the proposed amendment.

Name:	
If this submission is made on behalf of an organisation, please name that organisation here:	
Please provide a brief description of the organisation if applicable:	
Address/email:	
Your interest in this topic (for example, local body, consumer, manufacturer, health professional etc):	Concerned consumer
<b>Question 1</b> <i>Do you support the proposed amendment? If not, why not?</i>	No – If the status is changed then it makes it easier for our local government to ensure they mas medicate the population without the populations consent! It is a poison and I the individual wants to consume then they can add to there own personal supply
<b>Question 2</b> <i>Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?</i>	All or anything that is fluoride in any name or form

Please note that all correspondence may be requested by any member of the public under



the Official Information Act 1982. If there is any part of your correspondence that you consider should be properly withheld under this legislation, please make this clear in your submission, noting the reasons why you would like the information to be withheld.

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All submissions will be acknowledged, and a summary of submissions will be sent to those who request a copy. The summary will include the names of all those who made a submission. In the case of individuals who withhold permission to release personal details, the name of the organisation will be given if supplied.





Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 - Fluoride (2014)

askmedsafe@moh.govt.nz

08/01/2015 07:25 a.m.

Please respond to /

History: This message has been replied to.

Hi,

In relation to the proposed fluoridation of the NZ water supply:

First, I do not give permission for my personal details to be released to persons under the Official Information Act 1982

Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

“It is proposed that a new regulation be made under section 105(1)(i) that:

Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies.” Medsafe

Name:

Email:

Address:

Question 1. Do you support the proposed amendment? If not why not?

NO. I do not support the proposed amendment because:

1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to “first do no harm”
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines

Question 2. Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?

NO. Fluoride and its compounds are not used to ‘treat’ community water supplies. In community water fluoridation (CWF) the purpose of fluoride and its compounds is to treat people

*I do not wish to speak to my submission, but will if needbe !*

Post to:

Regulations under the Medicines Act 1981 Consultation

Medsafe

Clinical Leadership Protection & Regulation

Ministry of Health

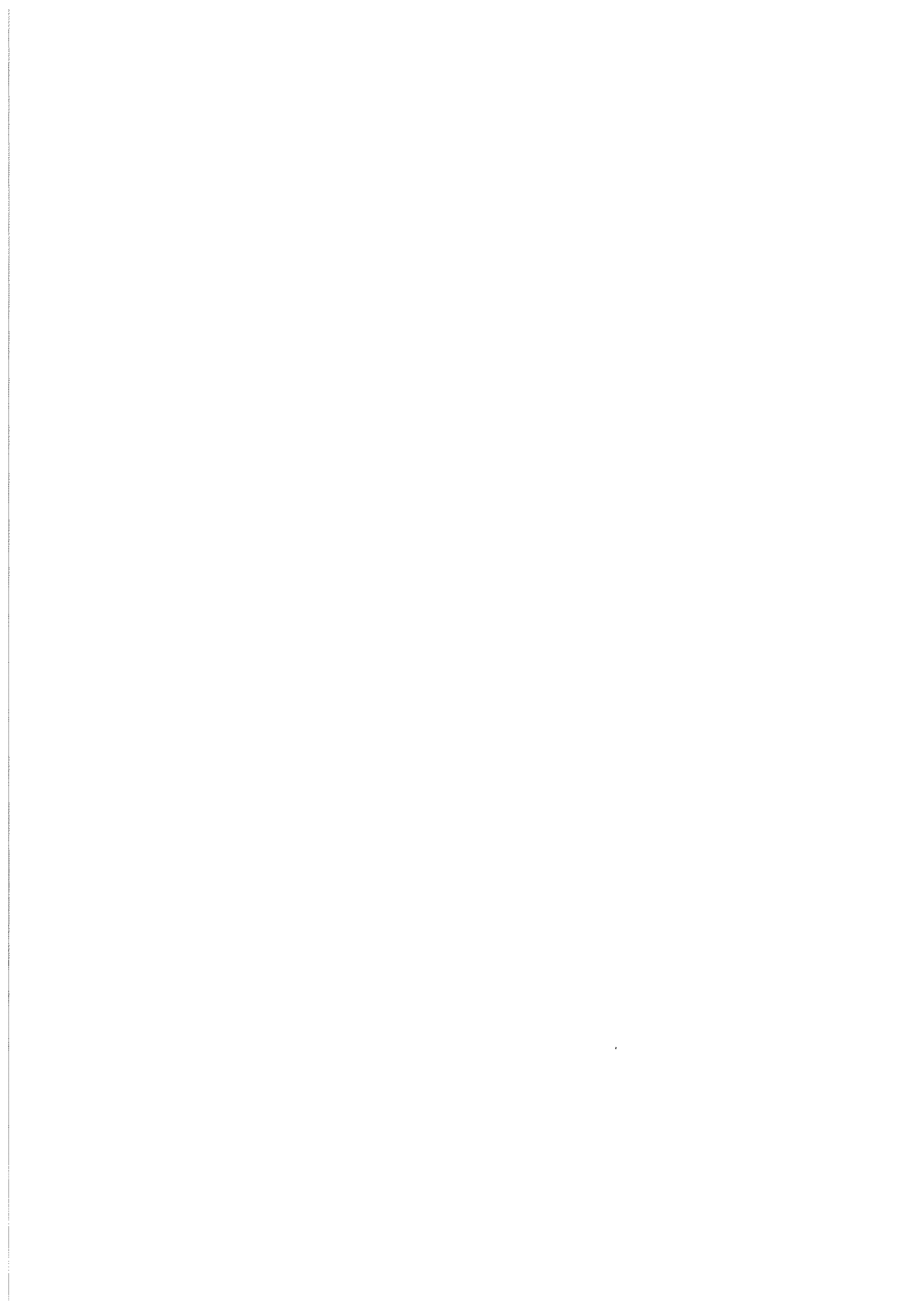
PO Box 5013

Wellington 6145

All in all , Fluoride is not in the best interest of the public, but in the best interest of big government and factories. If we truly look at the data on Fluoride, we see the neurological poison that it really is, in addition to other areas of the body it affects. We also truly see that Fluoride does little (if any) to help prevent cavities and / or tooth decay. Forcing a drug on people without each and every paying water customers' consent is wrong and against the law in your country- certainly unethical !

Please do not start polluting the water more. Thanks for your time and consideration in this important issue

Sincerely and with Hope,





## Fluoridation submission

From: askmedsafe

Date: 08/01/2015 07:28 a.m.

History:

This message has been replied to.

### SUBMISSION FORM

I do not give permission for my personal details to be released to persons under the Official Information Act 1982

#### **Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)**

“It is proposed that a new regulation be made under section 105(1)(i) that: Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies.” Medsafe

**Name:**

**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Question 1.** *Do you support the proposed amendment? If not why not?*

**NO.** I do not support the proposed amendment because:

1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to “first do no harm”
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines

**Question 2.** *Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?*

**NO.** Fluoride and its compounds are **not** used to ‘treat’ community water supplies. In community water fluoridation (CWF) the **purpose** of fluoride and its compounds is to **treat people**

*I do not wish to speak to my submission.*



**Fluoride is Poison**

From: askmedsafe

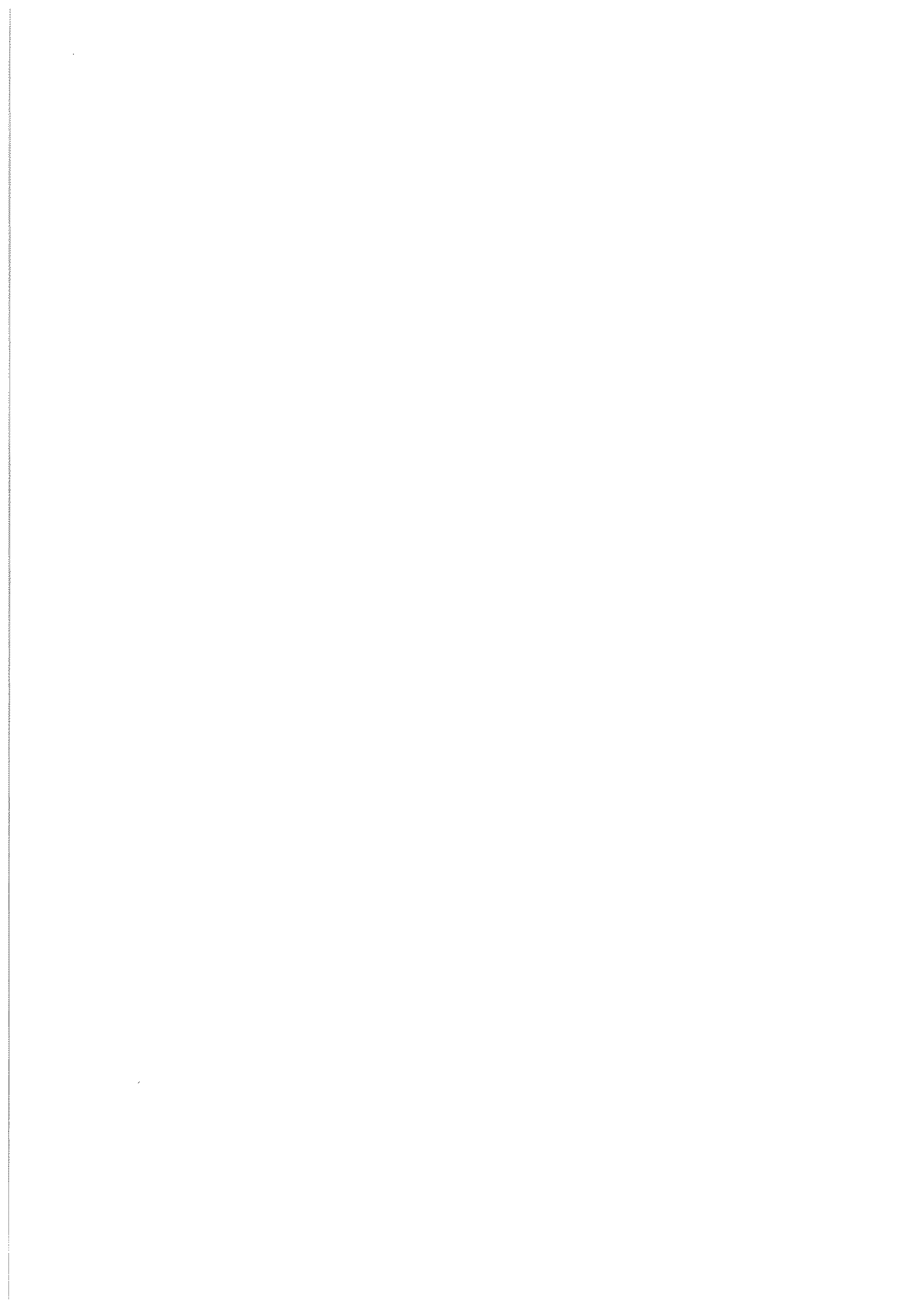
08/01/2015 07:48 a.m.

History:

This message has been replied to.

Fluoride is Poison it kills, it is meant to kill and destroy our bodies, wake up and smell the roses, fluoride is a acoustic substance left over from processing Aluminum, very expensive to dispose so the put it in water and we pay for it, financially, as well as poor health and death. Do some research find out for yourself.

Love and Light l





fluoride

to: askmedsafe

08/01/2015 07:58 a.m.

History: This message has been replied to.

Consultation on Proposed Amendment to Regulations under the Medicines Act 1981

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Question 1 --- Do you support the proposed amendment?  
-----

No. I oppose the amendment.

The purpose of water fluoridation is to improve dental health. Clearly, this is a therapeutic purpose. According to the Medicines Act 1981, medicine means any substance that is manufactured, imported, sold, or supplied wholly or principally for administering to 1 or more human beings for a therapeutic purpose. Therefore the substances (HFA and SSF) added to the water to improve dental health are medicines.

It does not matter whether the therapeutic use of HFA/SSF is the status quo. It does not matter whether the therapeutic use of HFA/SSF is beneficial. All that matters is that HFA/SSF is being administered therapeutically and therefore should be subject to the same safeguards as any other medicine.

The safeguards of the Medicines Act are particularly important for HFA and SSF because they are administered to hundreds of thousands of people who live in fluoridated areas. Moreover, some of those people drink large amounts of water and thereby receive significantly higher doses of the additives. The potential impact of incorrectly formulated HFA/SSF is very high, as is the potential harm to the population of incorrect dosing. The manufacturers and administrators of these additives must be held to the highest standard. They should not be exempted from the Medicines Act.

Promoters of water fluoridation sometimes argue that HFA and SSF are only a tiny fraction (1 ppm) of the water and therefore have minimal impact. However, the proportion of additive in a drop of water does not matter. What matters is the total dose that a person gets per day. An average person, drinking an average amount of fluoridated water per day, will receive a dose of 1mg of fluoride per day. This is equivalent to the dose provided in two fluoride tablets, tablets which are subject to the Medicines Act. It is illogical to say that fluoride additives in tablet form are medicines and that a similar dose of additives in liquid form is not.

Promoters of water fluoridation also argue that fluoride is a natural part of water and that water fluoridation simply restores the natural balance. This is incorrect. Fluoride is not a natural part of water. Rain contains no fluoride and most rivers have minimal amounts of fluoride. Fluoride is found in water only in areas with significant concentrations of fluoride in the soil (or where the water is polluted by industrial waste). When water flows through the ground, it absorbs whatever soluble substances happen to be in the ground. This commonly occurs with calcium, and it also happens with fluoride. In some parts of India, China, Africa and the western United States, the soils have relatively high concentrations of fluoride and the ground waters in those places have high levels of fluoride. There are also parts of the world that have relatively high concentrations of arsenic in the soil and the ground waters in those places have high levels of arsenic. Fluoride is no more a natural component of water than is arsenic. They both appear in water in exactly the same way.

Fluoridation does not restore water to its natural state, nor does it

achieve an optimal level of fluoride. Fluoridation is simply the addition of a therapeutic substance to the water and the delivery of that substance to a very large number of people. There is no justification for exempting this from the Medicines Act.

1.  
2.





submission fluoride

askmedsafe

08/01/2015 08:05 a.m.

History: This message has been replied to.

Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

I do not give permission for my personal details to be released to persons under the Official Information Act 1982

"It is proposed that a new regulation be made under section 105(1)(i) that: Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies." Medsafe

Name: :

Email

Address:

Question 1. Do you support the proposed amendment? If not why not?

NO. I do not support the proposed amendment because:

1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental cavities therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to "first do no harm"
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines

Question 2. Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?

NO. Fluoride and its compounds are not used to 'treat' community water supplies. In community water fluoridation (CWF) the purpose of fluoride and its compounds is to treat people

Thank you





## Amendment to Medicines Act of 1981- Fluoride (2014)

o: askmedsafe@moh.govt.nz

08/01/2015 08:13 a.m.

History: This message has been replied to.

Regulations under the Medicines Act 1981 Consultation  
 Medsafe  
 Clinical Leadership Protection & Regulation  
 Ministry of Health  
 PO Box 5013  
 Wellington 6145

I do give permission for my personal details to be released to persons under the Official Information Act 1982

### Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

“It is proposed that a new regulation be made under section 105(1)(i) that: Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies.” Medsafe

**Name**

**Email**

**Address:**

**Question 1.** *Do you support the proposed amendment?* No.

I do not support the proposed amendment because the indiscriminate use of the public water supply to provide for fluoridation violates an individual’s right for treatment, does not provide for an adequate margin of safety considering all the other source of fluoride exposure, and presupposes that all individuals show the same sensitivity towards fluoride effects with respect to enamel/dental/bone and soft tissue effects. Infants and individuals with chronic kidney disease are at increased risk. Recent *in vivo* animal experiments have shown that different genetic strains show vast differences with respect to dental fluorosis, and vast differences with respect to osteogenetic effects. One can only assume that similar variability is also present in humans, even though the adequate studies have not been done. The pineal, pancreatic and thyroid effects are not well-studied and are potentially very serious.

An individual could still use fluoride drops, if so desired, under the consultation of a physician or dentist at a much lower overall cost and with the same level of validated risk to off-target effects. In my view of the available literature, although fluoridation may have a minor protective role against dental decay, overall, it cannot substitute in the long run for proper oral hygiene and dental care. The funds for water fluoridation should be better utilized. You should avoid the distribution of trace contaminants found in the fluorosilicate reagents.

**Question 2.** *Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they? No.* Dispensing medications via public water violates all know pharmacological principles.

Perhaps if the legislators feel so strongly, why don't they treat their water supply with lithium? It is a common ion with known health benefits. Do you see the similar fallacy of treating the water with fluoride? Fluoride is a halide with quite unusual relativities to calcium, magnesium and aluminum, and has an ever expanding role in biochemistry involving G-protein coupled receptor activations, inhibition of enzyme systems and even reactions with small interfering RNA's. The original science supporting fluoridation was well-intentioned, but there are many more effective ways to promote oral health without these potentially serious uncertainties. Please do not violate the "precautionary principle." Do not rely on dmfs/DMFS "percentage" data- demand to see the "effect size" data. Check total tooth loss data sources as a function of population age with and without fluoridated water. The "outstanding" role for water fluoridation seems negligible. Fluoride's topical effects occur without ingestion, so why add it to ALL the water?  
Sincerely,



**FW: Friday deadline for NZ wide Fluoride submission - template included.**

askmedsafe

08/01/2015 08:16 a.m.

Please respond

History: This message has been replied to.

SUBMISSION FORM

I give permission for my personal details to be released to persons under the Official Information Act 1982

Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 - Fluoride (2014)

"It is proposed that a new regulation be made under section 105(1)(i) that:

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Name

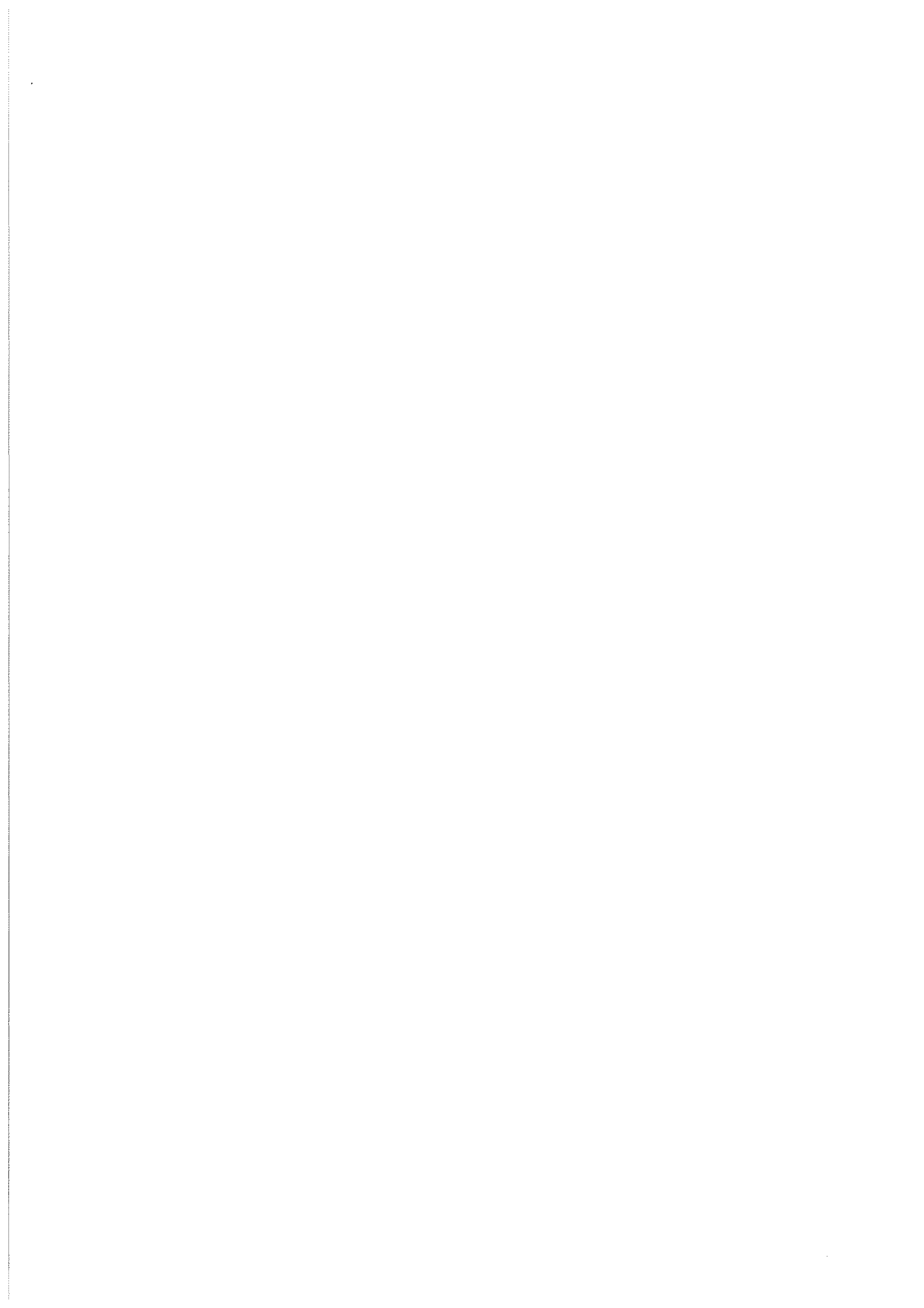
Email

Address:

I do NOT support the proposed amendment because:

1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to "first do no harm"
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines
5. Fluoride and its compounds are not used to 'treat' community water supplies. In community water fluoridation (CWF) the purpose of fluoride and its compounds is to treat people.

I do not wish to speak to my submission.





Sent by:  
08/01/2015 11:34 a.m.

To:  
cc:  
bcc:

Subject: Re: Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 - Fluoride (2014)

Thank you for your submission



I do not give permission for my per... 08/01/2015 09:31:12 a.m.

From:  
To: "askmedsafe@mon.govt.nz" <askmedsafe@moh.govt.nz>,  
Date: 08/01/2015 09:31 a.m.  
Subject: Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 - Fluoride (2014)

I do not give permission for my personal details to be released to persons under the Official Information Act 1982

Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

“It is proposed that a new regulation be made under section 105(1)(i) that:

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Medsafe

Name  
Email: (   
Address:

Question 1. Do you support the proposed amendment? If not why not?

NO. I do not support the proposed amendment because:

1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to “first do no

harm”

4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines

Question 2. Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?

NO. Fluoride and its compounds are not used to ‘treat’ community water supplies. In community water fluoridation (CWF) the purpose of fluoride and its compounds is to treat people.

I do not wish to speak to my submission.

---



### Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

"It is proposed that a new regulation be made under section 105(1)(j) that: Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies." Medsafe

Name: /	Address:
Email:	
<input type="checkbox"/> I do not give permission for my personal details to be released to persons under the Official Information Act 1982	

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### Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

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Name:	Address:
Email:	
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**NO. Fluoride and its compounds are not used to 'treat' community water supplies. In community water fluoridation (CWF) the purpose of fluoride and its compounds is to treat people**



# Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

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Name: <i>A</i>	Address: <i>- - -</i>
Email:	
<input checked="" type="checkbox"/> I do not give permission for my personal details to be released to persons under the Official Information Act 1982	

**Question 1. Do you support the proposed amendment? If not why not?**

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# Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

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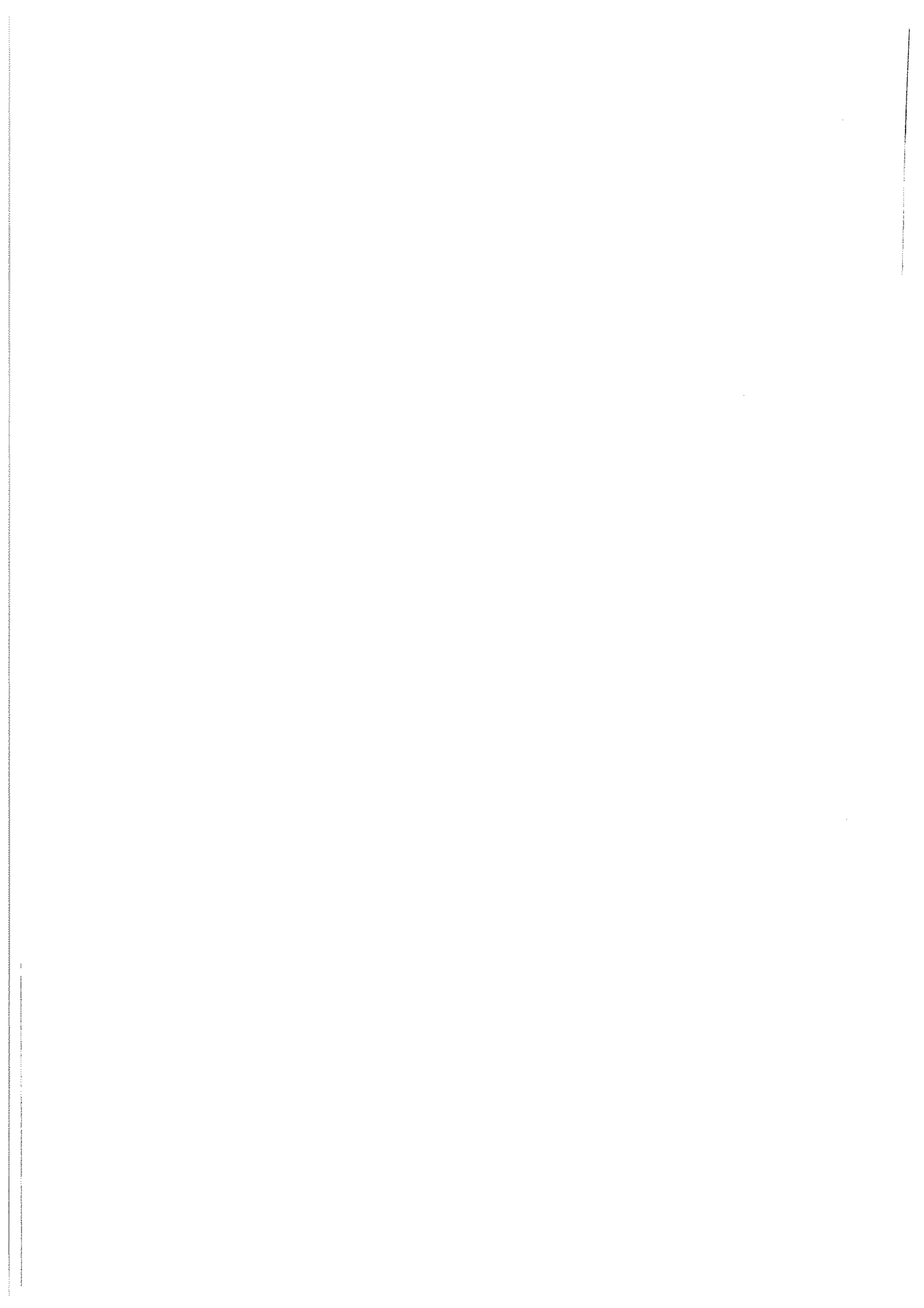
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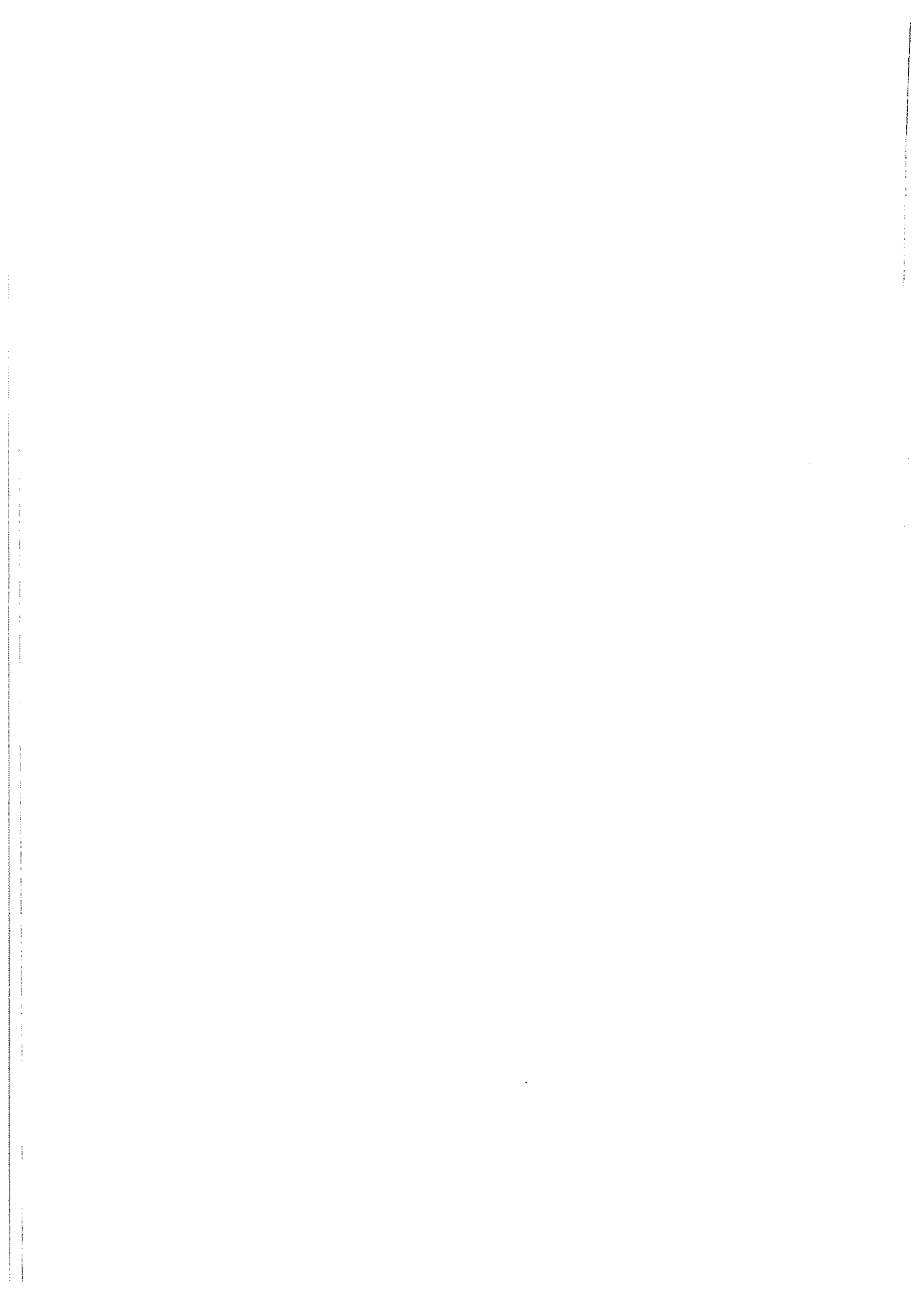
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Name:	Address:
Email:	
<input checked="" type="checkbox"/> I do not give permission for my personal details to be released to persons under the Official Information Act 1982	

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**Direction 2** Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so what are they?  
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# Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

"It is proposed that a new regulation be made under section 105(1)(i) that: Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies." Medsafe

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**NO . I do not support the proposed amendment because:**

1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to "first do no harm"
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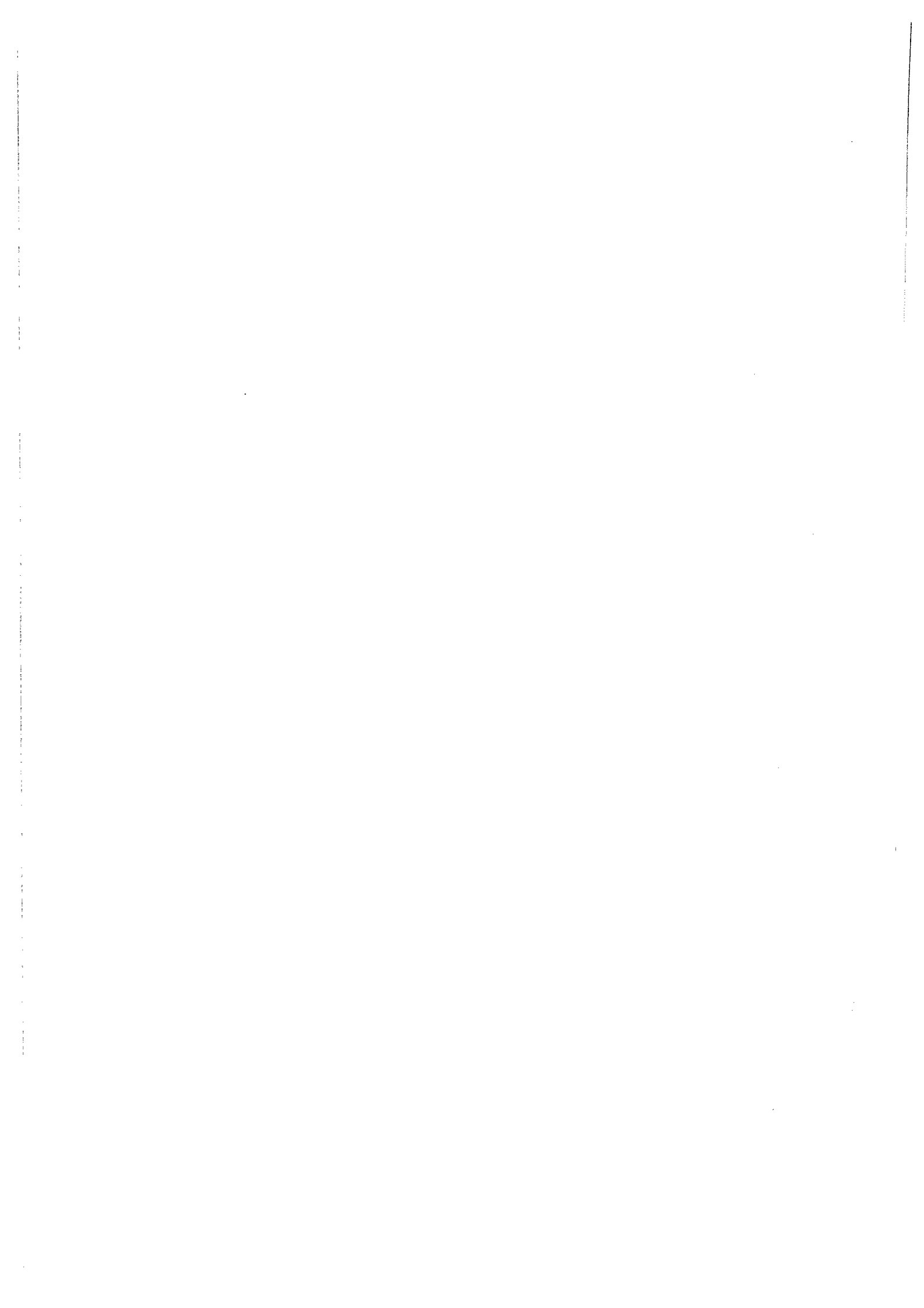
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**Question 2 Are there other fluoride-containing compounds used to treat communities water supplies that should be**



945

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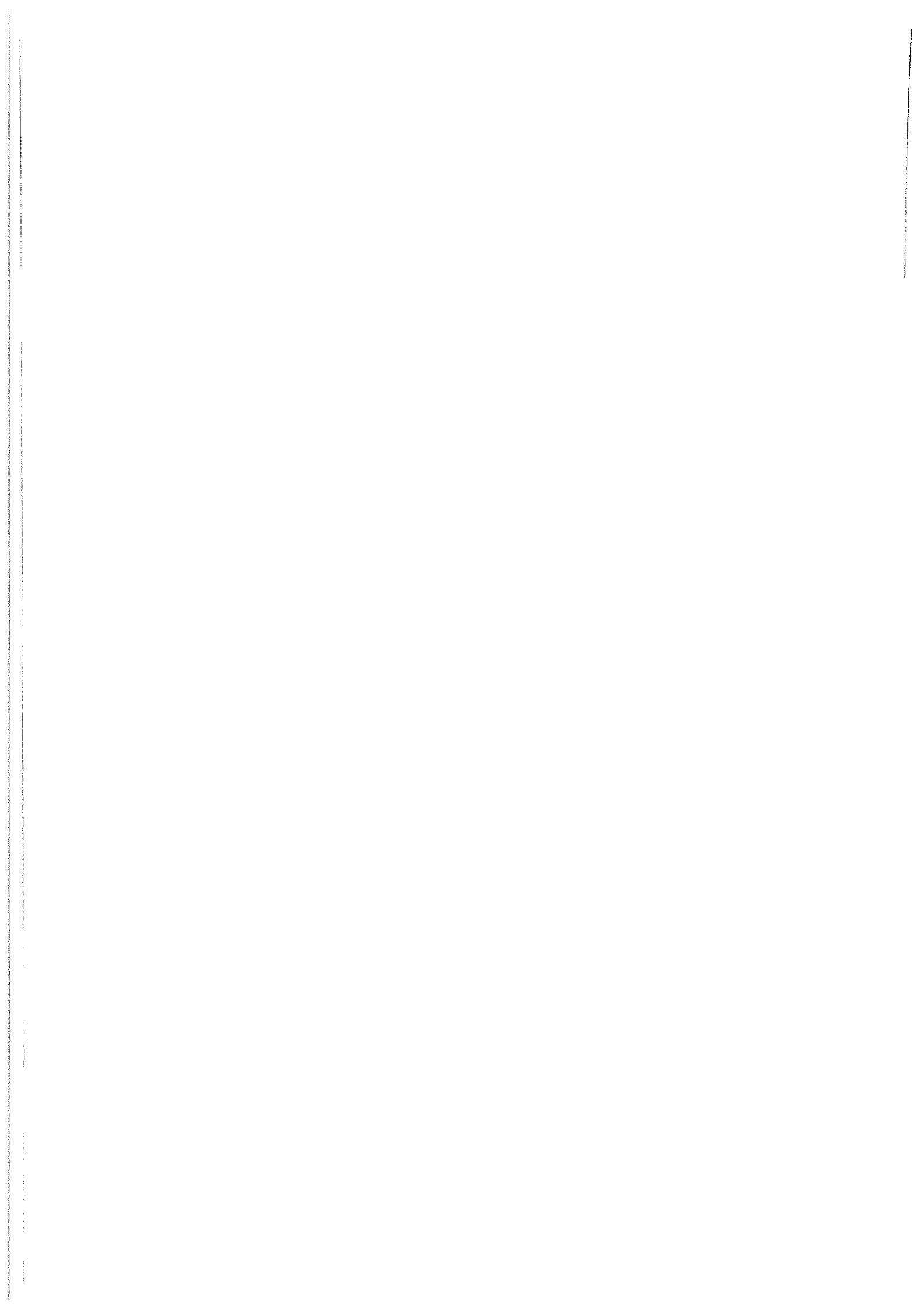
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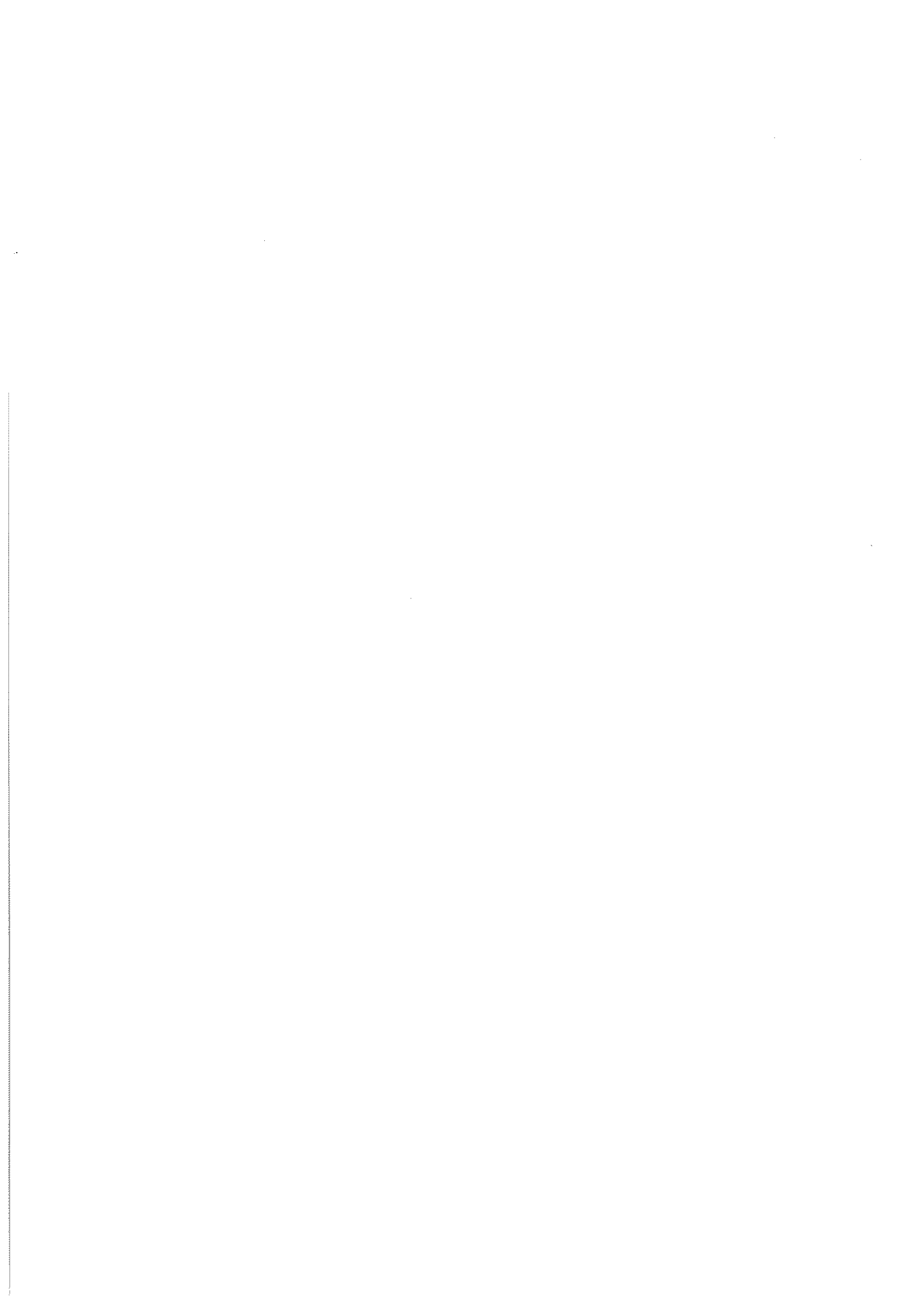
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