

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 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?

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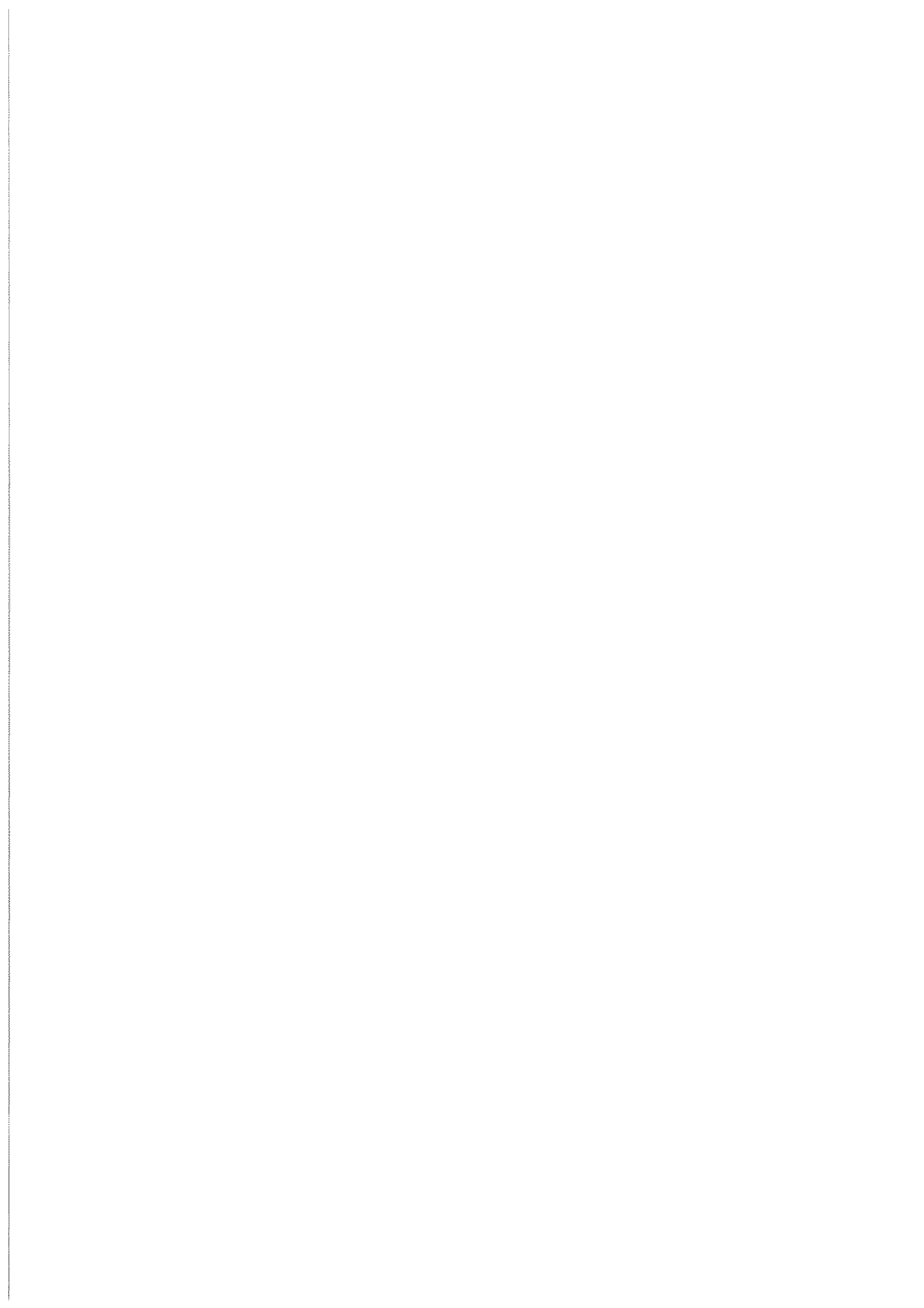
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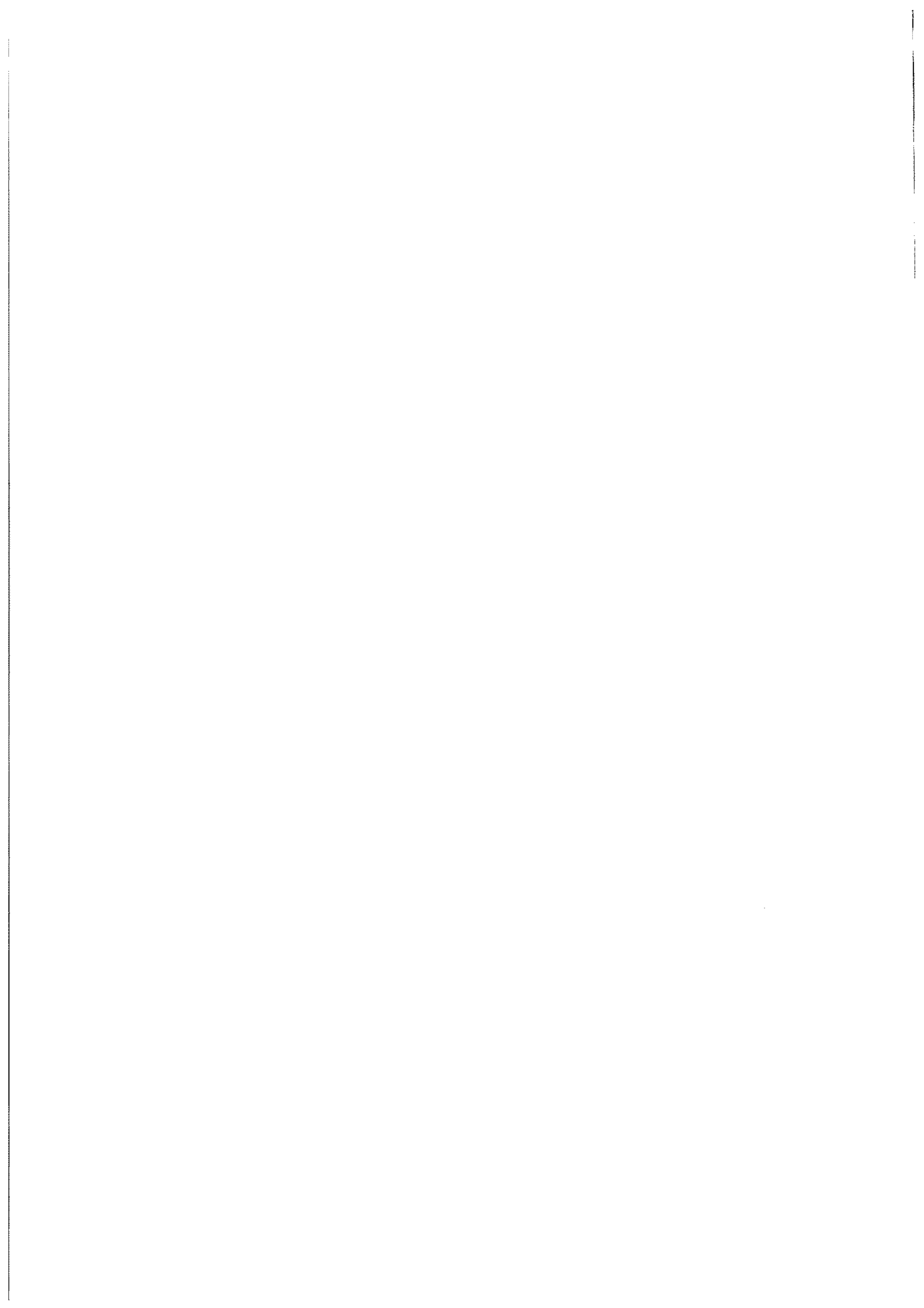
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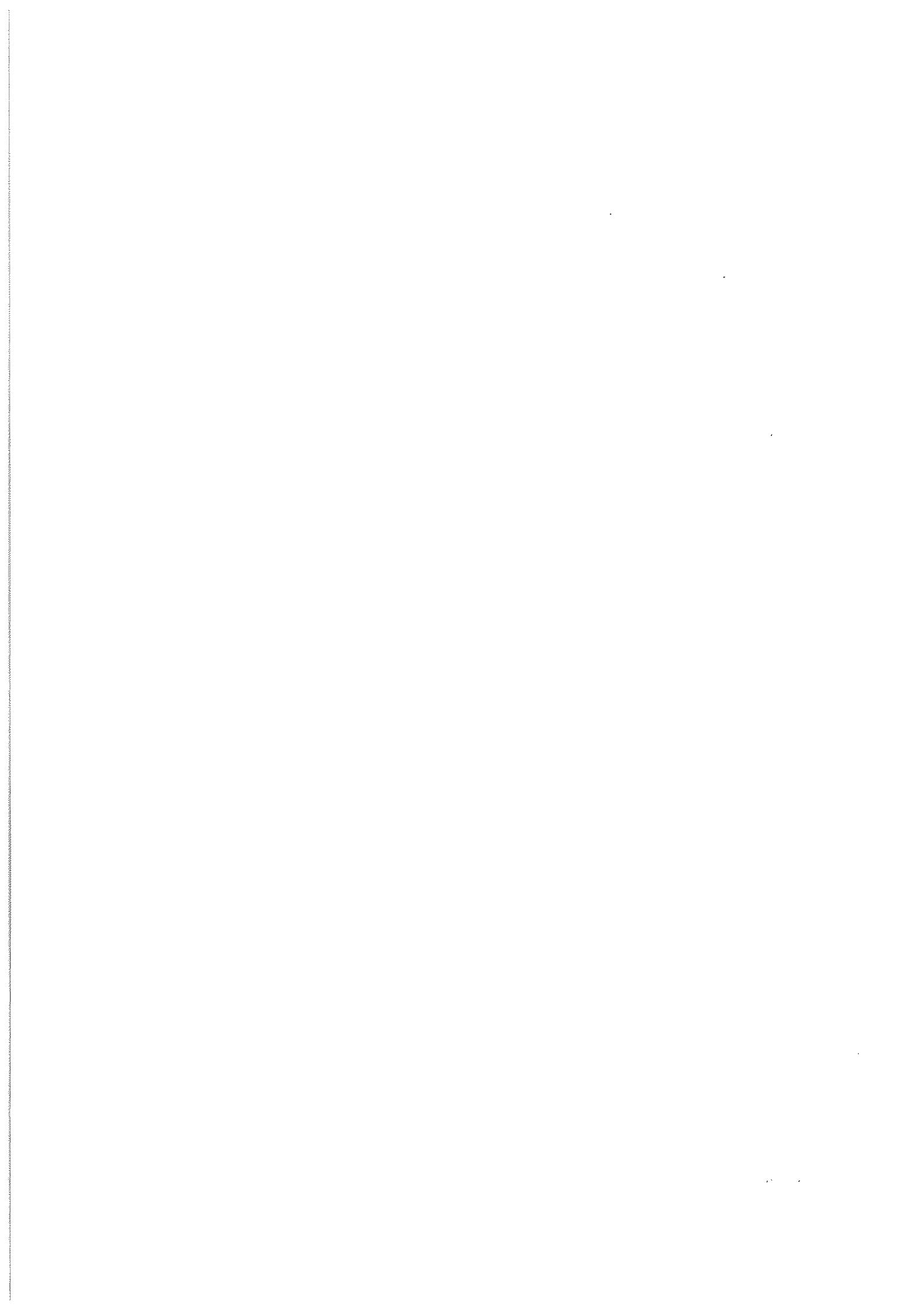
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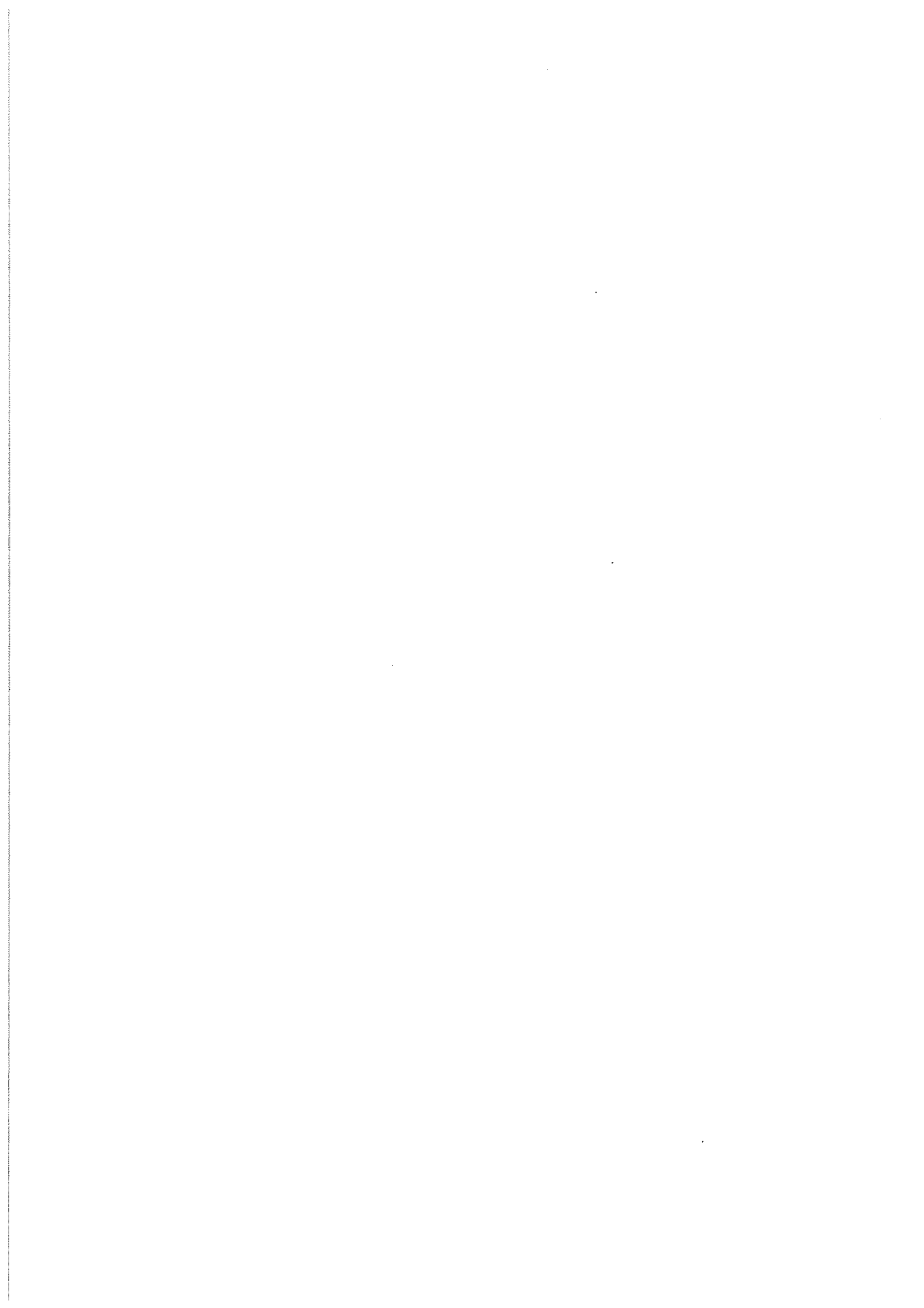
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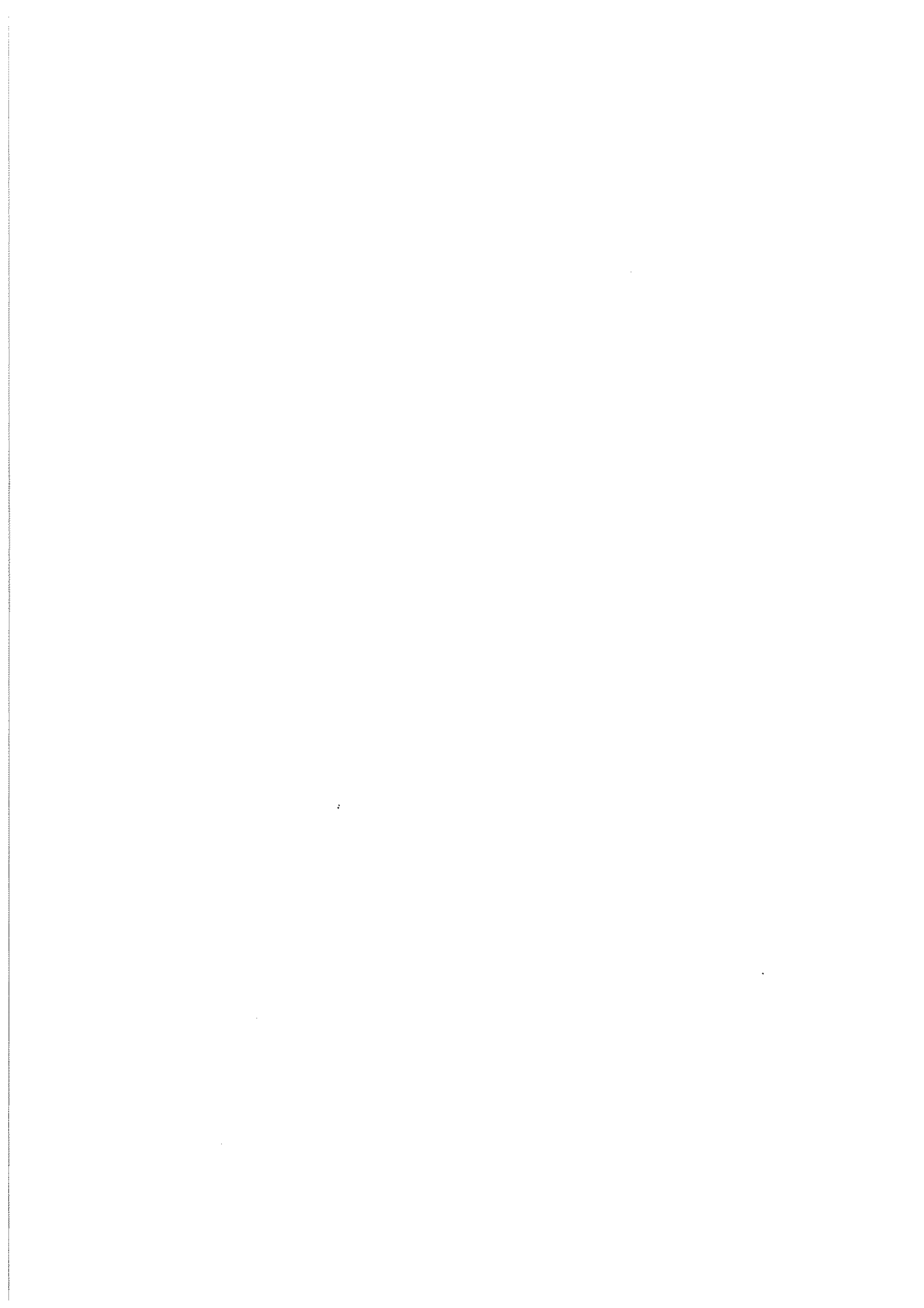
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"It is proposed that a new regulation be made under section 105(1)(i) that: Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they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

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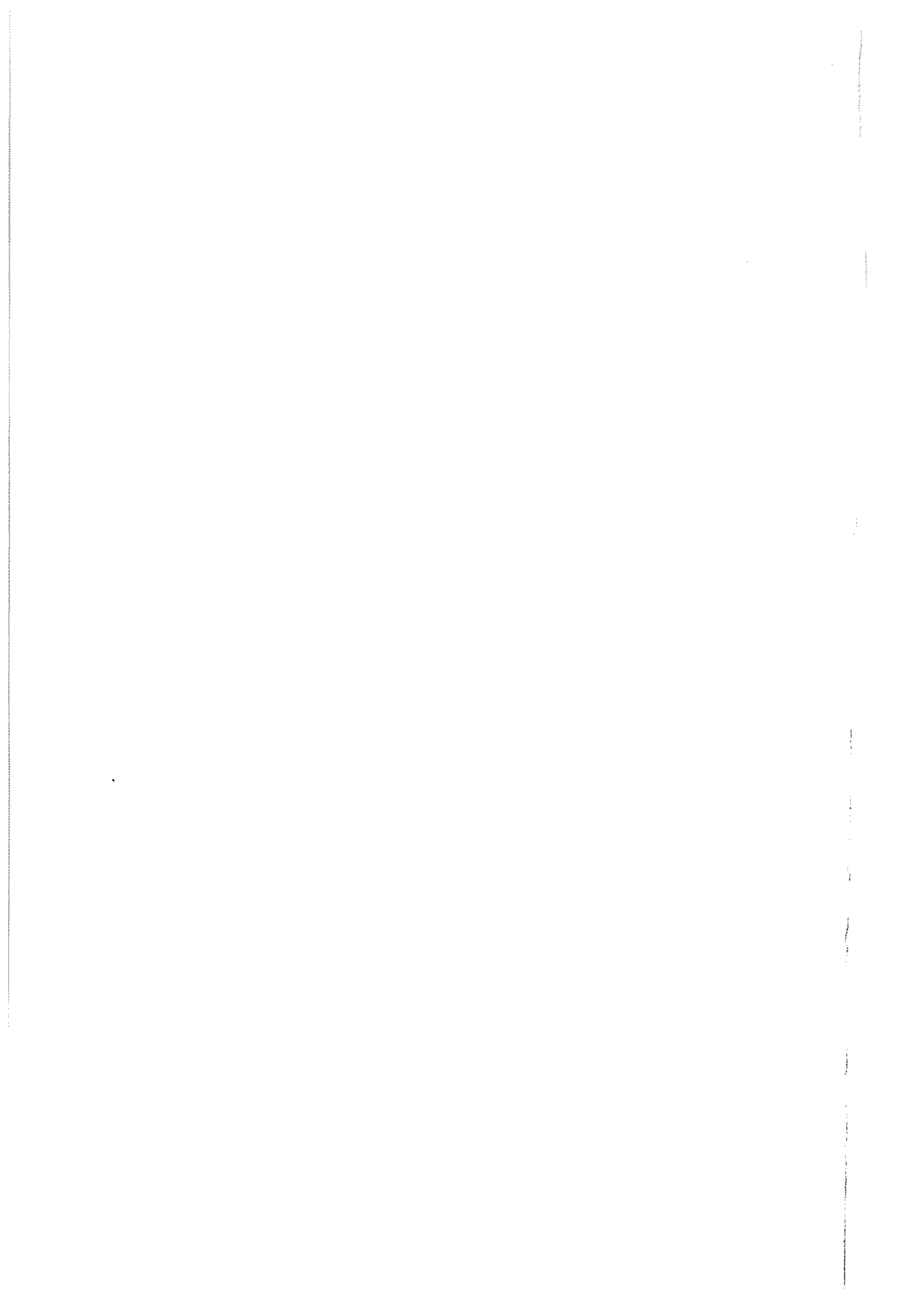
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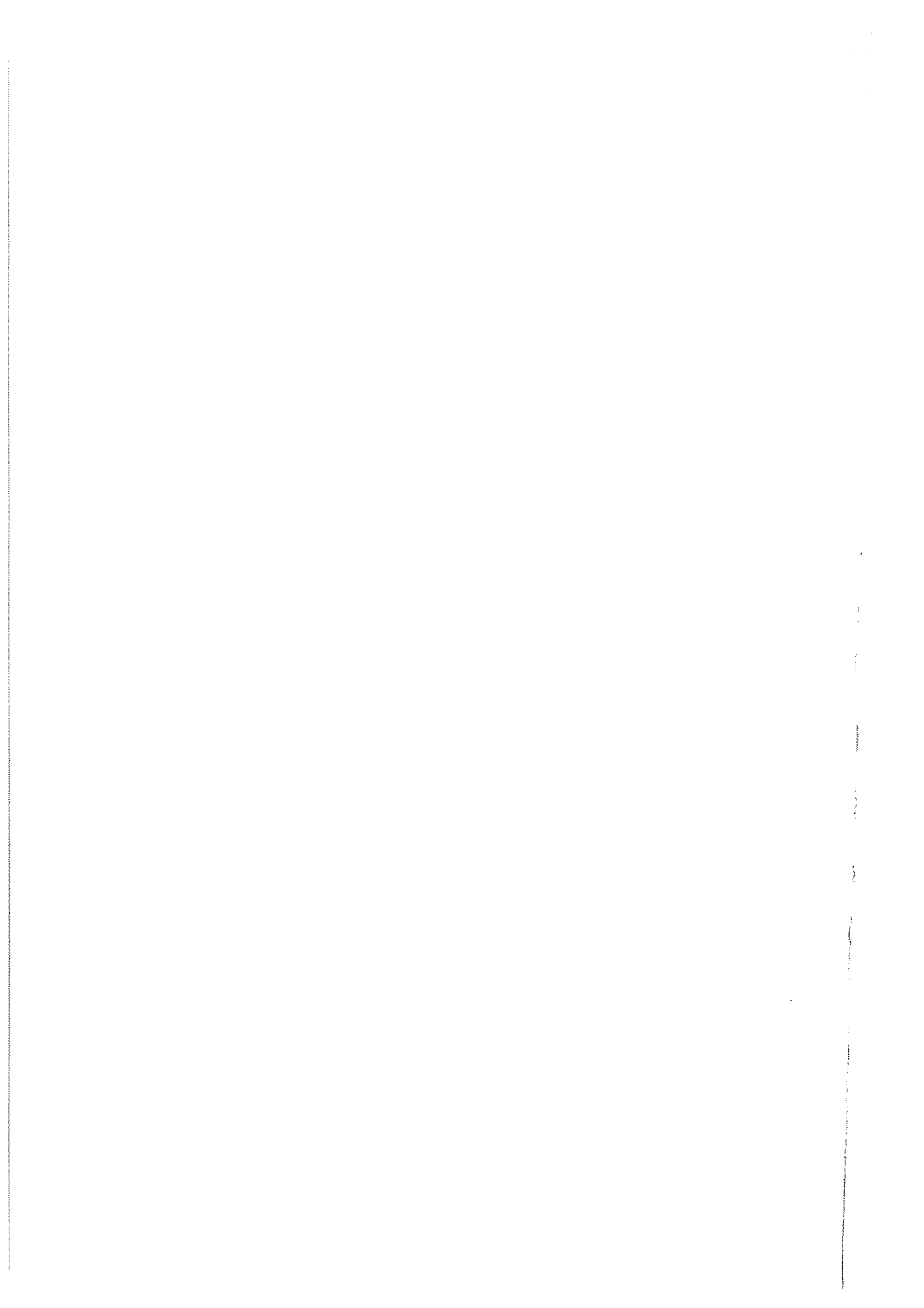
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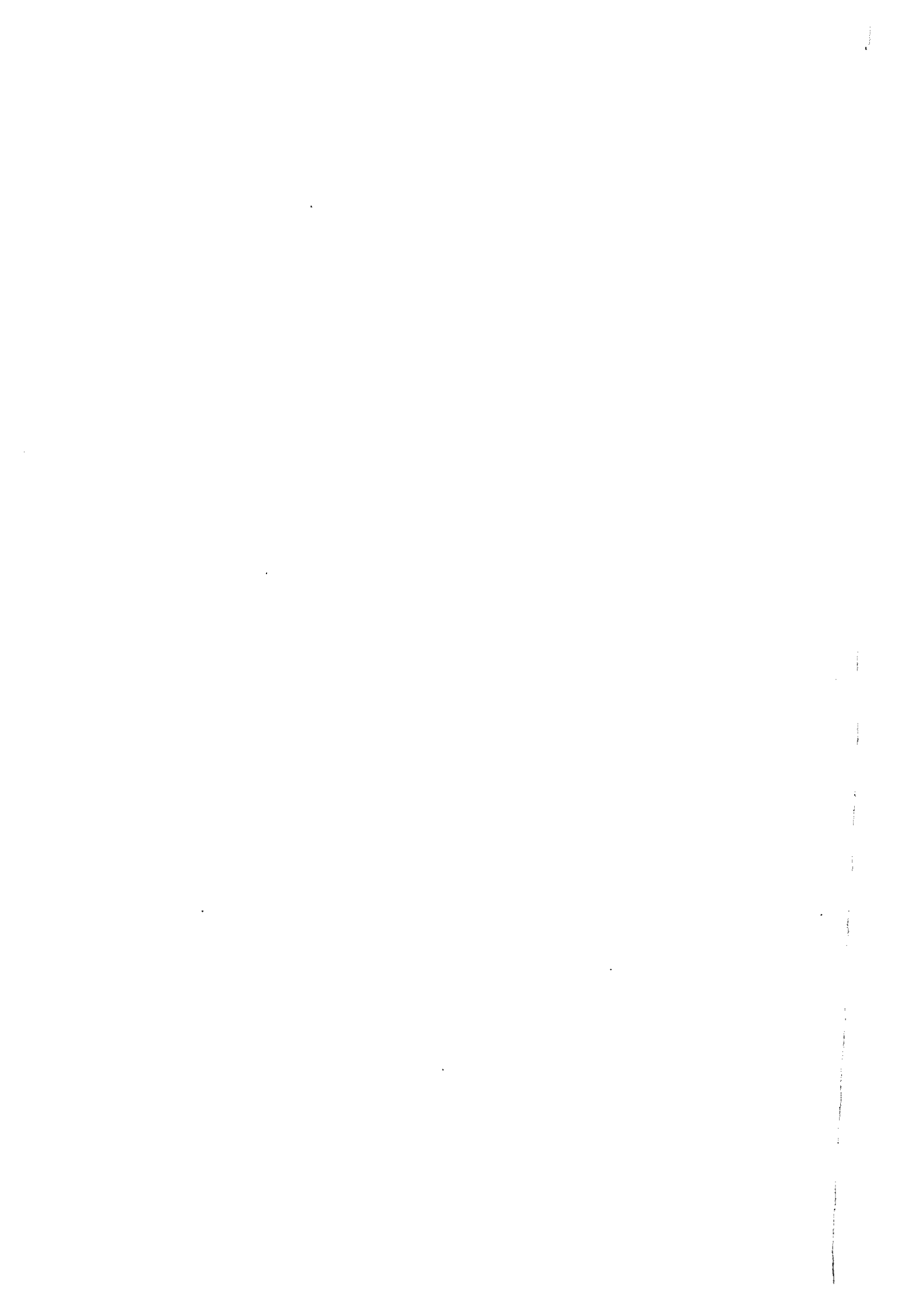
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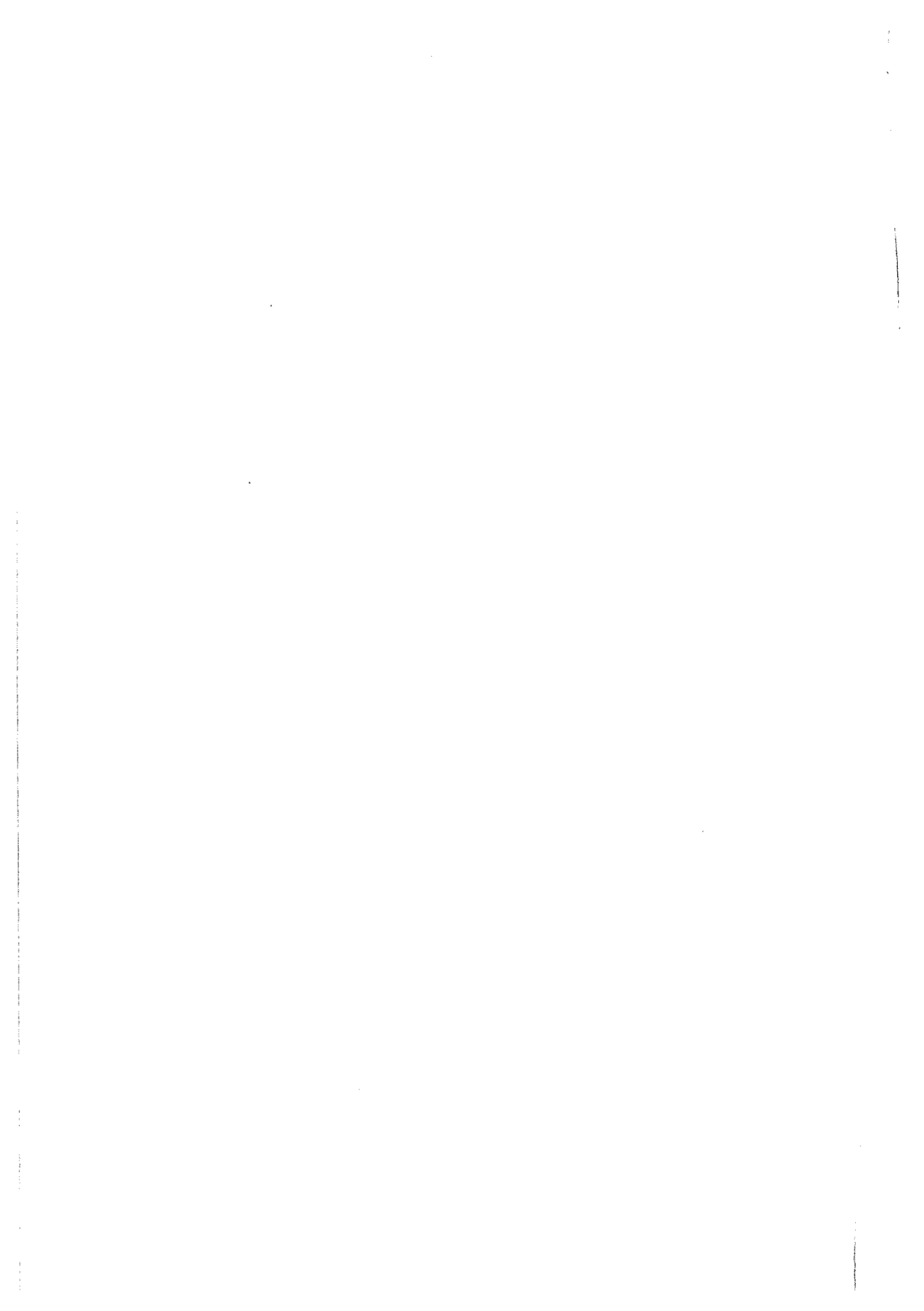
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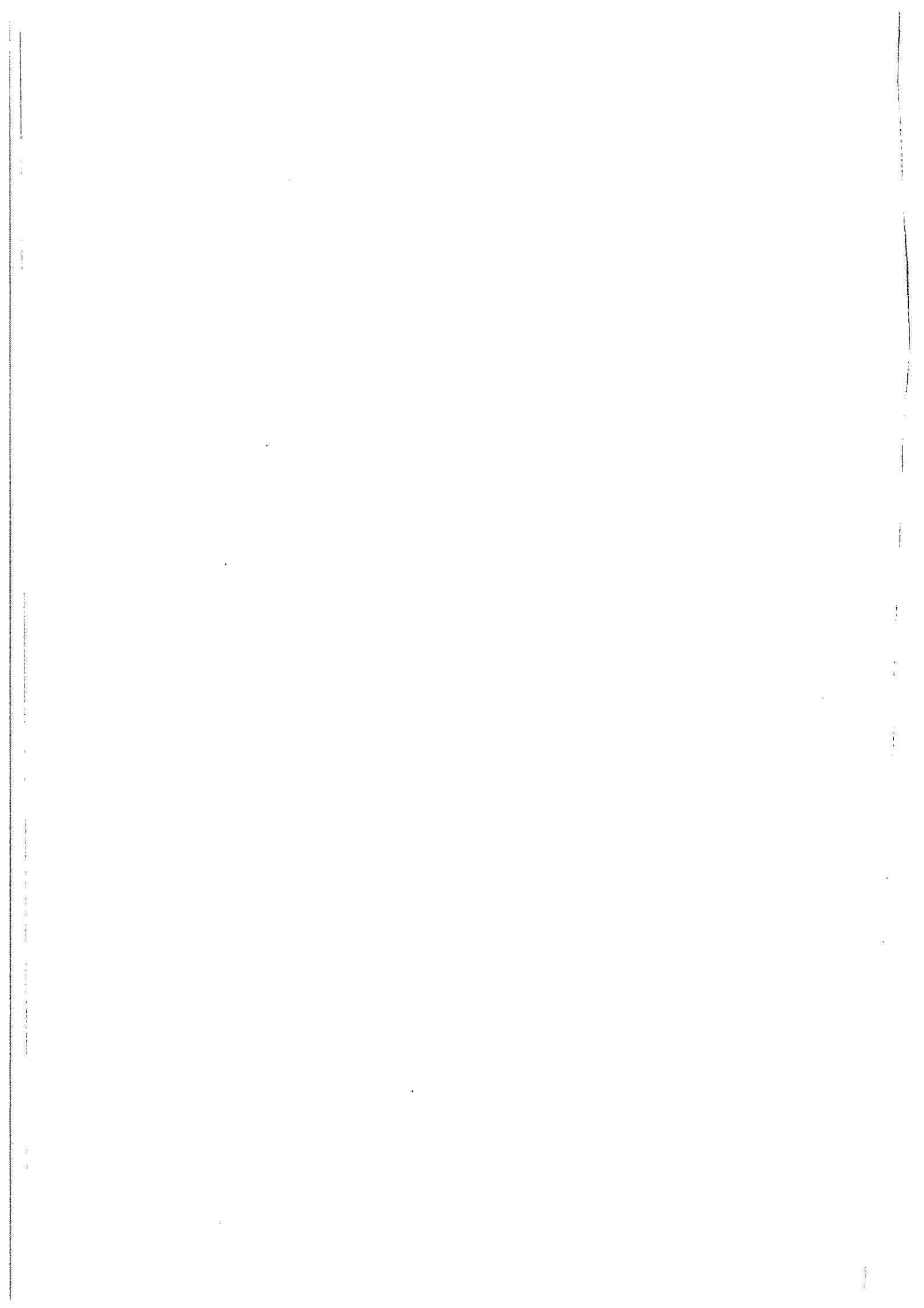
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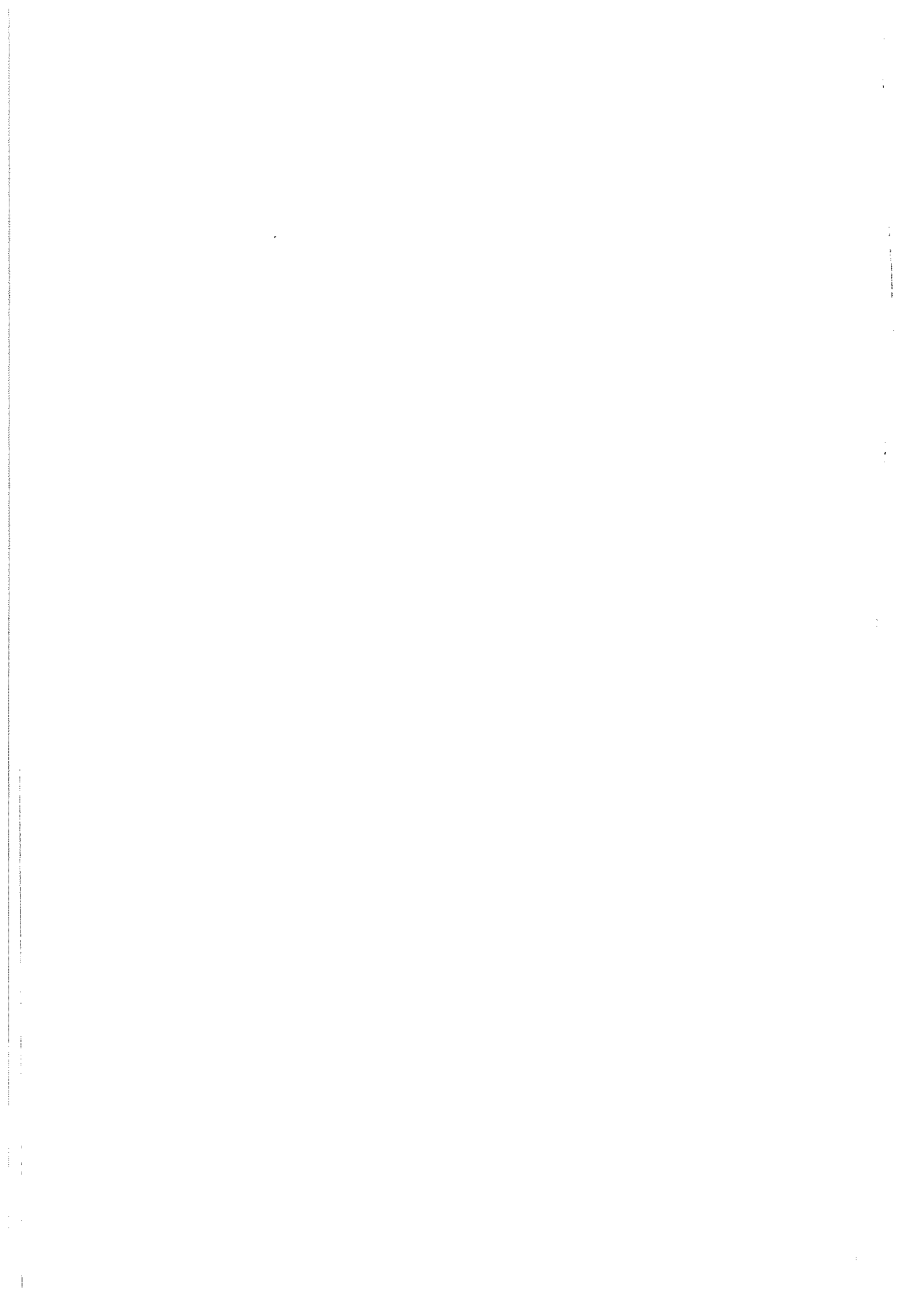
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Name: <i>Dr</i>	Address:
Email: <i>u</i>	

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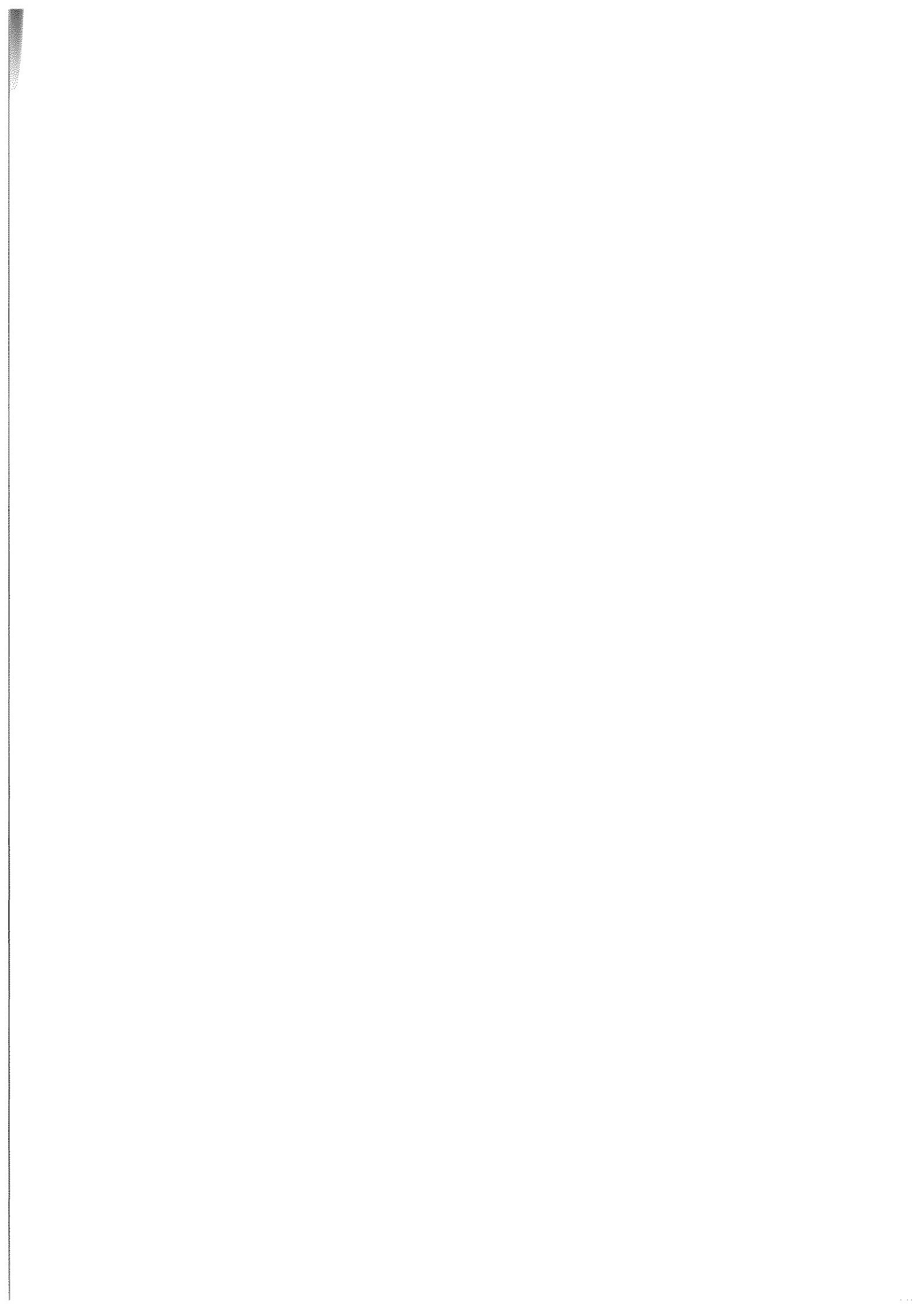
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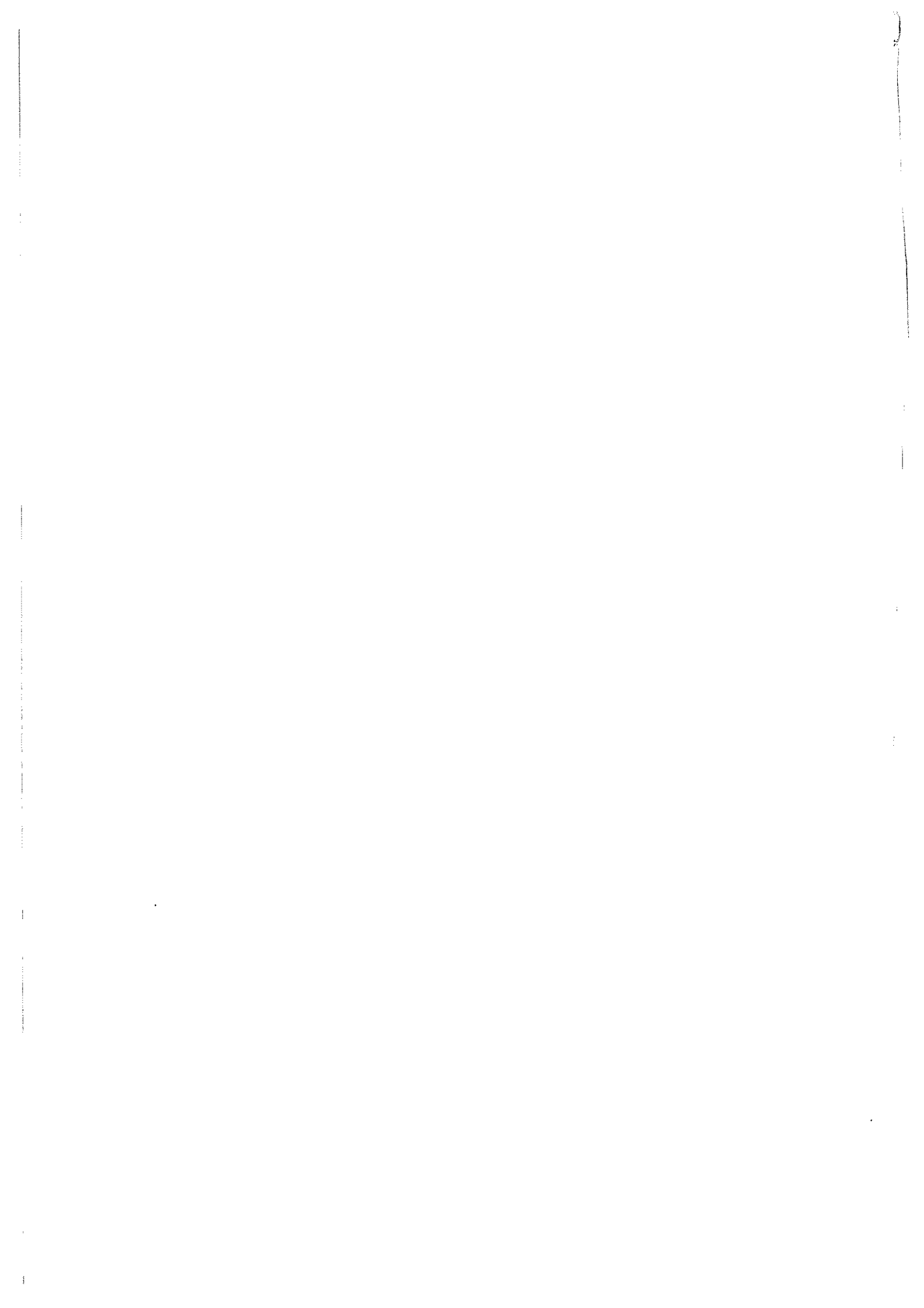
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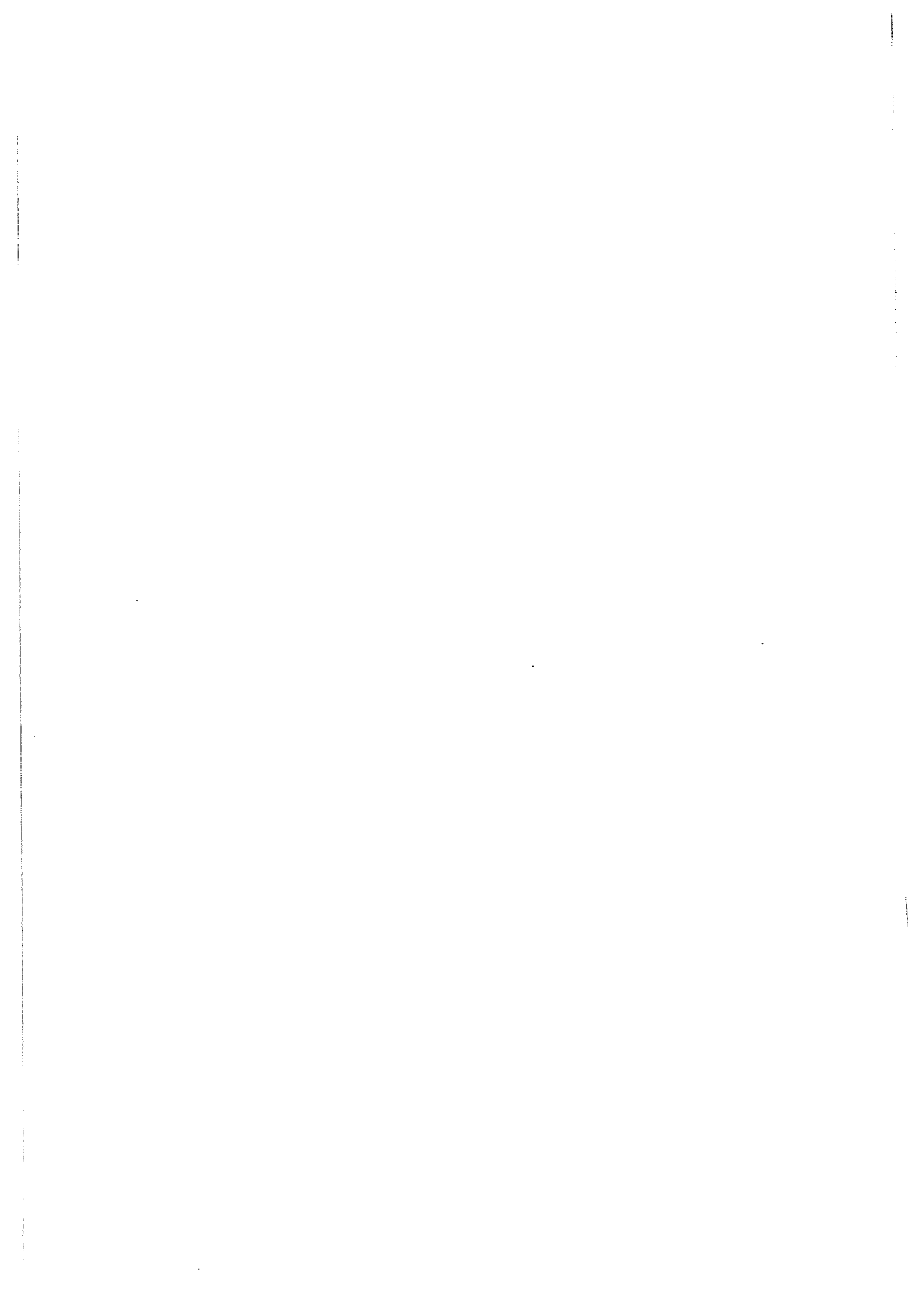
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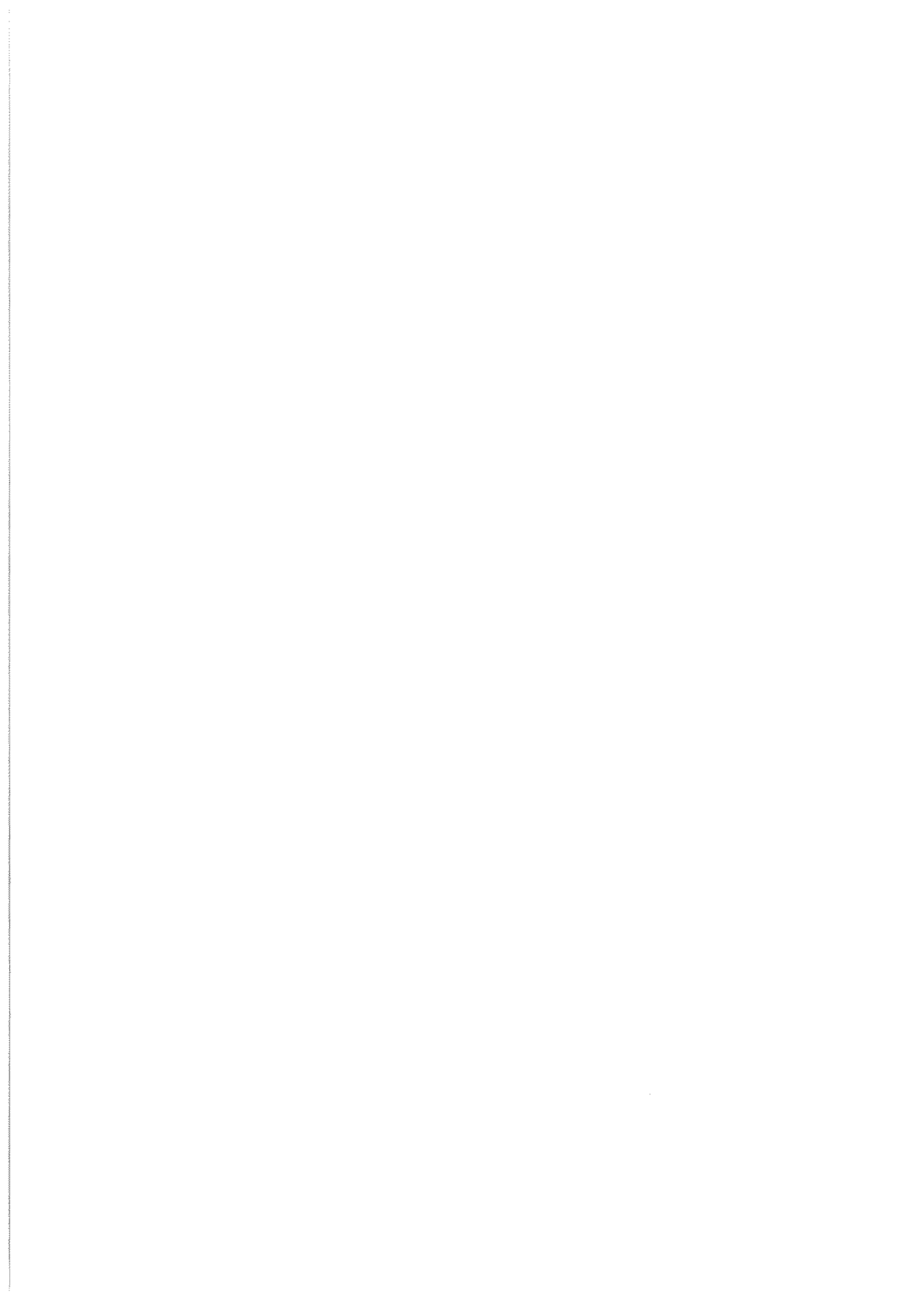
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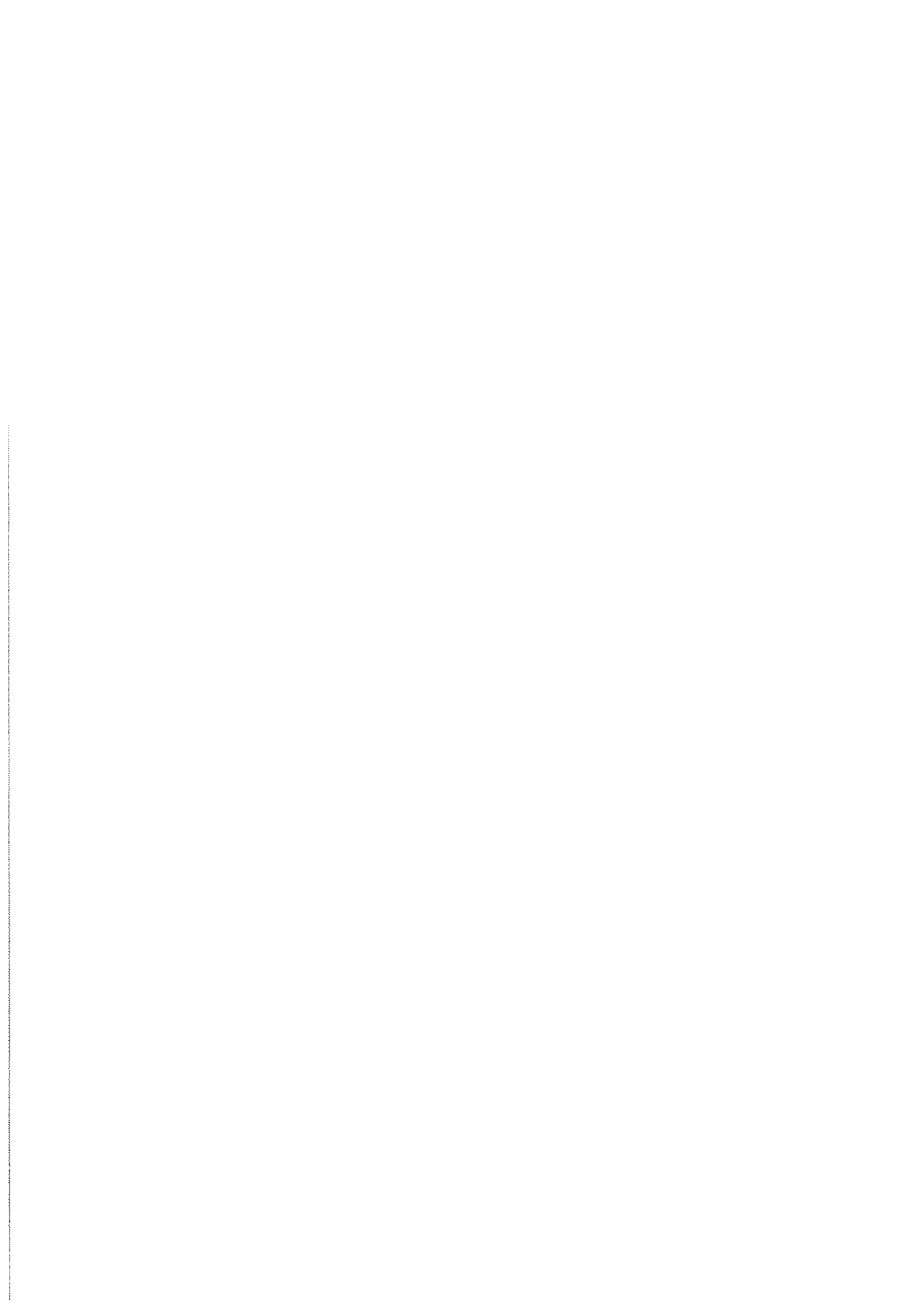
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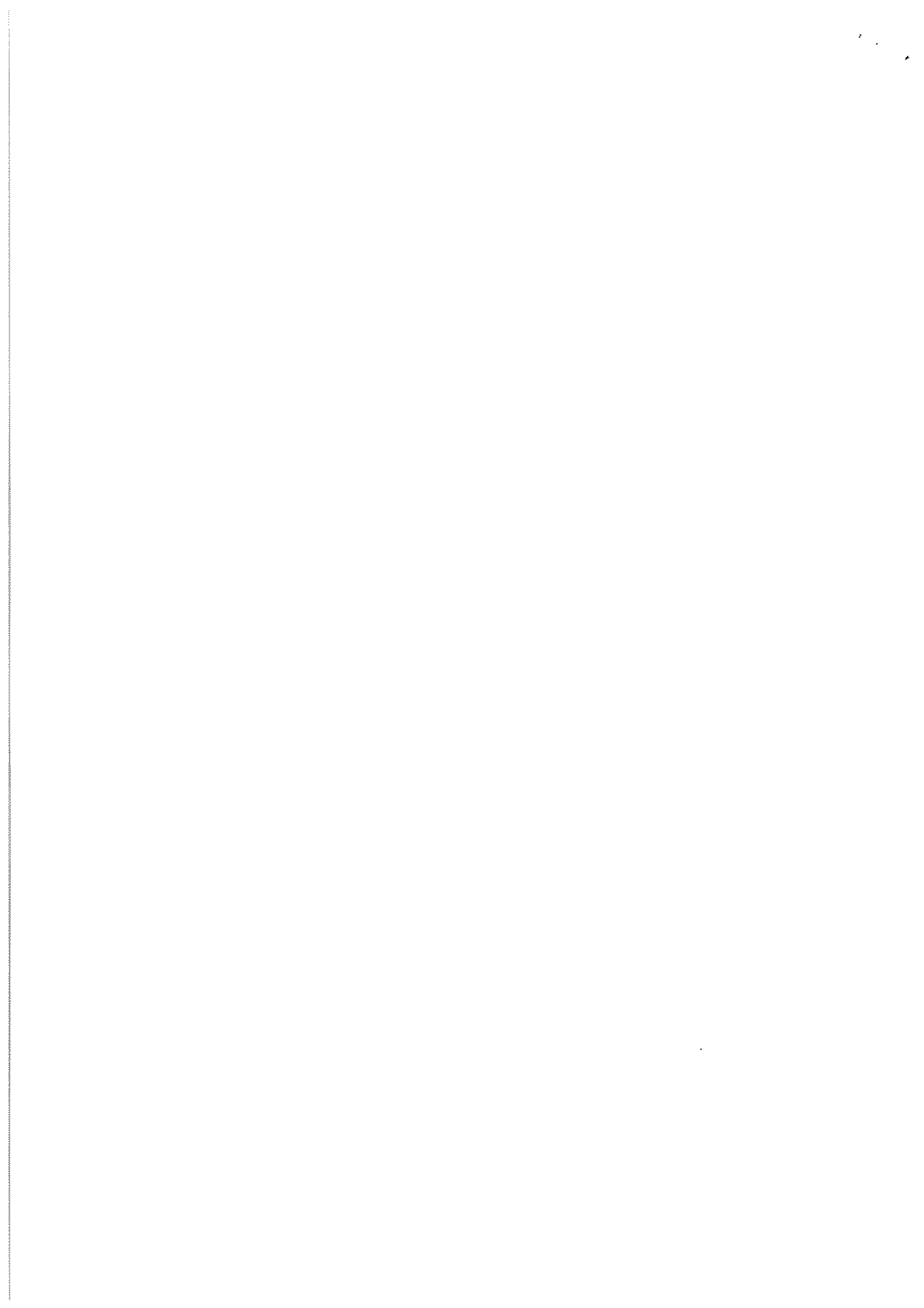
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Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

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

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

“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 ✓

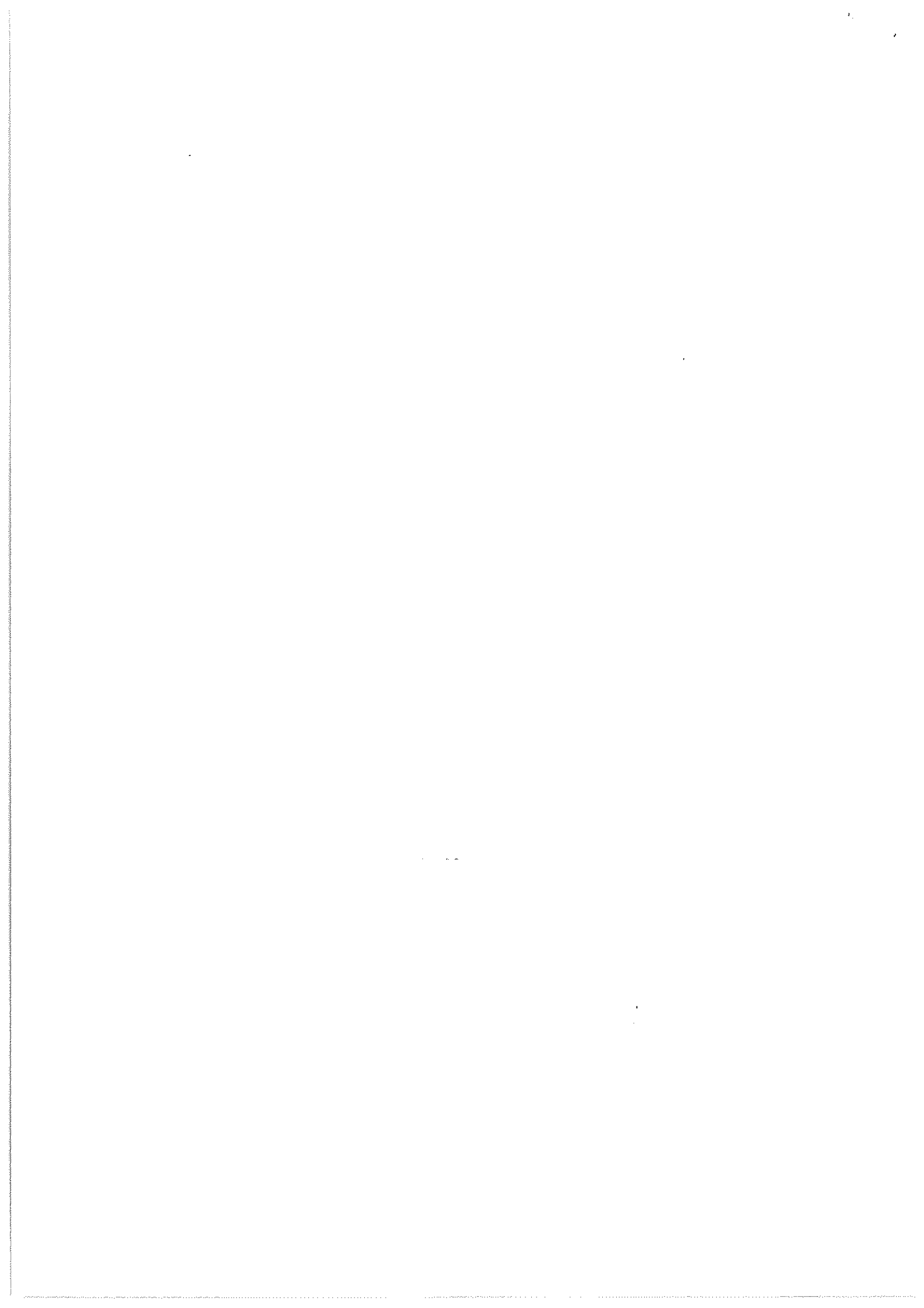
Question 2. Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?

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**

Post to:

Regulations under the Medicines Act 1981 Consultation
Medsafe
Clinical Leadership Protection & Regulation
Ministry of Health
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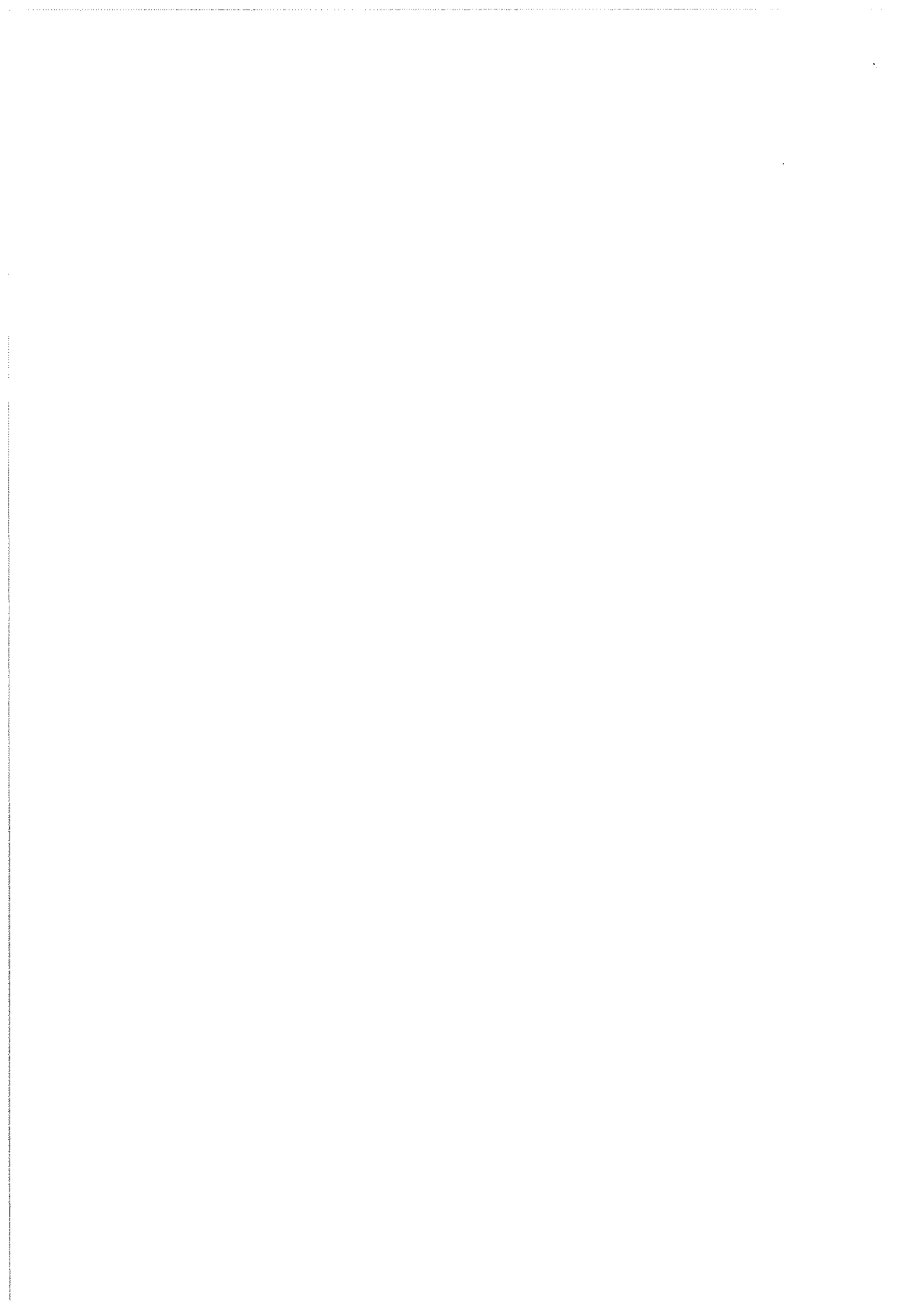
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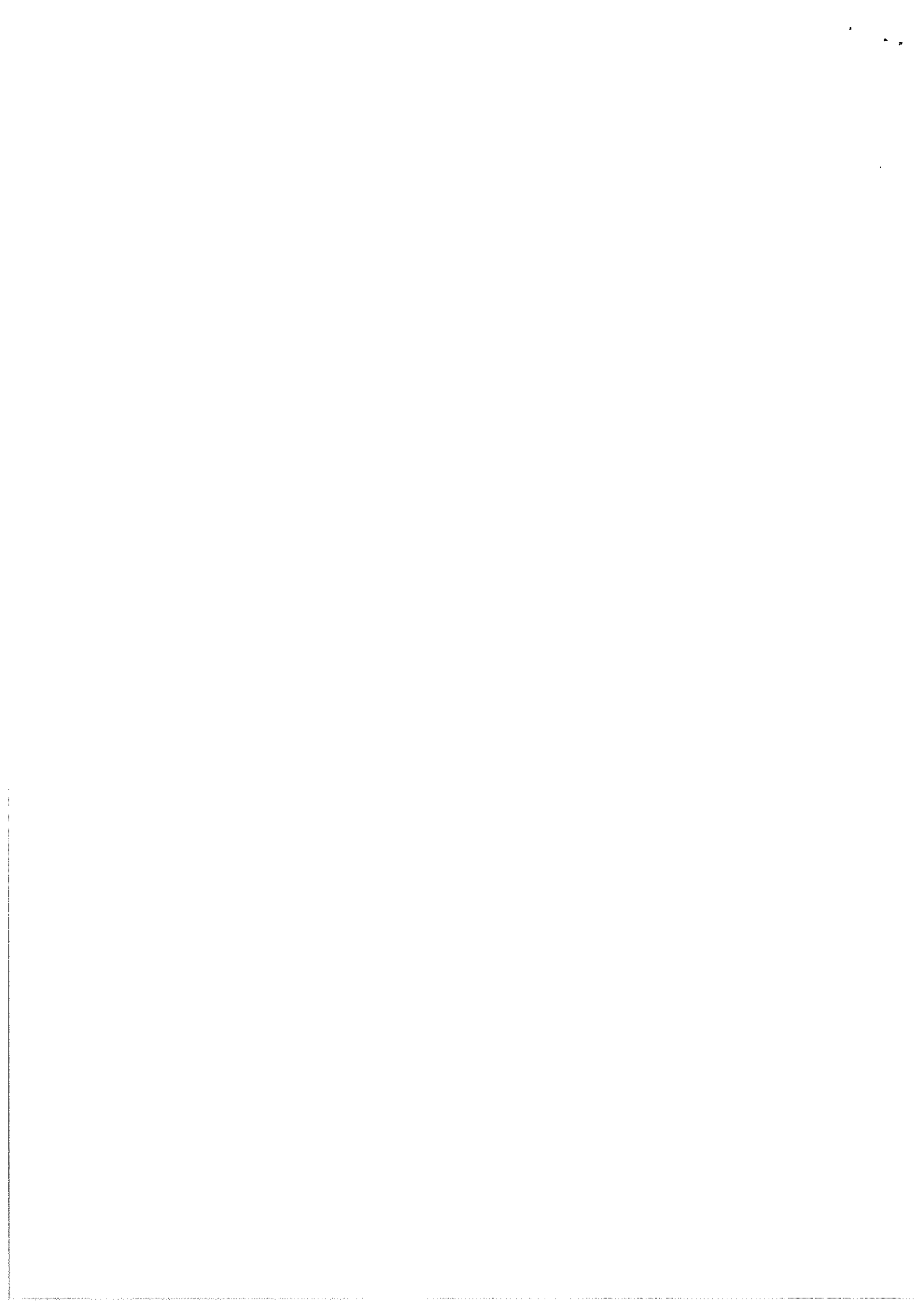
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Submission Against the Proposed Amendment to the Regulations made under the Medicines Act 1981 – Fluoride (2014)

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

Submitter: Hamilton Residents & Ratepayers Assn Inc

Prepared by: I

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C

Email

We request to be heard at the oral submissions.

Question 1

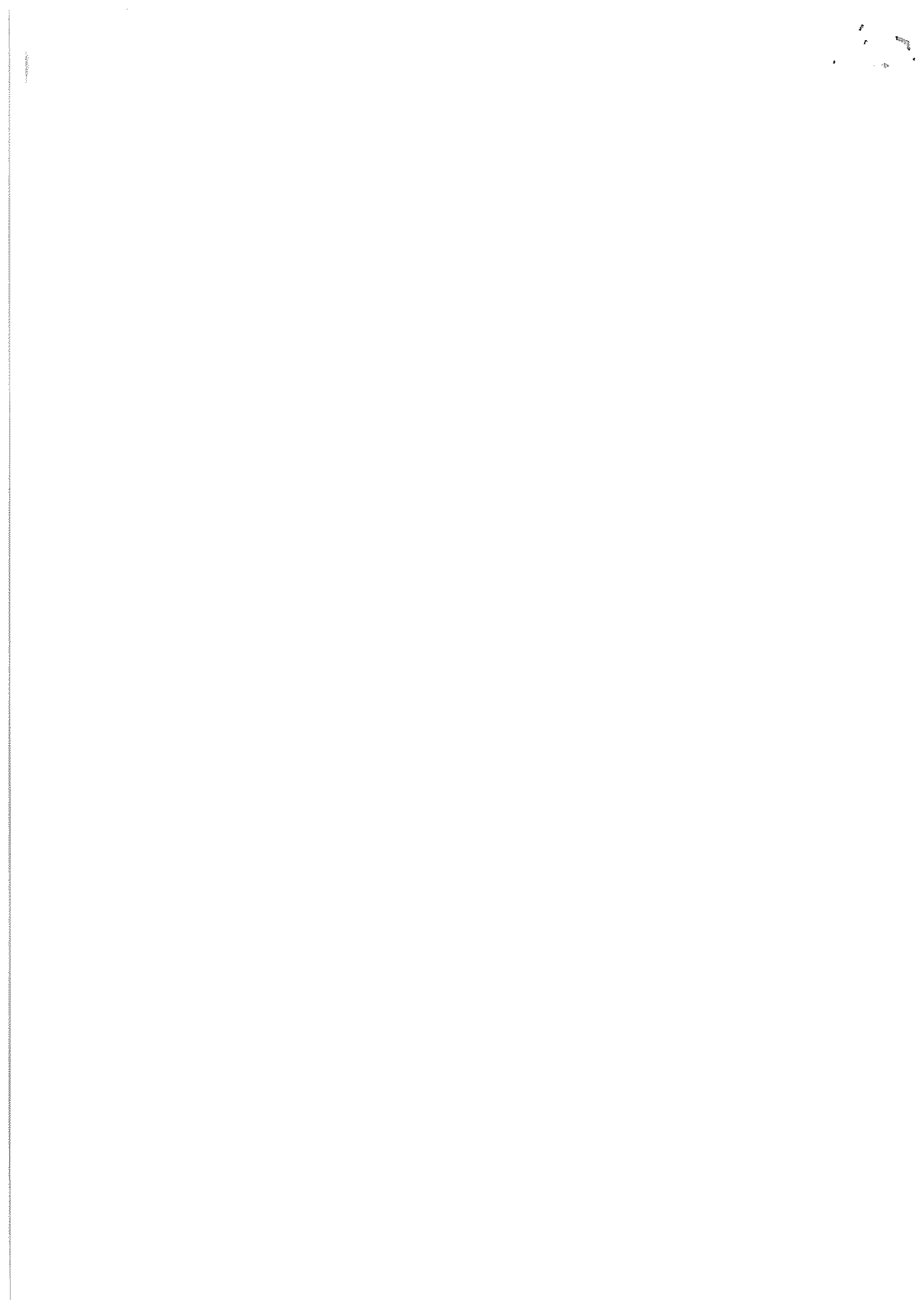
The Medicines Act is clear that any substance intended to treat a disease must be classified and regulated as a medication.

Such exemption from regulatory oversight is not promoted for any other class of medical treatment, for good reason. If this exemption were approved for fluoride, this would set a dangerous precedent for other low-dose chemicals to be approved as health treatments without regulatory oversight.

An exemption of one class of substances from the relevant Act is counter-productive to the high standards to which the medical profession is expected to uphold.

The Medical Council of New Zealand states in its *Good medical practice: a guide for doctors*, a Doctor's "obligation to maintain and improve standards".

- "Medicine" means - any substance sold, or supplied wholly or principally - for administering to one or more human beings for a therapeutic purpose.
- "Therapeutic purpose" means - treating or preventing disease.
- Medsafe clarifies that "A product is regulated as a medical device or a medicine if the manufacturer or sponsor claims or implies a therapeutic purpose for it."
- A therapeutic purpose is claimed by the MoH for water fluoridation "to prevent and reduce tooth decay".



Given these definitions, fluoridation of potable water is undoubtedly a medication; the sole purpose being to treat the disease of tooth decay. Therefore there is no reasonable justification for fluoride compounds to be exempted from regulatory oversight. The Act must apply and no exemption can be reasonably justified.

All current exemptions from the Medicines Act are for products intended to contact the surface of the body only – not to be ingested. An exemption for fluoride would be unprecedented as it is intended to be ingested with a pharmacological exposure to the whole body. Under Section 3A of the Health Act 1956, such a product, to be exempted, would have to be proven safe by the highest standard of science, to all members of the community, regardless of age, health or daily dose. To date no such studies have EVER been conducted so clearly there would be no demonstrable safeguard to the population to ensure safety, efficacy and purity – and Medsafe would have no legal basis for an exemption, under their own regulations.

Question 2

This question does not make much logical sense.

Given the declared intention of adding this substance to the water, to treat disease - fluoride compounds serve no other purpose; they do not substantively kill microbes in water, enhance the flavour, the colour/clarity or the odour of the water.

The sole purpose of these fluoride substances is to treat a disease in people who consume the water. If fluoride were for a non-medicinal purpose (e.g. water clarity), then it would be natural for the Medicines Act not to apply. But given the explicit medical treatment intention of fluoridated water supplies, the Medicines Act must apply.

It is interesting to note that all other medications are controlled by the 'dose' administered. The terms 'dose' and 'concentration' are not equivalent and it is therefore misleading if 'low concentration' is used in the context of water fluoridation. The problem is that the dose received by people varies greatly and cannot be controlled by those administering the fluoride.

Therefore it is reasonable to expect fluoride to be appropriately regulated as a medication, regardless of its concentration or dose. The deliberate act of administering fluoride to people qualifies it as needing to be regulated by trained medical professionals.

Timeframe

We also strongly object to the unreasonable timeframe allowed for written submissions, considering the lead up to Xmas and the holiday breaks. A further month would have been much more reasonable.

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

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

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

Submitter: Patients' Rights Advocacy Waikato Inc

Prepared by:

We request to be heard at the oral submissions.

Position:

Patients' Rights Advocacy Waikato Inc is opposed to both questions 1 and 2

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

We do not support the proposed amendment to the Medicines Act that would exempt hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) when they are manufactured and supplied for the purpose of fluoridating community water supplies.

Our first point is that there is no need at this point for an exemption if they are not currently declared as medicines – therefore the proposal is premature and should have waited until the outcome of the Court of Appeal's decision in March 2015, which will decide whether HFA and SSF are medicines under the Medicines Act.

Both Justice Hanson (New Plymouth High Court) and Justice Collins (Wellington High Court) have already established that HFA and SSF are added to community water supplies for a therapeutic purpose.

HFA and SSF are toxic waste products from industrial smokestacks and are used in insecticides and rodenticides. They are not tested, licensed or approved for human ingestion.

Pharmacy grade fluoride tablets are currently regulated as a pharmacy-only medicine for general sale.

Dosage and safety information is regulated for pharmacy grade fluoride, as it should be, but not for the industrial waste fluoride that is used for community water fluoridation. This is clearly a double standard and a dereliction of the Ministry of Health's duty to protect the health and safety of New Zealand citizens.

To illustrate the double standard, we have applied Medsafe's own labelling regulations to bottled or town-supplied fluoridated water at 1.0ppm:

Recommended Dosage

- Children under 3 years old and pregnant women - Nil
- Children aged 3 to 5 years old should be limited to 250ml per day
- Children aged 6 to 8 years old should be limited to 500ml per day
- Persons 9 years old and over should be limited to 1 litre per day

With fluoridated tap water being totally unregulated regarding dosage – there is clearly a huge discrepancy here.

If this amendment is enacted it would set an unfortunate precedent for other medicines (therapeutic substances) to be added to community water supplies. Lithium occurs naturally in groundwater. Some scientists have advocated adding lithium to community water supplies to alleviate the chronic suicide rate in some countries – New Zealand being one of the worst. This proposed fluoride amendment would facilitate this outrageous action.

No other medicine is permitted in uncontrolled doses so there is no rationale to declare HFA and SSF as exempt from the regulations.

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?*

This is a very badly worded question. Water is never treated with fluoride chemicals. Water is treated for safety with sand and activated carbon filters, chlorine, UV light, lime and alum etc.

Fluoride is added to the water as a treatment for the disease of dental caries. Therefore HFA and SSF are added to treat the person not the water and are therefore used as medicines.

Hamilton City Council states on their website "Fluoride is added to drinking water in accordance with the Council's policy and as recommended by the Ministry of Health for dental hygiene."

—

Patient Rights

Every person who drinks fluoridated water instantly becomes a patient receiving treatment; this includes New Zealand citizens and visitors alike. Given that a medical treatment [prevention/treatment of tooth decay] is being employed, these individuals automatically attain patient rights.

The New Zealand Health and Disability Commissioner lists the fundamental rights for patients in receiving health care. Right number seven states that "It is your decision whether to go ahead with treatments [eg. fluoridation] or not and you are able to change your mind at any time." This is commonly known as 'the right to choose'. All medical professionals are bound by this code of ethics. I expect that those reviewing this amendment also be bound by this code of ethics.

The Medical Council of New Zealand states in its *Good medical practice: a guide for doctors*, item #32: "With rare and specific exceptions you should not provide treatment unless ... the patient consents to treatment."

We insist that the rights of those receiving medical treatments be upheld. Viable alternative medication delivery methods exist, which allow consumers their right to choose.

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Submitter: Fluoride Free Hamilton

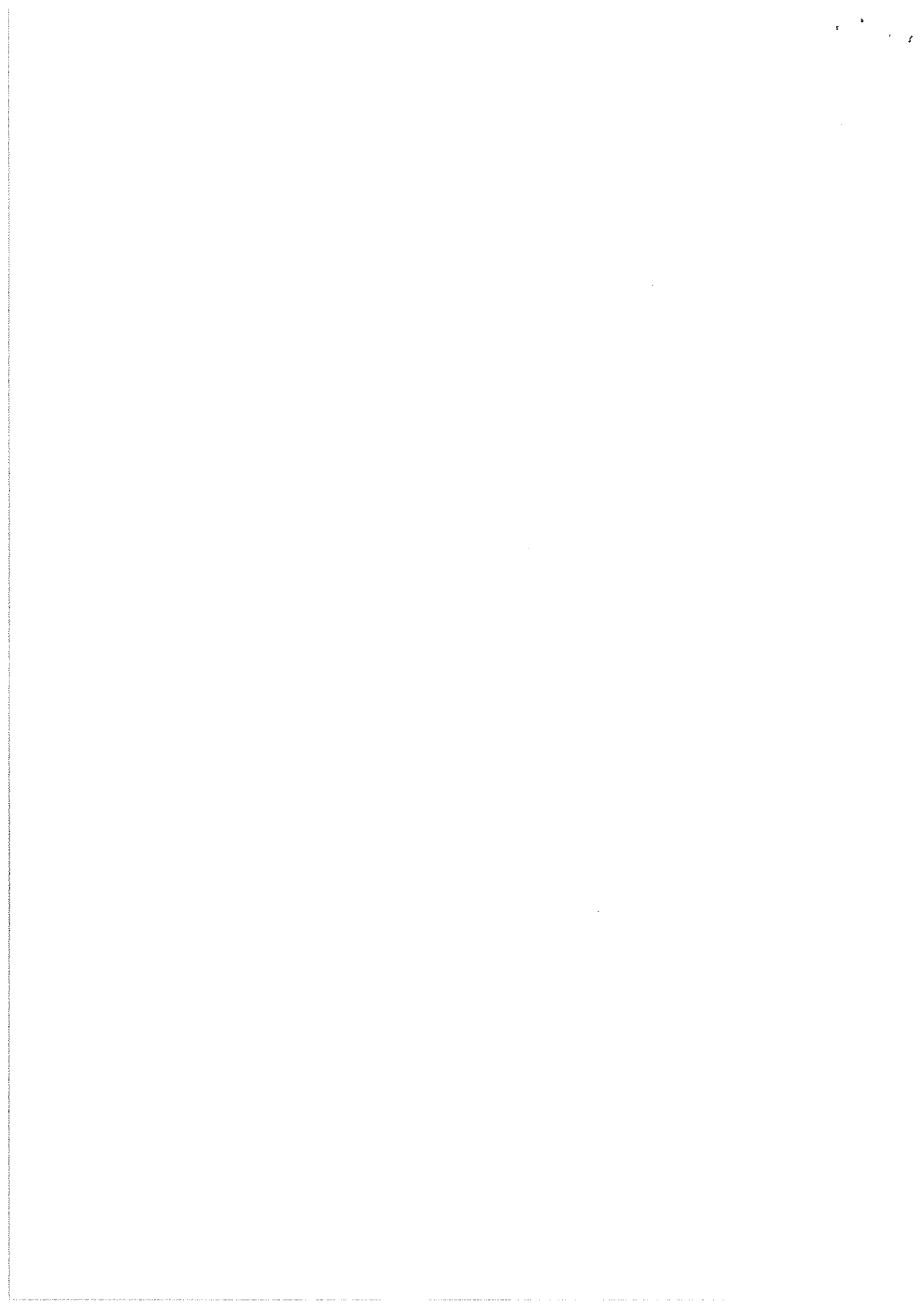
Prepared by:

Position:

Fluoride Free Hamilton is opposed to **Proposal Question 1** for the following reasons:

- (a) A regulation at this stage is premature and could pre-empt the Court of Appeal's decision in March 2015 on whether HFA and SSF are considered as medicines. The consultation document should have referred to the Appeal but it makes no mention of it at all. This leads us to the assumption that the purpose of the proposal is to avoid the possibility that the Court of Appeal would rule in New Health's favour.
- (b) There is no rational or proper basis to exempt HFA and SSF from the Medicines Act. There is insufficient and unconvincing information provided in the Proposal. We consider, however, that there are very compelling reasons relating to relative risk, why HFA and SSF should be regulated as medicines, therefore providing consumers with all the protections of the Medicines Act.
- (c) Insufficient submission time has been allowed

Fluoride Free Hamilton notes that **Proposal Question 2** uses an argument in which the conclusion does not follow on from its premise. It is an indisputable fact that fluorine-containing compounds are not added to public water supplies to treat **the water**; they are added to treat **human beings**, and hence are used as medicines. Therefore our reply to Question 2 must be no.



Our Responses to Proposal Statements

Proposal Statement:

"The benefit of the proposed amendment is that it would preserve the status quo and provide legal clarity about the regulatory status of fluoride compounds used to treat community water supplies."

Our Response:

Fluoride chemicals are not added to the water supply to treat the water – they are added to treat human beings for a disease – dental caries. This has been accepted since the 1940s, and was confirmed in *New Health NZ v STDC*.

As such they are medicines – general sale medicines under the current regime.

Proposal Statement:

"In New Zealand, the addition of fluoride compounds to community drinking water supplies for the purpose of preventing and reducing tooth decay is a common practice. It is supported by the Ministry of Health as well as by public health authorities, medical science bodies and international organisations such as the New Zealand Medical Association, the New Zealand Dental Association, the World Health Organization and the World Dental Federation."

Our Response:

While fluoridation affects about 50% of NZ's population, it is a practice believed in by only a tiny minority of countries and scientists around the world. As such, it is the 'fringe', not the norm.

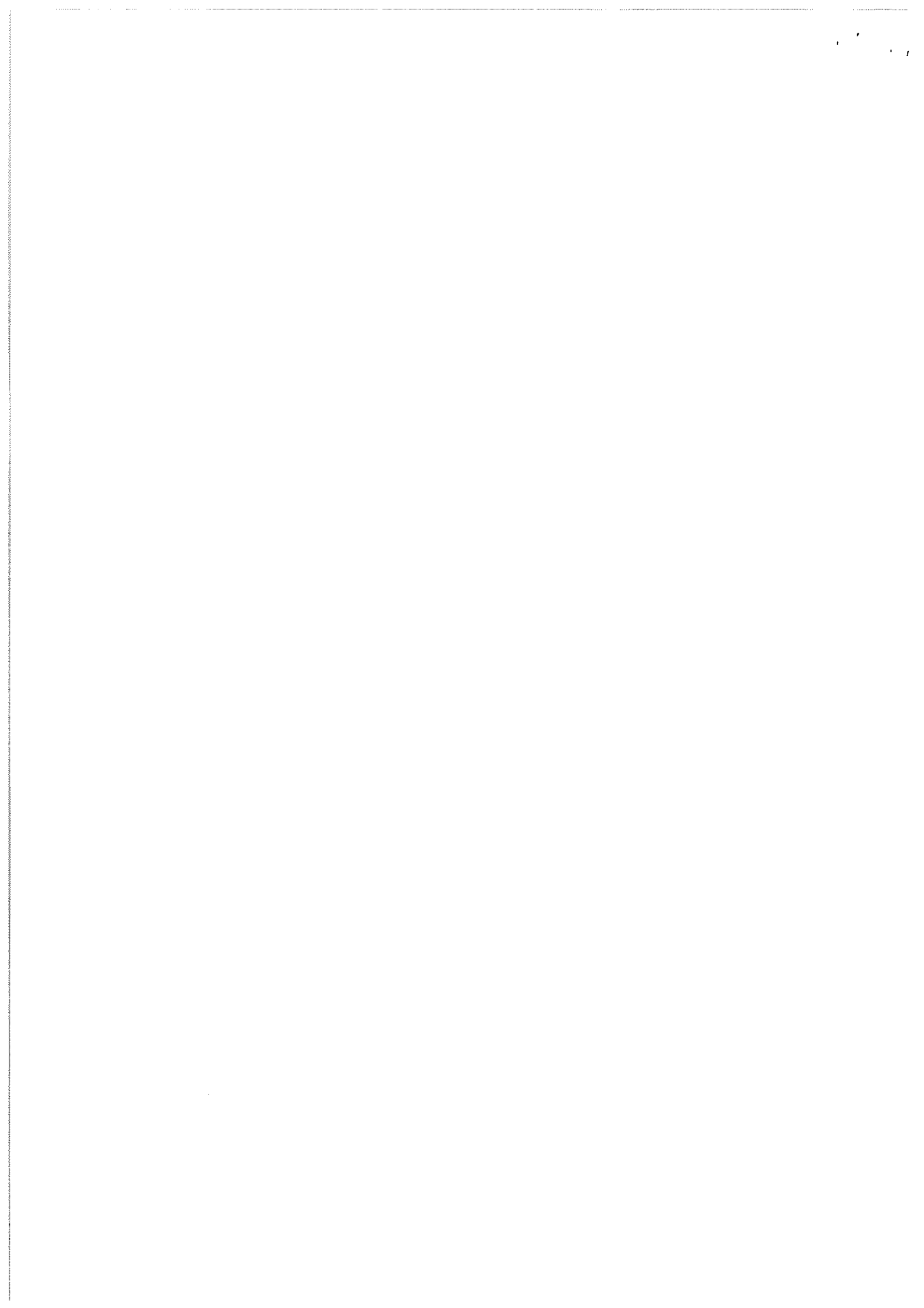
The NZDA's position is controlled by its unrepresentative committee, which harasses and victimises dentists who question water fluoridation into silence. This has been demonstrated recently regarding Dr Lawrie Brett and Dr Stan Litras. Water fluoridation is NOT universally accepted by NZDA membership.

Proposal Statement:

"In the recent case *New Health New Zealand v Attorney-General* ... the High Court dismissed the plaintiff's claim that HFA and SSF properly come within the definition of "medicine" and recommended use of regulation-making powers under the Act to exempt HFA and SSF from being medicines for the purposes of the Act."

Our Response:

This judgment is under appeal – and there was an obligation to disclose that in the proposal, since it is not a final judgment until the appeal is decided.



Proposal Statement:

"This would serve to provide greater clarity about the issue by removing any possible ambiguity and would also regularise the status quo as regards the use of HFA and SSF in water fluoridation."

Our Response:

Clarity of the issue can only be provided by the High Court appeal.

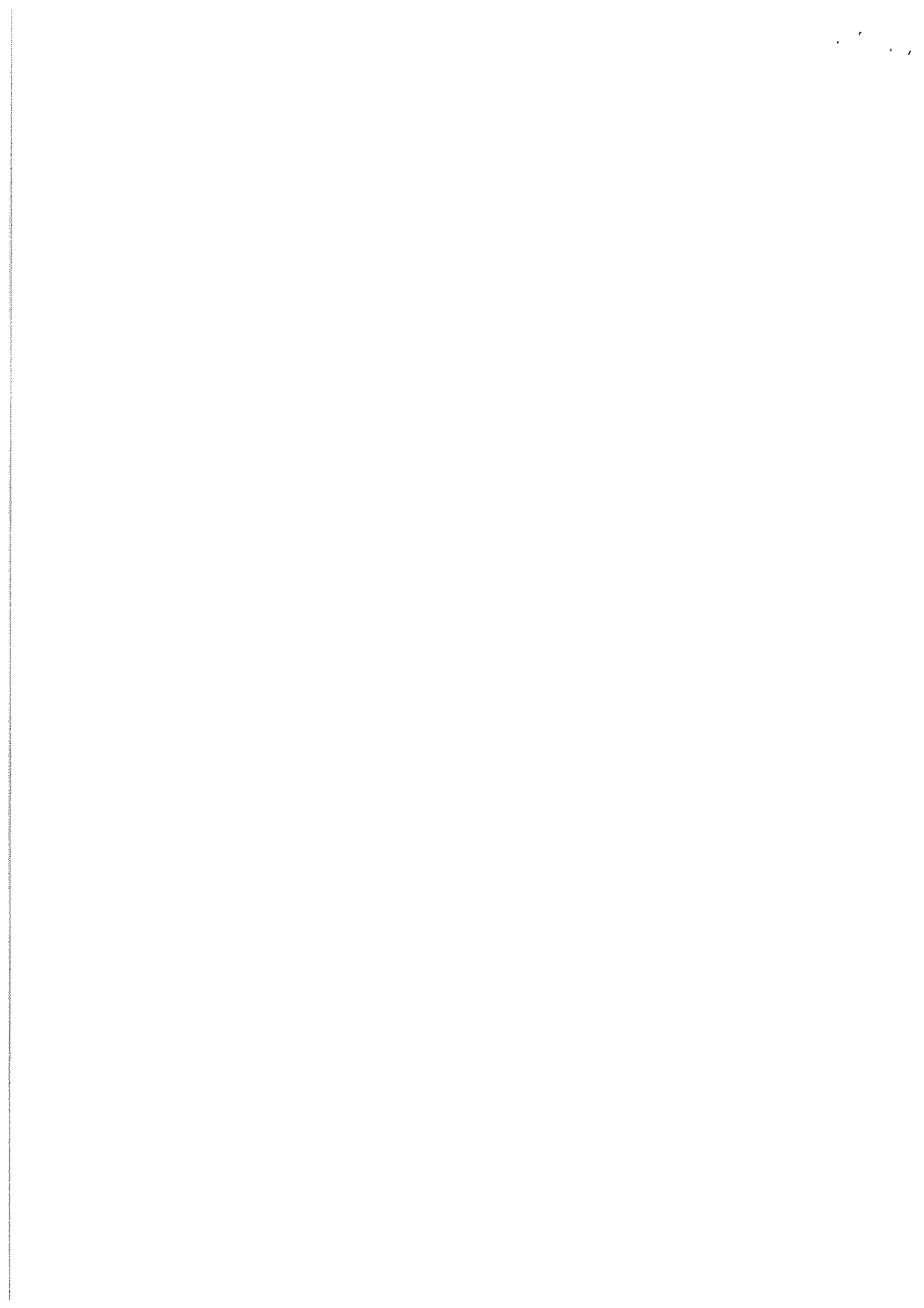
There is no ambiguity – fluoride supplied for a therapeutic purpose, acting pharmacologically, is a medicine. We do not understand what you mean by "regularise" in this context: the fact is the exemption is designed to create an irregularity by allowing an unapproved, untested, contaminated medicine to be administered to the population via the public water supply.

Proposal Statement:

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

Our Response:

Why limit the exemption to water fluoridation – why not in all applications and delivery mechanisms when used to prevent tooth decay?



No Rational Basis for the Proposal

Firstly there is currently no need for a regulation to exempt HFA and SSF as medicines as they are not currently declared as medicines.

Secondly there is no medical or scientific justification for exempting silicofluorides from being medicines under the Medicines Act 1981.

There is no precedent for exempting a substance intended to be ingested from being a medicine. All current exemptions are for topical applications or mouth rinses.

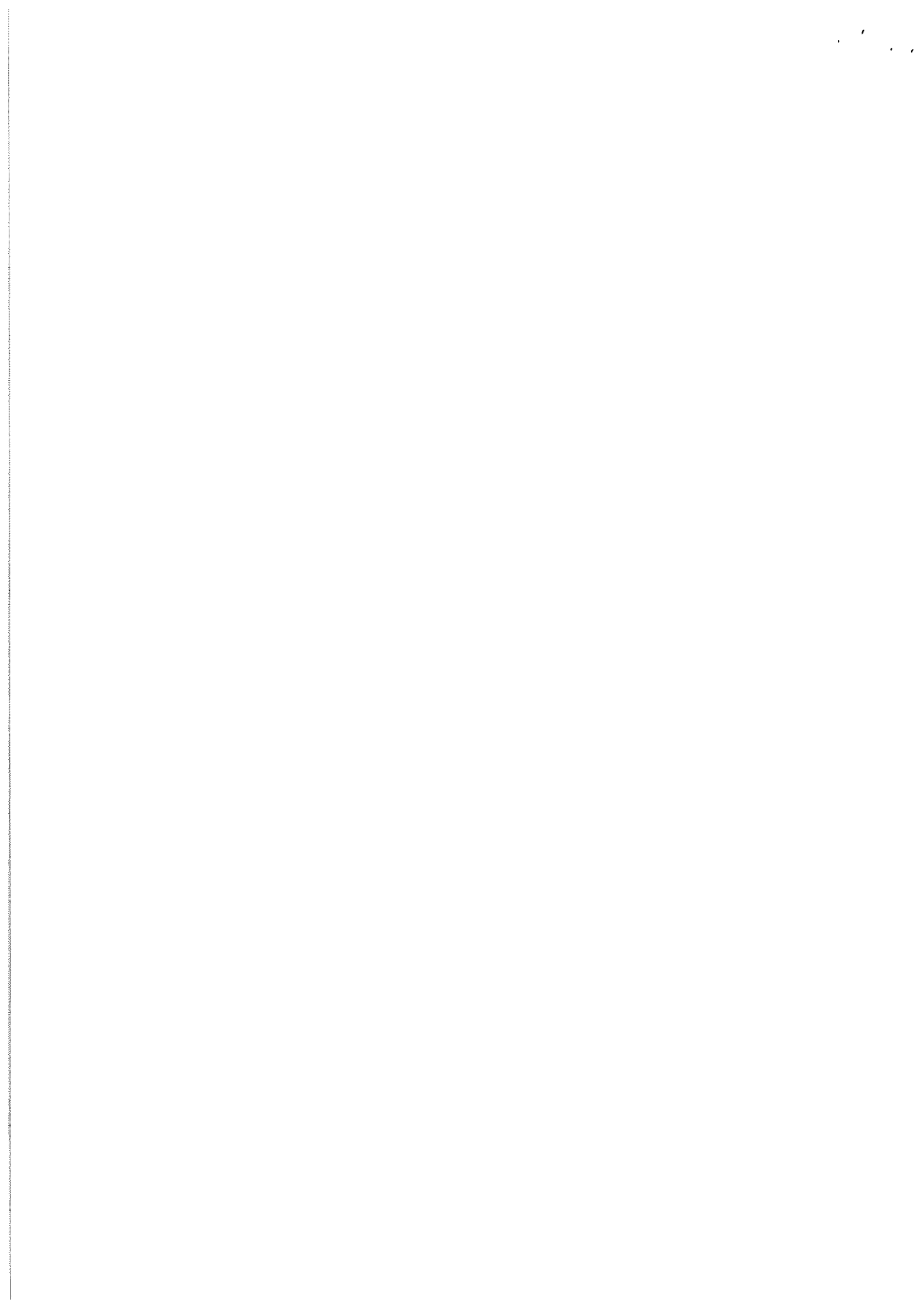
Exemptions under Regulation 58A of the Medicines Act have so far only been granted to low-risk products with adequate consumer protection such as anti-acne skin products, barrier creams, dentifrice products, anti-bacterial skin products and anti-dandruff hair products.

Of key importance is the requirement under the Medicines Act that a medicine meet certain purity standards. Exemption of silicofluorides would be completely contrary to the intention of the Medicines Act unless the chemicals added to the public water supply were required to meet the normal purity standards as a requirement. This, of course, would make them too expensive to use in water fluoridation.

Allowing these industrial waste grade products to be used under an exemption would establish that the Ministry is more concerned with protecting fluoridation policy than it is with protecting the public's health and safety, contrary to its statutory duty under section 3A of the Health Act 1956.

Under this proposal, a manufacturer could theoretically manufacture Prozac 'for the purpose of water fluoridation', and it would be exempt from the Medicines Act. The fact that it is not actually used in water fluoridation would not matter, as the proposal is currently worded.

If the term 'chemicals used to fluoridate public water supplies' was used for Sodium Fluoride (which is currently a regulated pharmacy-only medicine when used to make fluoride tablets and recommended to be used by dissolving in water), it would not be a medicine either if added to the public water supply – and also no longer a medicine when used as fluoride tablets.



Inconsistencies with Current Exemptions

There appears no possible rationale under the purposes of the Medicines Act to exempt fluorides. The purpose of the Act is to safeguard the population from the improper use of medicines, and ensure their safety, efficacy, and purity. This proposal seeks to remove all those safeguards by allowing a contaminated industrial waste product to be used indiscriminately as a medicine by placing it in the public water supply without any of those safeguards applying.

The current exemptions apply to products intended to contact the surface of the body only; not to be ingested. These are products that would not normally be thought of as medicines.

This exemption would be the first for a medicine intended to be swallowed, with a pharmacological exposure to the whole body.

Firstly, for the Ministry to meet its obligations under Section 3A of the Health Act 1956, such a product would have to have been proven safe by the highest standard of science (double blind, random control studies), to all members of the community regardless of age, health, or daily dosage. Some people drink 10 – 12 litres of water a day, or 7 – 8 mg fluoride per day, well into the level that can cause Stage I or Stage II, and possibly Stage III skeletal fluorosis, not to mention other adverse effects identified by the NRC Review 2006.

Such studies have never been conducted. There would have to be proof that no one was hypersensitive to fluoride – yet there are well-documented medical case histories as well as random control and epidemiological studies showing that there are hypersensitive individuals, who suffer extreme health distress from fluoride exposure through the drinking water.

Note that fluoride toothpaste as a product is exempted; not the fluoride chemicals used in the toothpaste. The equivalent in relation to the current proposal would be to exempt fluoridated water. That would be an acceptance that fluoridated water is a medicine (that needs exempting).

Timeframe

We consider the timeframe allowed for submissions to be totally unreasonable as well as the time of the year.

Submitters cannot be expected to have sufficient time during the pre-Xmas rush and the statutory holiday breaks to prepare adequate submissions on such an important issue. If OIA requests cannot be made in this obviously inconvenient time – then members of the public can be treated with the same courtesy and respect in this regard.

We therefore request, in the circumstances, an extension of time to at least mid-February 2015.

Summary:

We are opposed to the proposal on the following grounds:

The consultation document is incorrect, misleading, and a gross misrepresentation of what the Ministry is seeking to do.

The proposal undermines the purpose of the Medicines Act 1981, which is to protect the public from the inappropriate use of medicines, and to ensure the purity of medicines used to treat people.

The Medicines Act does not provide for exempting substances only when delivered by a certain mechanism – a substance is exempt or not, and an exempt substance's use cannot be restricted to a specific mode of delivery. Once exempt, the chemicals, with their heavy metal contaminant could be used in fluoride tablets, for example, and be exempt from the Medicines Act. We consider this totally inappropriate.

Water fluoridation fails to meet the minimum standards of proof of effectiveness, proof of safety, proportionality of infringement on human rights and the lack of seriousness of the disease it is supposed to treat (in only about 50% of the population).

It cannot be disputed that HFA and SSF are now used as an alternative to sodium fluoride. Sodium Fluoride tablets are classified as a pharmacy-only medicine. One litre of 1ppm fluoridated water equals two Sodium Fluoride tablets. They are both used to prevent tooth decay. However the tablets are considered to be of sufficiently high risk that they are pharmacy-only medicines with maximum recommended dosages and health warnings for children under 3 and pregnant women.

No such warnings are issued for 1ppm fluoridated water. Dosage is completely uncontrolled. It is also not subject to the same purity and manufacturing requirements. This is totally irresponsible and there can be no justification in this anomaly between the two as they use the same active ingredient.

No other medicine is permitted in uncontrolled doses – HFA and SSF should not be treated any differently. There is no rationale for declaring that HFA and SSF can be immune for the protections of the Medicine's Act.

Request to be heard:

Fluoride Free Hamilton wishes to speak to its submission.

1048

PO Box

6th January, 2014

Dear Sir / Madam,

I am disturbed by the fact that this amendment to the Medicines Act 1981 has been brought up at this time of year, & with no notification to the Public.

When Fluoride is a contentious subject you must be doubly careful of this - & to do it over the busy Christmas & New Year Period looks very suspicious.

Why not be open about it so the Public - who pay you - can have a levelled faith in the process.
Yours sincerely,

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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): <i>Former Reg. General Nurse & Midwife & Mother & Grandmother.</i>	
Question 1 Do you support the proposed amendment? If not, why not? <i>NO</i>	<i>Typed Submission over page.</i>
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? <i>NO</i>	<i>It should go on the Poisons Register in the future</i>

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



From: ^ ^

Re: Regulations under the Medicines Act 1981 Consultation.

Regulations under the Medicines Act 1981 Consultation.

MedSafe.

Clinical Leadership Protection and Regulation.

Ministry of Health

P.O. Box 5013,

Wellington. 6145.

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)

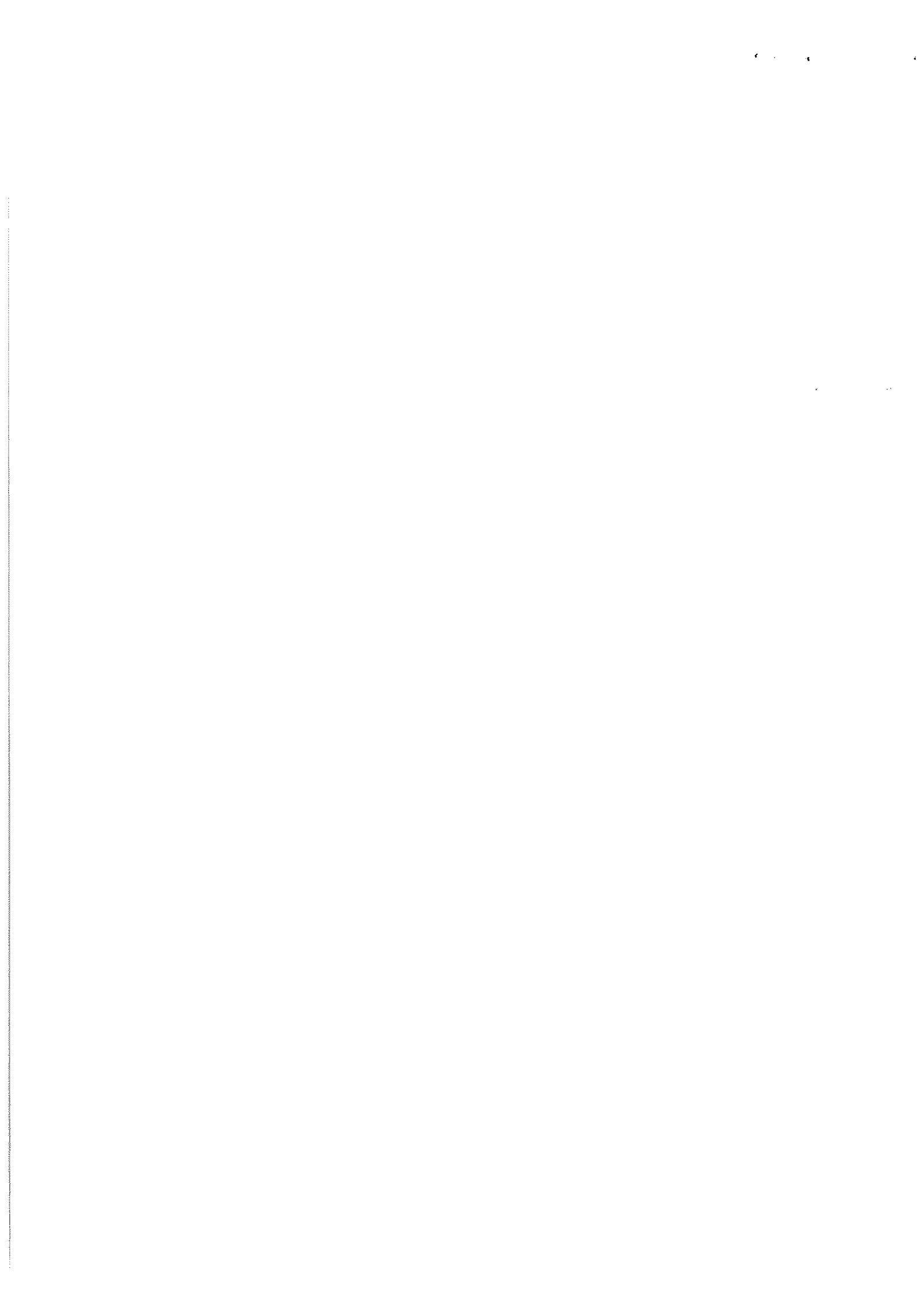
It is proposed that a new regulation be made under section 1051(1)(i) that:

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?

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 Medicine 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 indiscriminating 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.

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

(e) If 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. (e) Medsafe

*Name

Email

Address

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

NO.

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

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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 /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>>

I do not agree with fluoride being added to water supplies

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

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“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. Forced Medication*

NO. I do not support the proposed amendment because: *No Freedom of Choice.*

1. Fluoride is not a water treatment like chlorine *So ? why put it in.*
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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Medsafe
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