



Fluoride

to: askmedsafe@moh.govt.nz

08/01/2015 10:51 p.m.

History: This message has been replied to.

## SUBMISSION

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:

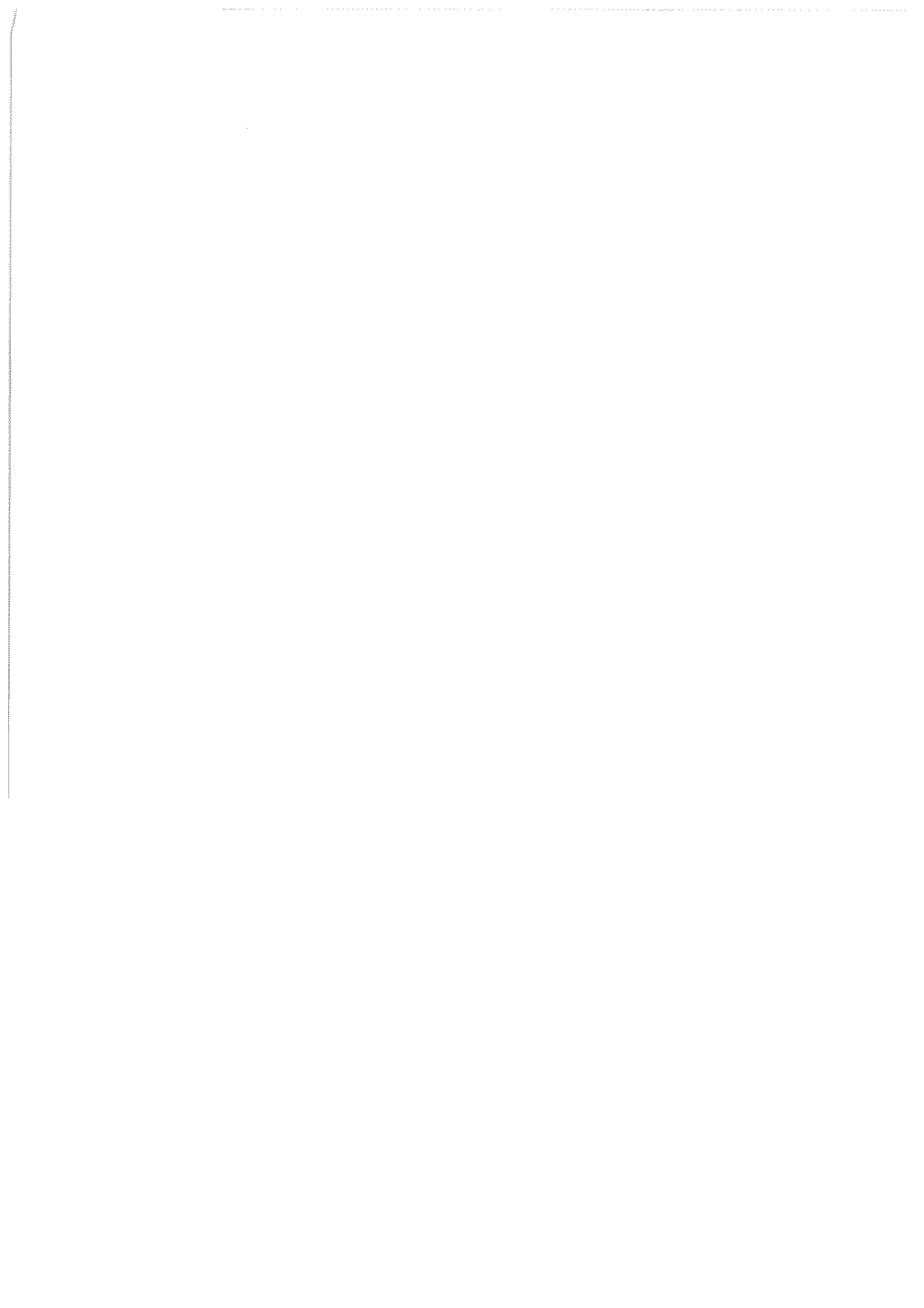
1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals 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.

Sent from Yahoo Mail on Android





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

to: askmedsafe

08/01/2015 11:03 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.”

Question 1. Do you support the proposed amendment?

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?

NO. Fluoride and its compounds are not used to ‘treat’ community water supplies. In community water fluoridation (CWF) and 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@moh.govt.nz

08/01/2015 11:03 p.m.

Please respond to

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?*

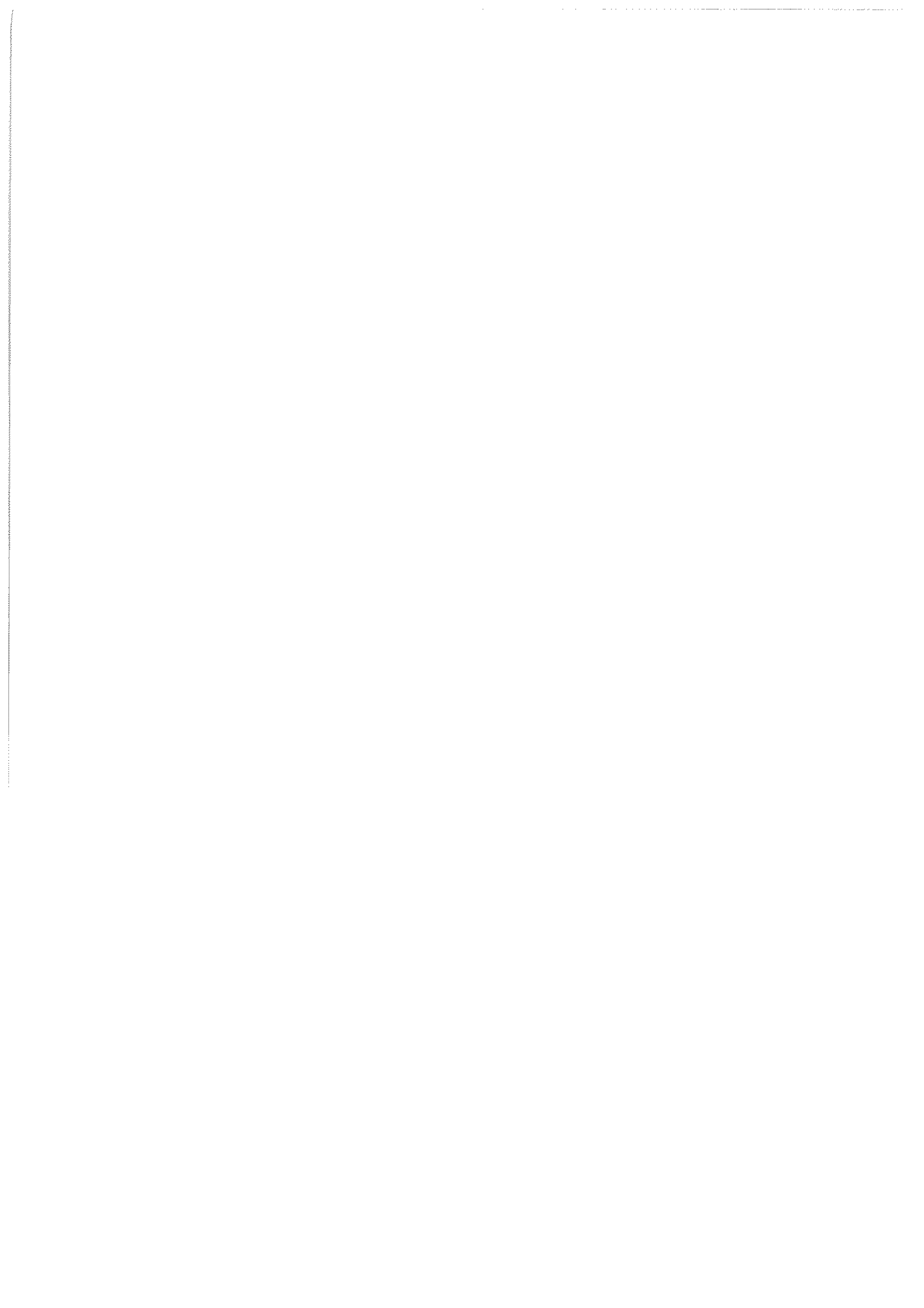
**NO.** I **do not** support the proposed amendment because:

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.*





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:

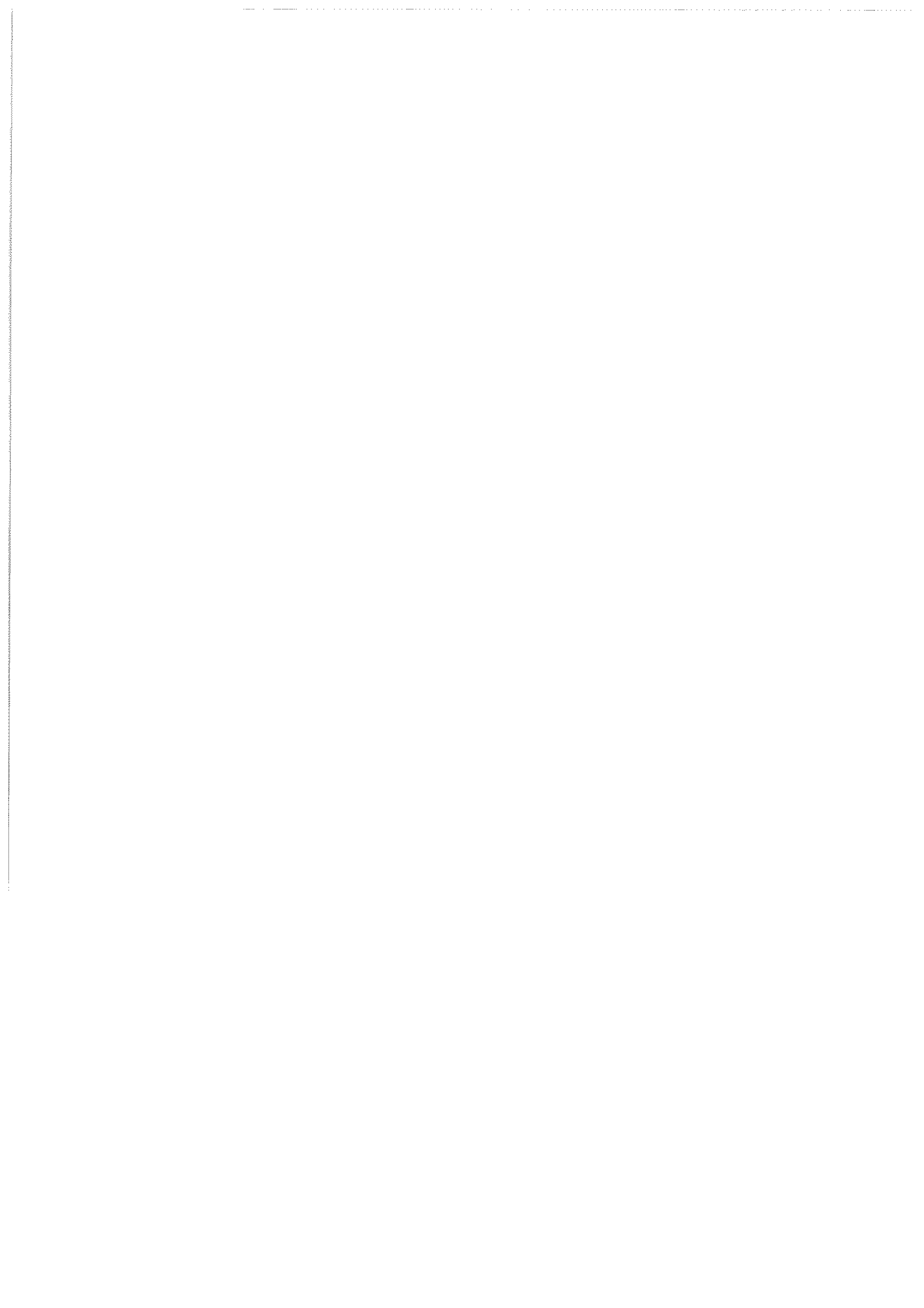
1. Fluoride is not a water treatment like chlorine.
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine.
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals 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.*

**Email to: askmedsafe@moh.govt.nz**







Fluoride

From: askmedsafe

Date: 08/01/2015 11:12 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:

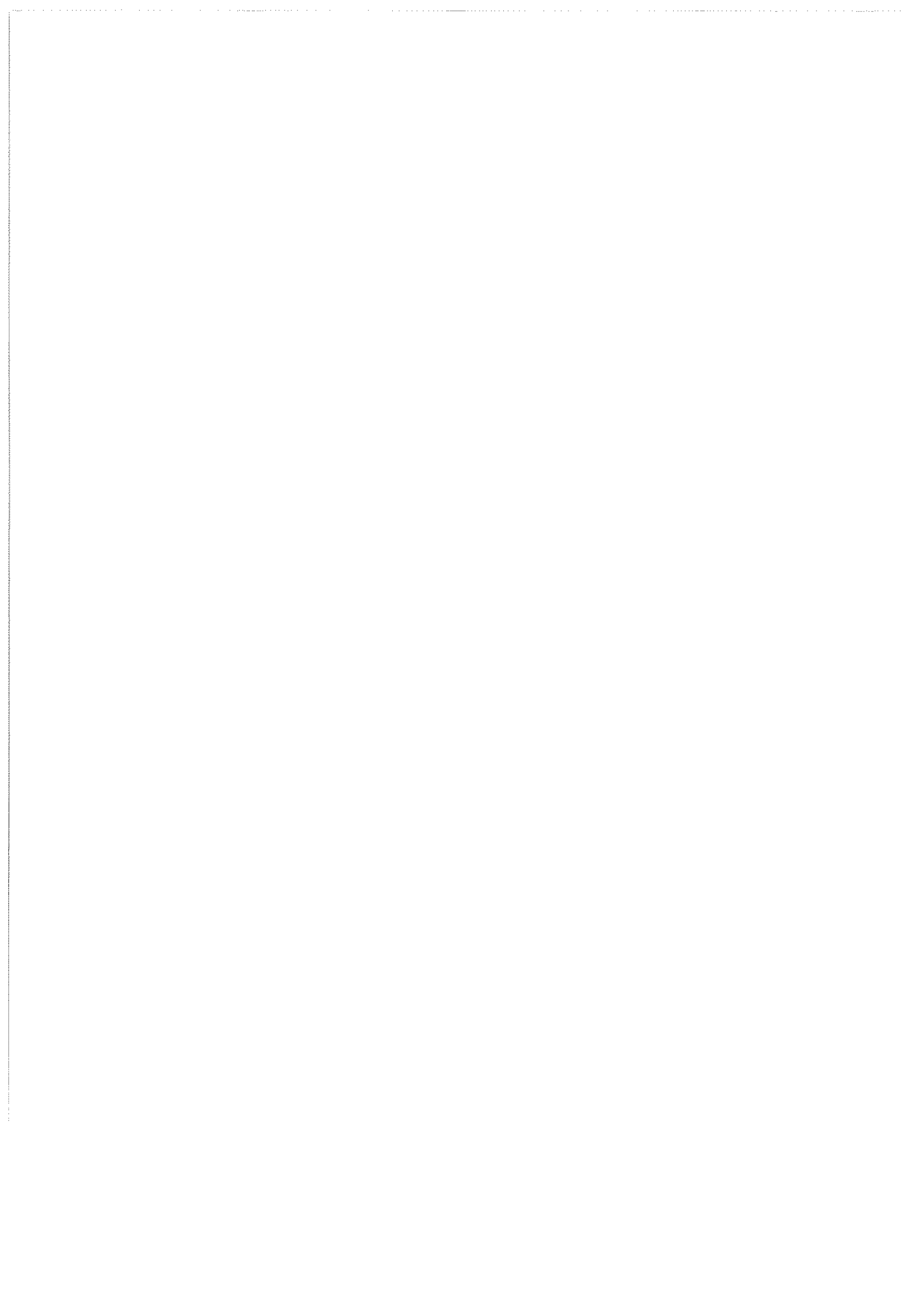
1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals 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.*

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

08/01/2015 11:15 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
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

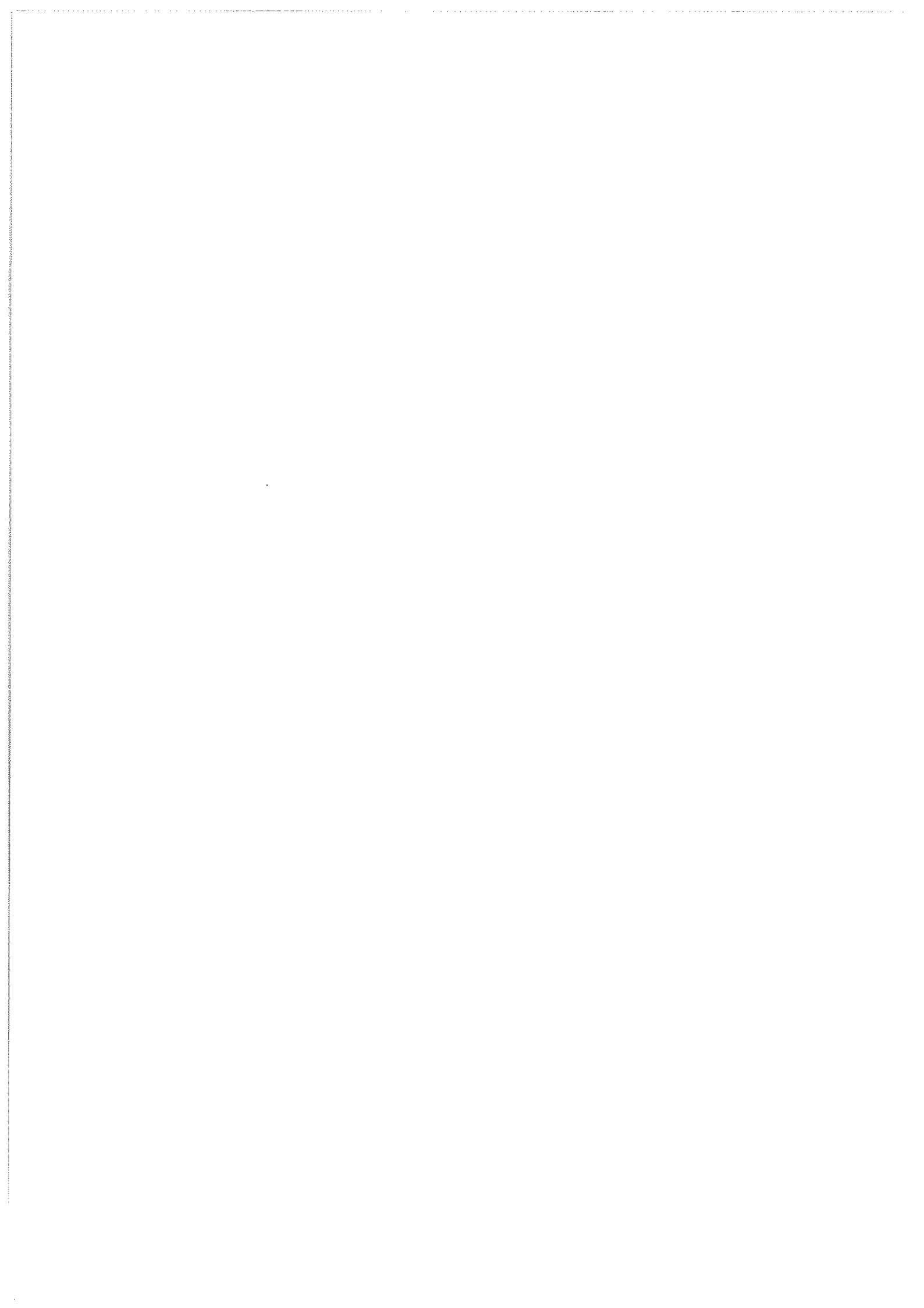
**Question 2.** *Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?*

**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**.

**Also, I do believe that this "consultation" process is simply a "tick box" compliance process and that individual actors within the MoH have absolutely no respect for individual freedom of choice. This is evident when one considers the violence toward individuals who do not want to consume fluoridated water - as 95% of Europeans and many other nations. The target population for this fluoride is a group of individuals who have very poor oral hygiene and who consume vast quantities of fizzy drinks - and do not drink much water! Also, only 0.5% of fluorided water reaches the food chain - the remainder is disposed of on our lawns and in domestic showering and washing, etc. But, you do already know all of this.**

**I wish you well with your embarrassment and with your conscience as you violate your position of authority and violate my human rights - only afforded in countries who respect individuals basic human rights (not in NZ !).**

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





askmedsafe@moh.govt.nz

08/01/2015 11:16 p.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:

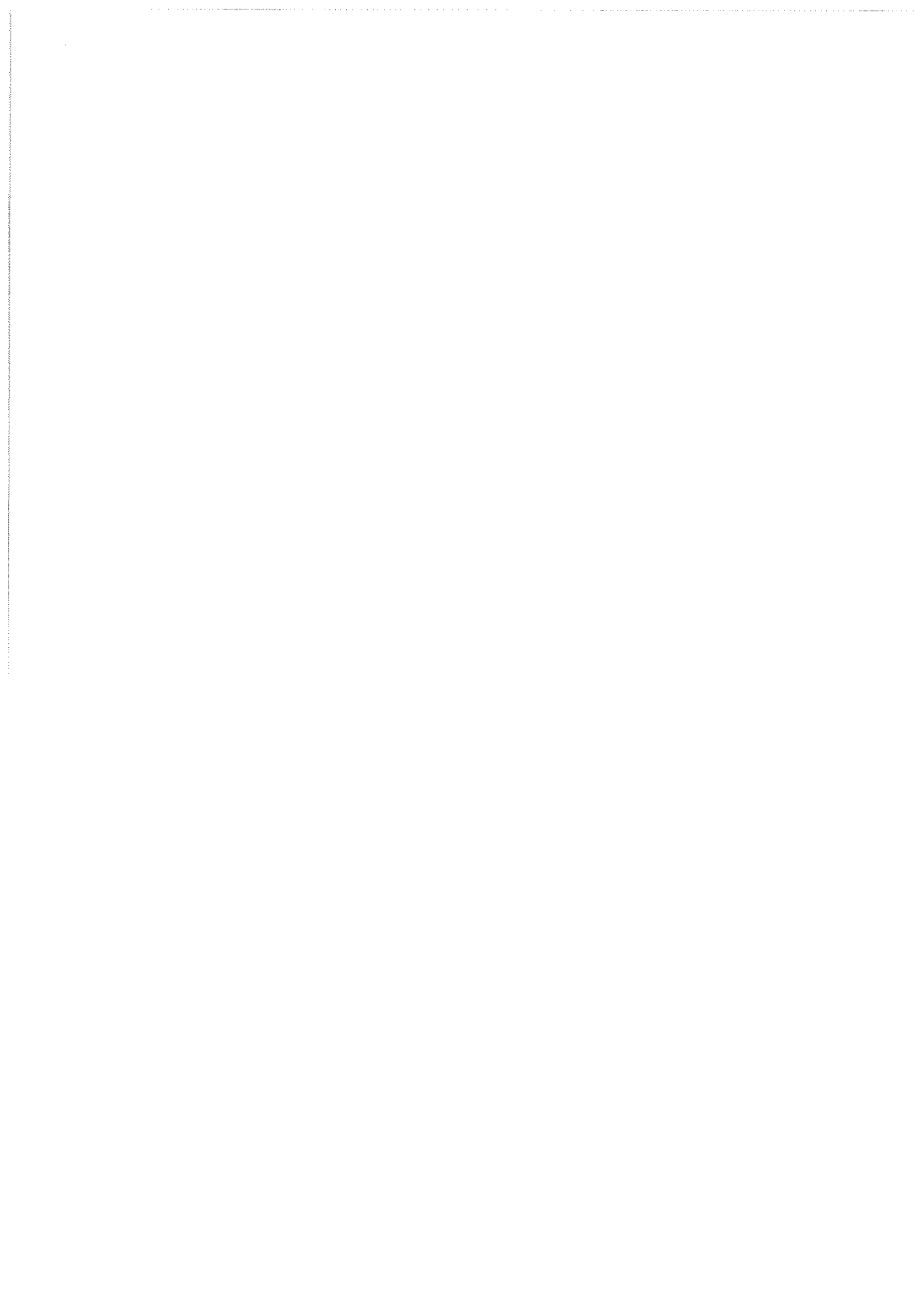
- 1. Fluoride is not a water treatment like chlorine
- 2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
- 3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health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

Sent from my iPhone



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:   
Postal 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.







\askmedsafe

08/01/2015 11:21 p.m.

From:

To: Askmedsafe@moh.govt.nz,

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?

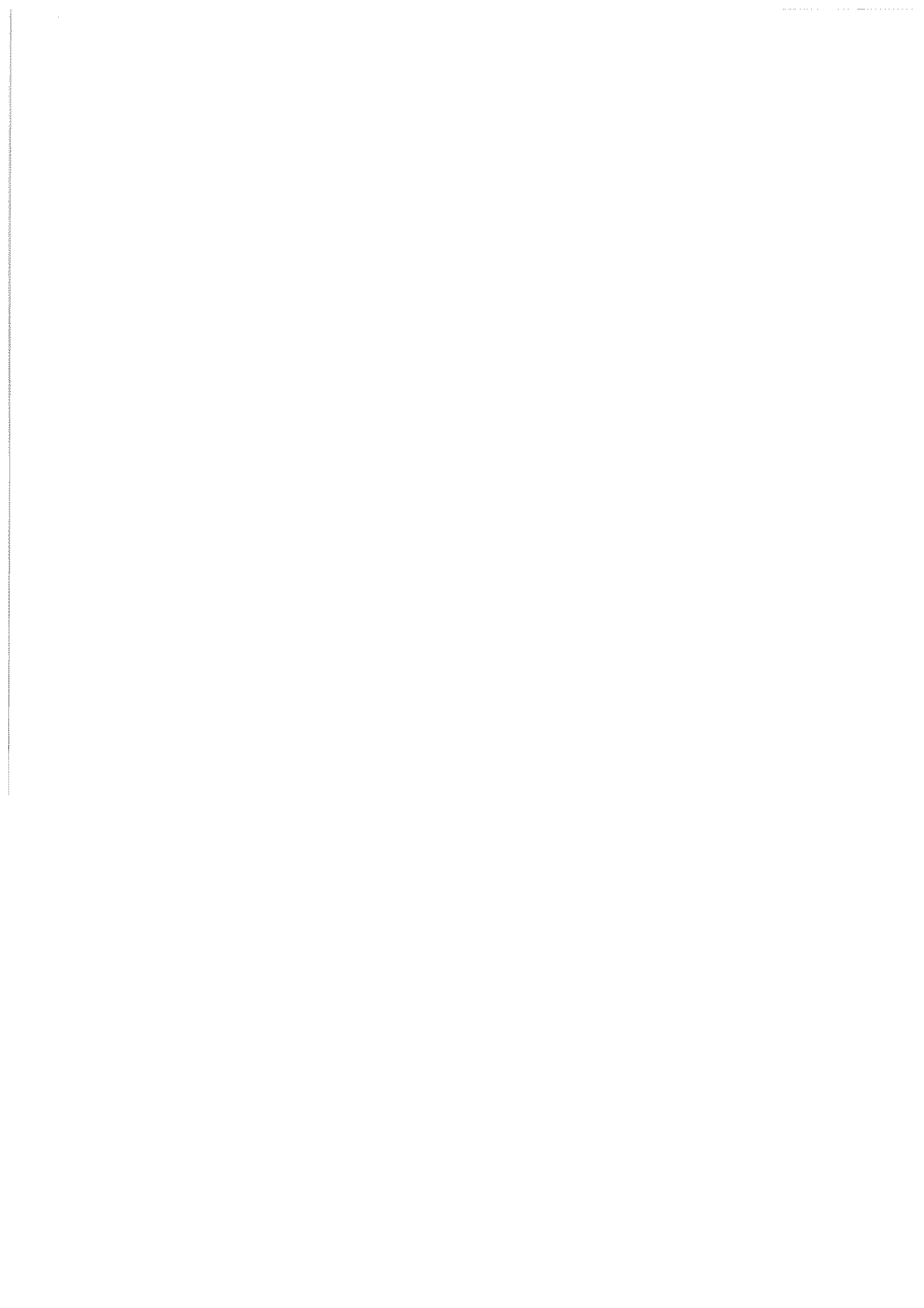
NO. I do not support the proposed amendment because:

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”
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





## Fluoride submission

askmedsafe

08/01/2015 11:22 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:

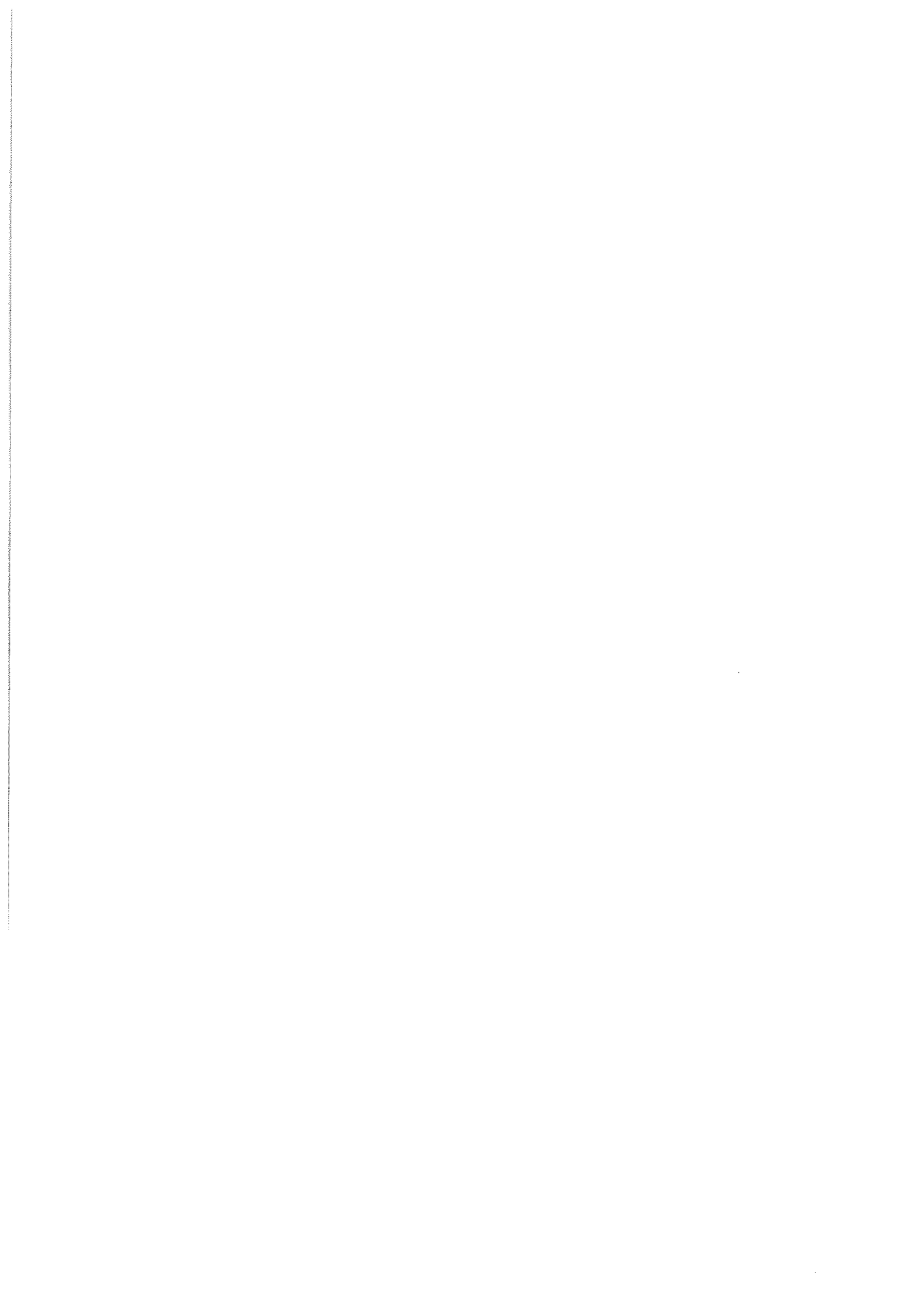
1. Fluoride is not a water treatment like chlorine.
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine.
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals 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.*

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





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?*

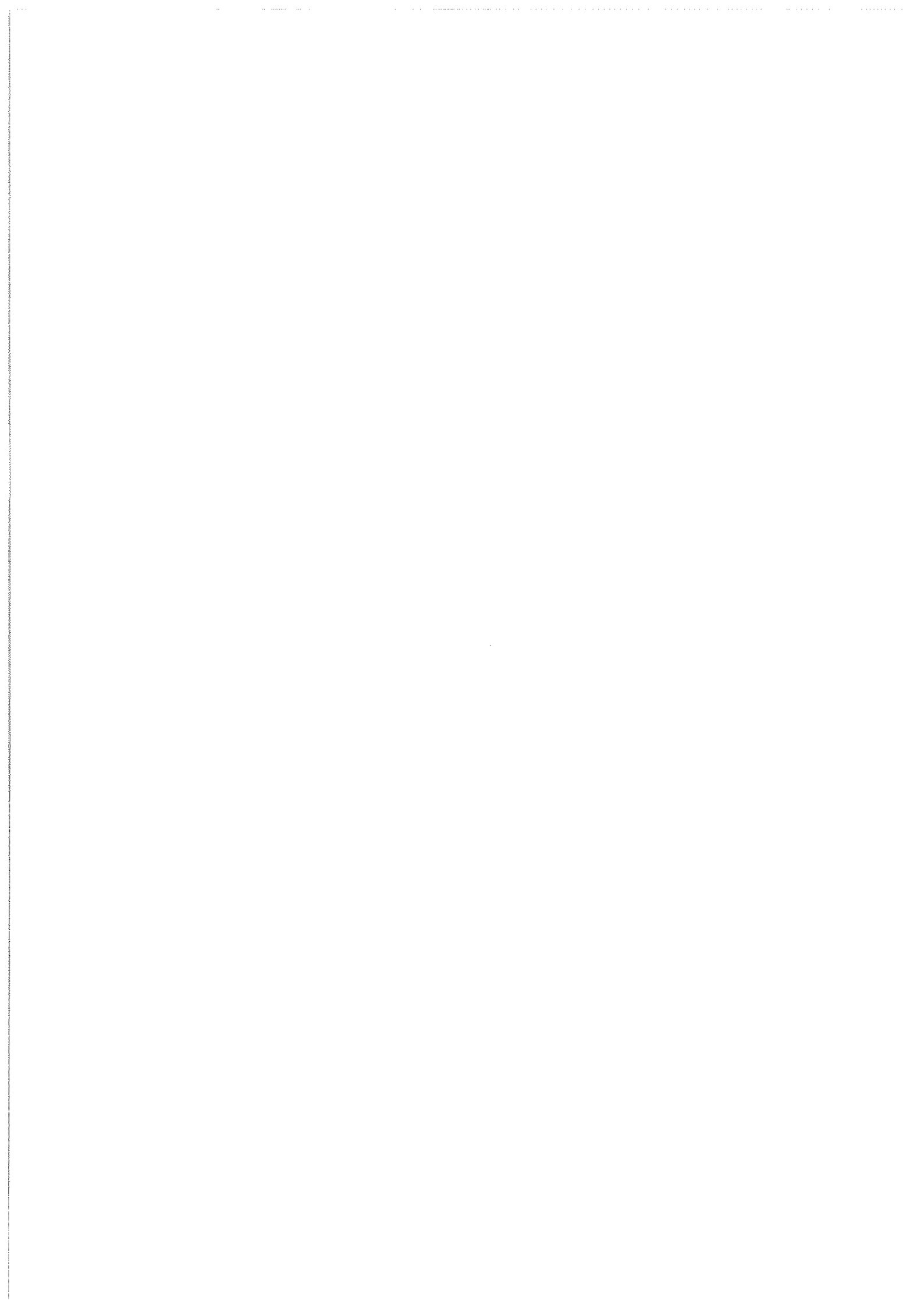
**NO.** I do not support the proposed amendment because:

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.*



**Flouridation Amendment**

: askmedsafe

08/01/2015 11:34 p.m.

---

History: This message has been replied to.

---

8 Jan 2015

Re:Submission on proposed amendment under the Medicines Act  
1981-Flouride (2014)

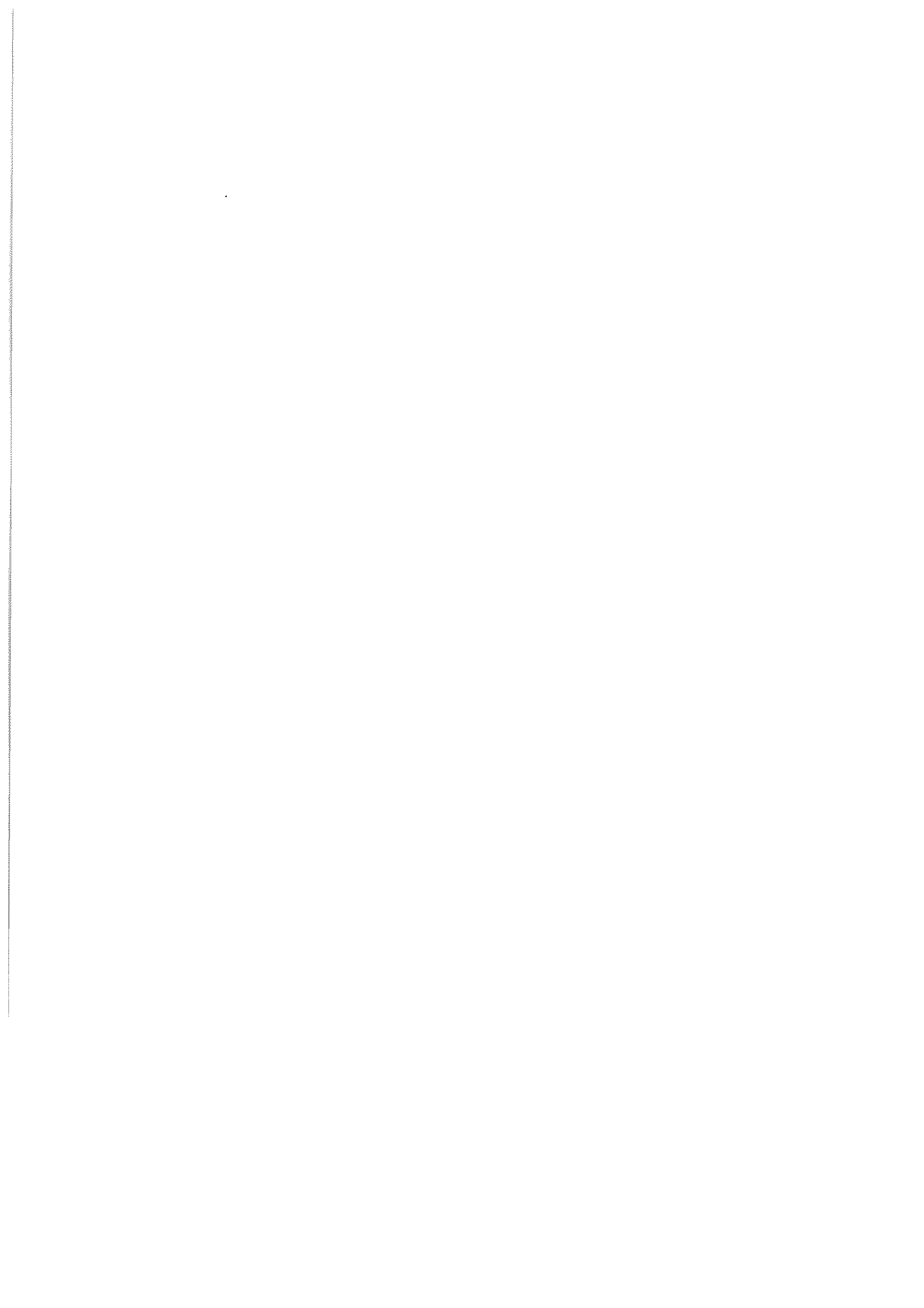
I do not support the proposed amendment because:

- 1.Flouride is not a water treatment substance.
- 2.Flouride is put in water as a treatment for teeth-thus it needs to be seen as a medicine.
- 3.Flouride threatens other parts of our body once it is ingested, and requires the strictest of regulations for our safety.
- 4.Flouride in minute amounts, affects people in different ways,this should be assessed e.g.the affect of flouride on bone structure after reaching adulthood.

This proposal removes the safety precaution protecting people from harm.

5.Flouride is a dangerous substance,the Medicines Act is there to protect and fulfil the ethical code, " first do no harm ".

Kind regards,







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

>: askmedsafe

08/01/2015 11:34 p.m.

History: This message has been replied to.

**Name**

**Email:**

**Address:**

I do not give permission for my personal details to be released under the Official Information Act 1982  
*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)(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?*

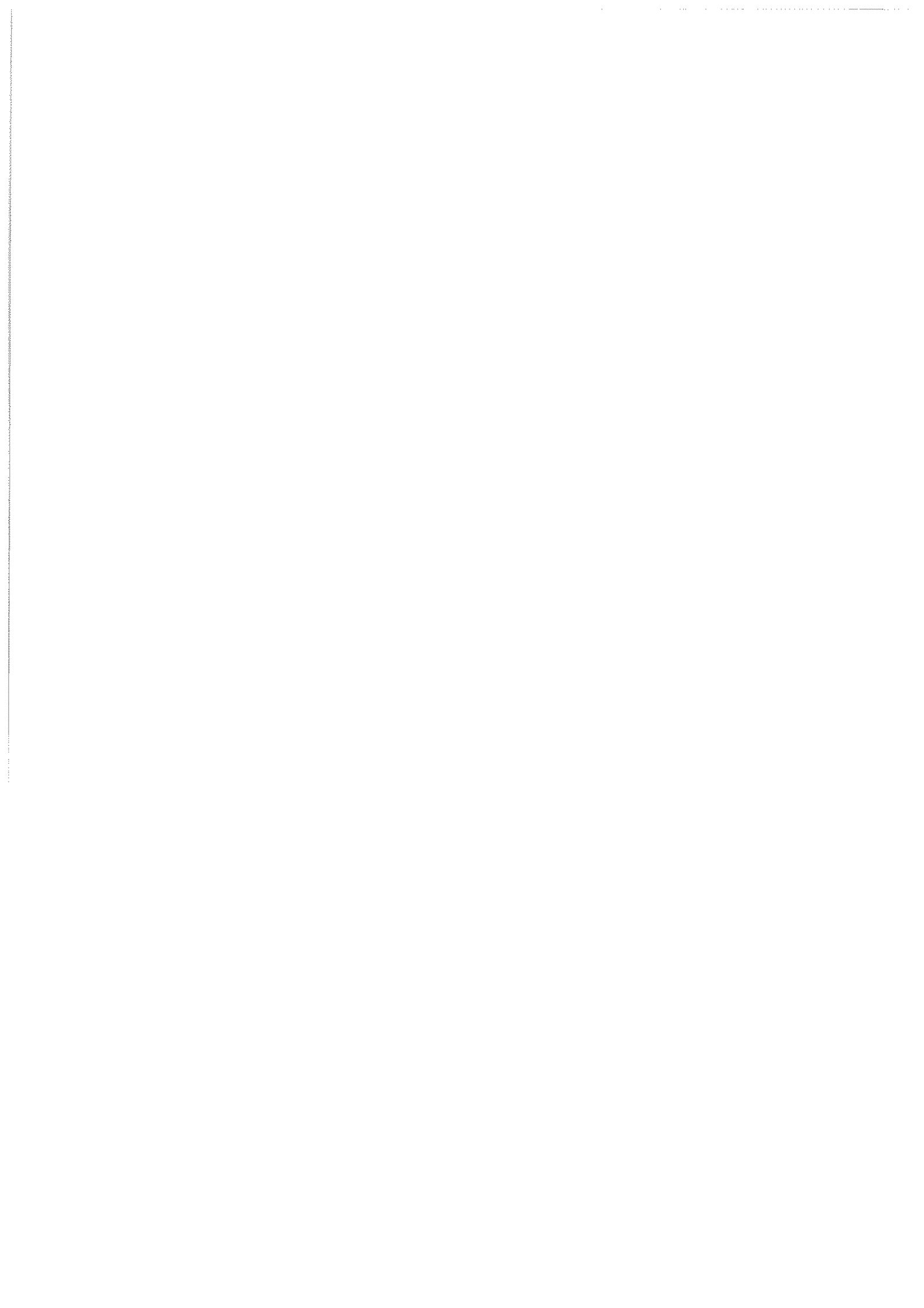
**NO. I do not support the proposed amendment because:**

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 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**





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

iskmedsafe@moh.govt.nz

08/01/2015 11:38 p.m.

Please respond to

History: This message has been replied to.

---

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

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

"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:

\*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 such as athletes, bottle fed babies and kidney patients, construction workers and other people consuming large amounts of water. I do not give permission for this to be decided on the behalf of my children with dental fluorosis and one being particularly sensitive to fluoride with kidney related problems causing him to drink large amounts of water. This undermines the right of every New Zealander to be safe from the indiscriminate use of medicines

\*It is my right to refuse a Medical Treatment

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  
PO Box 5013  
Wellington 6145

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

Name:	
Address:	
Email:	
Your interest in this topic (for example, local body, consumer, manufacturer, health professional etc):	consumer
<b>Change proposal</b>	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 purposes of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies.

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

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

1) The proposed amendment is unnecessary, as the current status is logical, fair and reasonable. The purpose of fluoridating community water supplies with fluoride-containing substances, including HFA and SSF, is a **therapeutic medicinal purpose** as defined in the Medicines Amendment Act 2013, [#1]:

- **Therapeutic purpose** - means any of the following purposes, or a purpose in connection with any of the following purposes:
  1. **preventing**, diagnosing, monitoring, alleviating, treating, curing, or compensating for, a **disease**, ailment, defect, or injury
- **Medicine** - means any substance or article that -
  1. is manufactured, imported, sold, or supplied wholly or principally for administering to 1 or more human beings for a therapeutic purpose; and
  2. achieves, or is likely to achieve, its principal intended action in or on the human body by pharmacological, immunological, or metabolic means
- “The Ministry of Health recommends the adjustment of fluoride to between 0.7 and 1.0 parts per million in drinking water as the most effective and efficient way of **preventing dental caries** in communities receiving a reticulated water supply” [#2]

**Dental caries** is a hygiene-related **disease**: [#3]

2) The proposed amendment would undermine the precautionary principle inherent in the Medicines Act.

HSA and SSF are acutely toxic [#4, 5] so only a therapeutic medicinal purpose can justify adding them to community water supplies, with the current status giving some measure of quality control, regulated by the Ministry of Health.

**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. Fluoride is not a water treatment like chlorine.)

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

**Links:**

[1] <http://www.legislation.govt.nz/act/public/2013/0141/latest/whole.html#DLM4096150>

[2] <http://www.health.govt.nz/our-work/preventative-health-wellness/fluoridation>

[3] [http://www.cdc.gov/healthywater/hygiene/disease/dental\\_caries.html](http://www.cdc.gov/healthywater/hygiene/disease/dental_caries.html)

[4] [http://www.orica.co.nz/files/Fluoride/HFA\\_safety\\_data\\_sheet\\_shess-en-cds-020-000000015539.pdf](http://www.orica.co.nz/files/Fluoride/HFA_safety_data_sheet_shess-en-cds-020-000000015539.pdf)

[5] [http://www.orica.co.nz/files/Fluoride/SSF\\_safety\\_data\\_sheet\\_Sodium\\_Silicafluoride.pdf](http://www.orica.co.nz/files/Fluoride/SSF_safety_data_sheet_Sodium_Silicafluoride.pdf)

Yours sincerely,

—


**Submission**

askmedsafe

09/01/2015 12:01 a.m.

From:

To: askmedsafe@moh.govt.nz,

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

**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.*





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

o: askmedsafe

09/01/2015 12:12 a.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?*

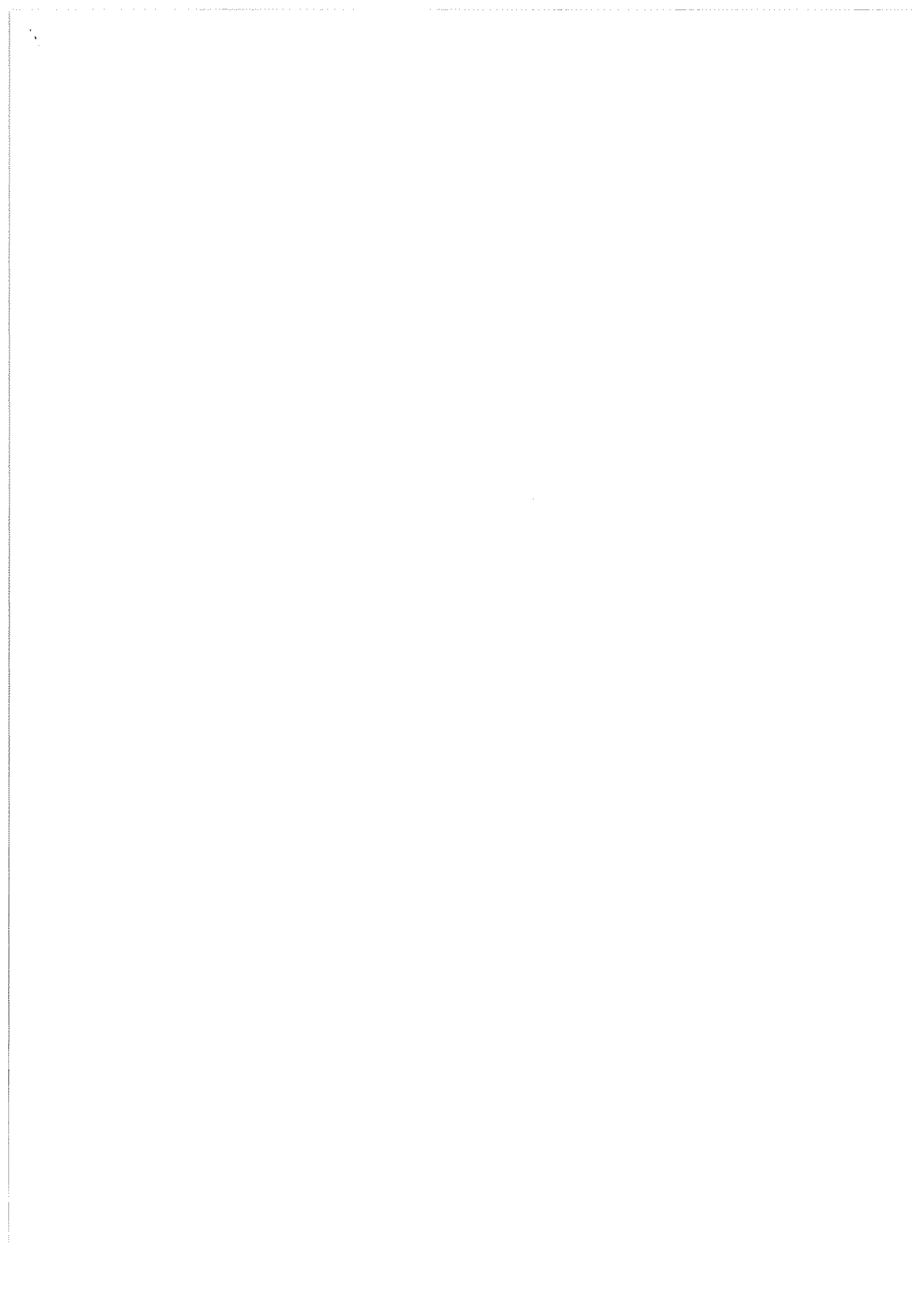
NO. I do not support the proposed amendment because:

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.*





**Proposed amendment to regulation of fluoride in community water fluoridation**

askmedsafe

09/01/2015 12:32 a.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:

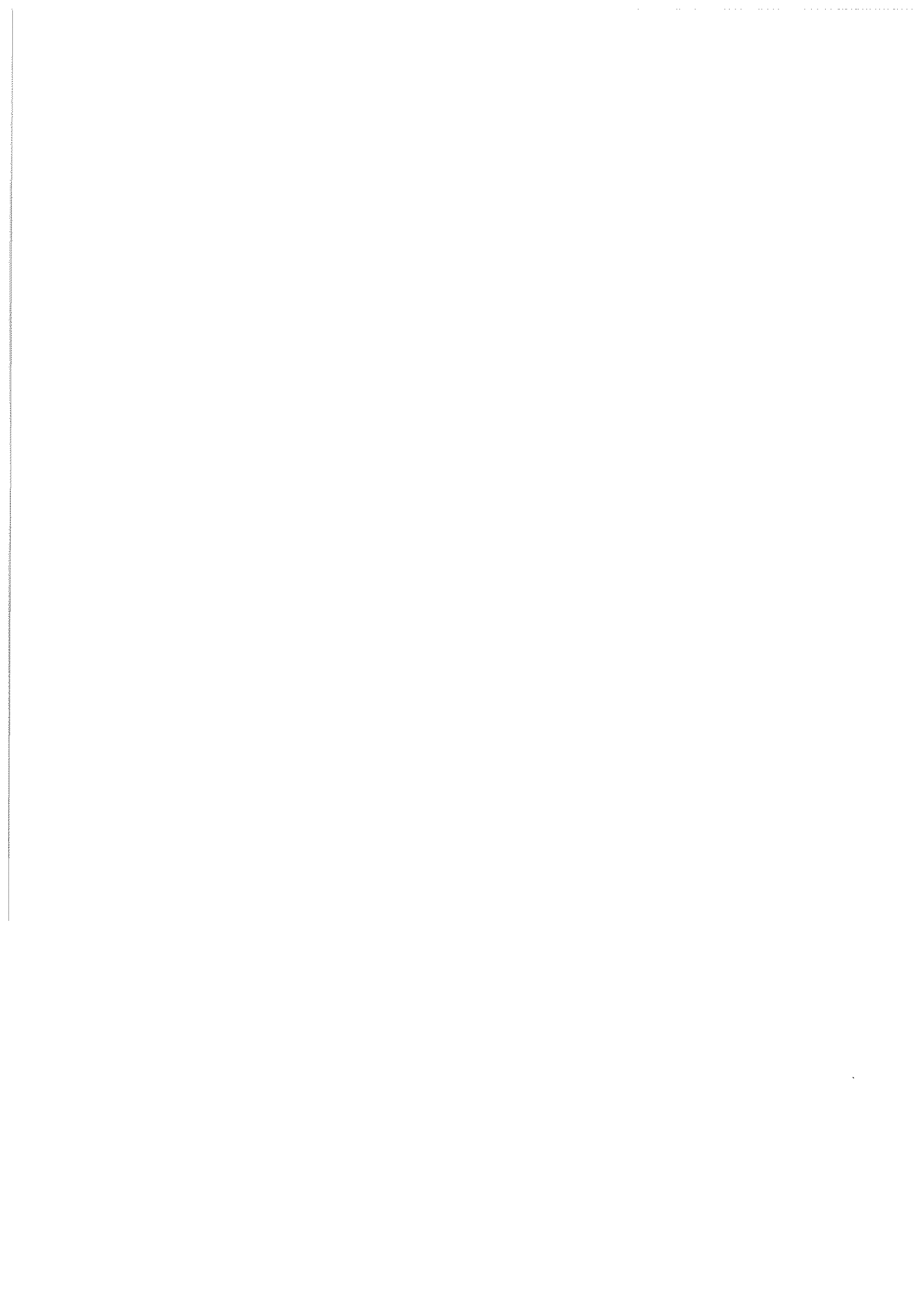
1. Fluoride is not a water treatment like chlorine;
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine;
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals 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.

Yours sincerely,



## 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:	Making Sense of Fluoride (Incorporated Society)
Please provide a brief description of the organisation if applicable:	We are a community that looks into the science and news of fluoridation.
Address/email:	!
Your interest in this topic (for example, local body, consumer, manufacturer, health professional etc):	Consumer / Post Graduate Student
<b>Question 1</b> <i>Do you support the proposed amendment? If not, why not?</i>	Yes
<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>	The practice of Water fluoridation should not be subject to the medicines act. HFA is commonly used, however, it's not what goes into the water that's relevant but what comes out of the tap.  Fluoride ions at .7-1ppm do not represent a medicine as they do not render any known side effects.

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**

to: askmedsafe

09/01/2015 12:53 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”
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







**Changing definition of water fluoridating chemicals from medicines to something else: an embarrassing sabotage of the English language else**

to: askmedsafe

09/01/2015 12:59 a.m.

---

History: This message has been replied to.

---

ied and pasted, emailed or posted **before 9th January 2015.**

It can also be printed out and duplicated for public distribution in any way you see fit.

**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

**Nam**

**Emai**

**Address:**

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

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

In the last few years NZ health authorities have gone to some extraordinary lengths to continue their support and promotion of the outdated, unscientific and unethical practice of water fluoridation (see discussion below). But now they have reached a new low in their public relations tactics. They are attempting to change the language itself. Under the NZ Medicines Act they are trying to maintain that fluoride is a medicine in tablet form but not at the concentrations used in water fluoridation programs. But this is absurd. **A medicine is not defined by the dose used, but by the purpose for which it is administered**

If one looks up the word “medicine” in any major dictionary in the English language the definition is very simple and clear. A medicine is “a substance that is used to treat, prevent or mitigate a disease.” In other words it is defined by its purpose. It is not defined by the dose used or even by whether it works or not.

Fluoride chemicals (HFA, SFA, NaF) are added to the water supply – in the few countries that practice water fluoridation – in order to fight tooth decay, which is a disease.

See,

*Caries as a Disease of Civilization* (Chapter XI, Blackwell Scientific Publications, *The physiology and biochemistry of the mouth* (4<sup>th</sup> Ed) by G Neil Jenkins)

This makes these fluoride compounds medicines by universal definition. To claim that somehow these are no longer medicines in the doses\* delivered via water fluoridation is nonsense. Assuming that fluoride at some higher dose was considered by NZ's Medicines' Act was a medicine, lowering the dose to a level of approximately 1 ppm used in water fluoridation could do two possible things: a) it could lower its effectiveness and b) it could reduce its toxic side effects, but it would not change the purpose for which these substances were added to the water supply. **At whatever dose used in tablet form, or whatever the concentration added to water (0.6 ppm, 0.7ppm, 1.0 ppm or 1.2 ppm) the purpose remains the same: to fight tooth decay. Therefore they remain medicines and water fluoridation remains medical treatment.**

For the NZ Ministry of Health to attempt to change the definition of fluoride as used in water fluoridation from anything else but a medicine would make its support of this unscientific and unethical practice even more embarrassing than it already is. The effort to change the language itself represents the last desperate exercise in the application of arbitrary governmental power in support of a bankrupt policy. Clearly reason and scientific argument have failed. It is consistent with a series of steps taken recently in NZ to keep the practice of water fluoridation going at all costs.

*\*note. It should be remembered that one of the weaknesses of adding a medicine to the public water supply, which makes it a very clumsy form of medicine, is that while the concentration (measured in mg/Liter) can be controlled, the dose (measured in mg/day) cannot. Dose depends on how much water citizens drink, which varies over a large range, i.e. dose in mg/day = concentration in mg/liter) x the number of Liters drunk per day.*

### **Recent biased promotion of fluoridation in NZ.**

Here are just a few examples of the unscientific, unprofessional and biased behavior of both government health authorities and other fluoridation promoters that have been observed over the last few years.

In Feb 2011, shortly after the publication of the book I co-authored, *The Case Against Fluoride* by Connett, Beck and Micklem (Chelsea Green, 2010) I was invited to give a presentation on the subject to Ministry of Health staff and several of the experts on whom they rely in their offices in Wellington. About 20 people were in attendance.

At the end of my presentation I argued that the three co-authors - all scientists, all retired professors (one a chemist, one a physicist and MD and the other a biologist) - had done everything you could expect of three scientists opposed to this practice in outlining our case. We made all the arguments transparent and backed them up with citations from the literature, 80 pages in all. I then asked these civil servants to read our text carefully and respond in kind with suitably referenced arguments for fluoridation which would refute our case. I added that if they could not deal with our arguments scientifically then they should abandon this practice

forthwith. After nearly 5 years there has been no written response to our text. However, this has not prevented the Minister of Health from going on national TV and charging opponents of fluoridation of miss-representing the scientific literature. He offered no specifics. He offered no written critique of our text.

Meanwhile, District Health Boards throughout NZ have continued to follow Ministry of Health instructions and aggressively promote fluoridation at every turn including attempting to influence the outcome of local referenda. It would appear that for these government civil servants “obeying MOH orders” is more important than actually offering objective information about this practice. None have acknowledged the weaknesses of the evidence that swallowing fluoride actually lowers tooth decay or have warned the public of the possibility of serious side effects, especially the voluminous evidence that fluoride is neurotoxic. Nor do they mention that it is most unwise to bottle-feed babies with fluoridated water at levels over 100 times higher than the levels in mothers milk.

Government health officials continue to downplay the many (over 40 studies) that have found an association between fairly modest exposure to fluoride and lowered IQ in children, by maintaining the fiction that all these studies were carried out at much higher concentrations of fluoride than used in NZ. In reality in some of these studies the range of doses would almost certainly overlap the doses experienced by NZ children drinking fluoridated water and getting fluoride from other sources like dental products. For example in one Chinese study the lowest fluoride concentration where lowered IQ was observed was 1.26 ppm (Xiang et al, 2003, Table 8). This offers no margin of safety to protect all NZ children drinking fluoridated water at 0.7 ppm *from the full range of sensitivity to any toxic substance expected in a large population*. Moreover, in this study the children were not using fluoridated toothpaste and were most likely breast-fed not bottle-fed. Thus in these two respects NZ children would be getting higher exposure to fluoride than the Chinese children.

In the absence of solid scientific support for their case, promoters turned to their true and tested method of fluoridation promotion: they produced a “Blue ribbon” panel to prove that fluoridation was “safe and effective” by cherry picking the studies examined.

Even then it became blatantly obvious that the prestigious figureheads for this hatchet job, namely Sir Peter Gluckman, the New Zealand Prime Minister’s Chief Science Advisor and Sir David Skegg, President of the Royal Society of New Zealand, had not read the papers they purportedly claimed to have reviewed. For example, in their review of the important Harvard meta-analysis of 27 IQ studies (Choi et al, 2012) instead of reporting the results of the study itself they reproduced 2-year old propaganda claims, which had long since been discounted by independent reviewers and the study authors themselves. Gluckman and Skegg reproduced claims by pro-fluoridation propagandists who had confused a drop of *half a standard deviation with* a drop of half an IQ *point*. Actually a drop of half of one standard deviation equates not to half an IQ point but to 7 IQ points! This of course is a huge difference, but more importantly it shows that Gluckman and Skegg were reproducing information given to them by fluoridation promoters not information they purportedly had obtained from the reviewing the study themselves. In other words they were simply giving their names to other people’s review not their own.

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 wish to speak to my submission if it can be organized by skype or phone. My skype address is ConnettFF and phone (USA) 607-217-5350*

**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 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:	Making Sense of Fluoride (Incorporated Society)
Please provide a brief description of the organisation if applicable:	We are a community that looks into the science and news of fluoridation.
Address/email:	
Your interest in this topic (for example, local body, consumer, manufacturer, health professional etc):	Dental student
<b>Question 1</b> <i>Do you support the proposed amendment? If not, why not?</i>	Yes I do
<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>	The practice of Water fluoridation should not be subject to the medicines act. HFA is commonly used, however, it's not what goes into the water that's relevant but what comes out of the tap.  Fluoride ions at .7-1ppm do not represent a medicine as they do not render any known side effects.

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**

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?*

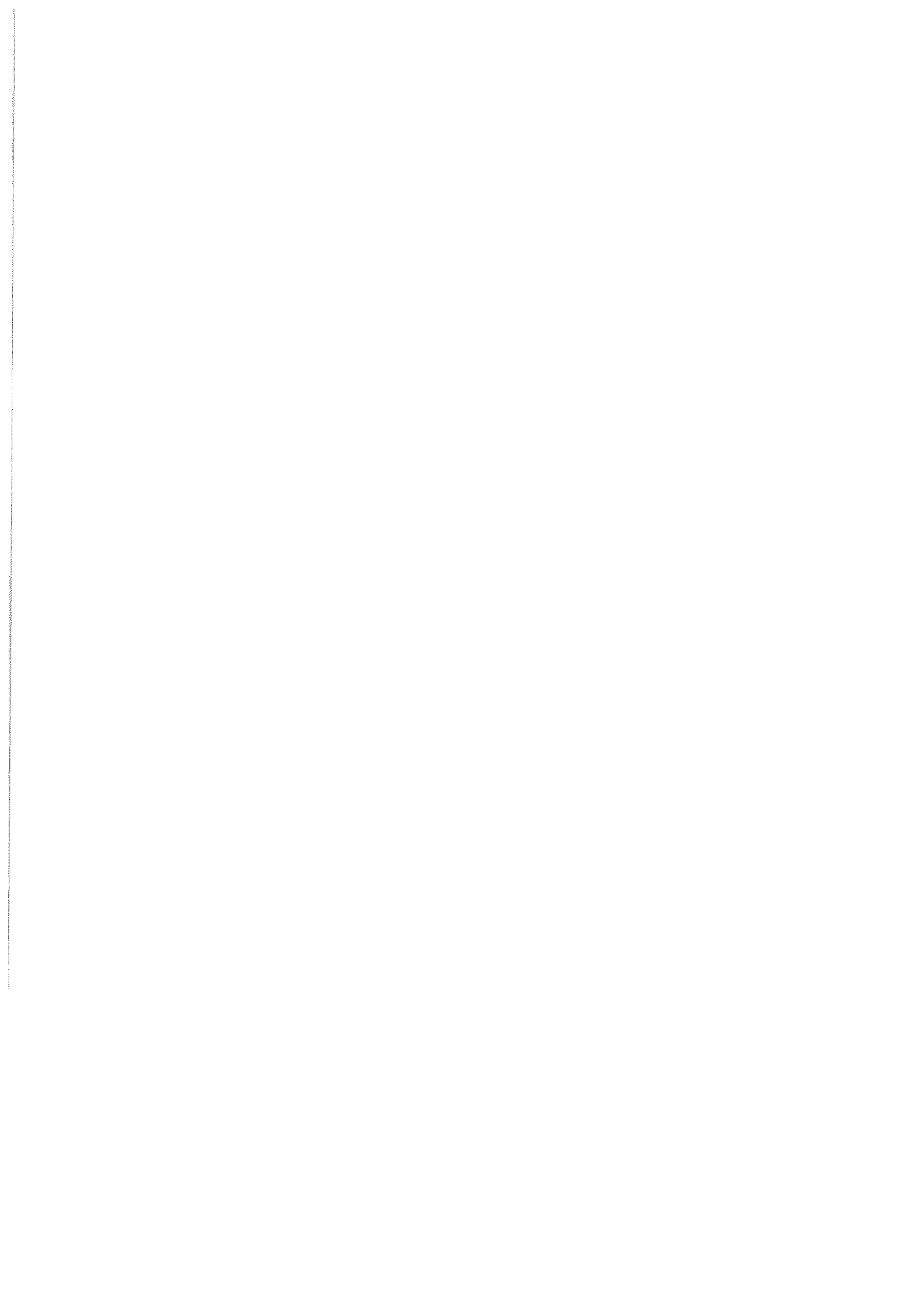
**NO.** I do not support the proposed amendment because:

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 would like to add that I am suffering severely from fluoridated water. I have had to put in a Reverse Osmosis and use that water to have camp showers because the fluoridated water affects my skin badly. I first found out that it was the fluoride when a minor operation on my bottom lip would not get better and it burned and pained for almost 12 months. After attending numerous GP’s and Plastic Surgeons and they did not know why I was having so much trouble. After I was going to run my car into a truck, a person who I did not know told me to try not putting any fluoridated water on my lip and see if that helped. From the first time I tried this, my lip stopped burning and paining. I know it was the fluoride because I had the same lip stitched up in 2006 and the water never burned it then and we never had fluoridated water. Also since fluoridation, I have had numerous skin lesions lasered and I had 33 in one hit in hospital in 2013. These all came back within 6 months and I had another 17 lasered six months later. Then they all came back and I could not put myself through that again, but after I found out that the fluoride was affecting my lip, I started to shower in a camp shower with Reverse Osmosis water and all the lesions disappeared over the next month or so. I also have found another woman who nearly died because it affected her thyroid and stomach and was better as soon as she stopped drinking the fluoridated water. The only reason fluoride is being put in our water supplies is to treat the teeth so therefore it is a medication.







Fluoridation: Regulations under the Medicines Act 1981 Consultation

to: askmedsafe

09/01/2015 01:20 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:

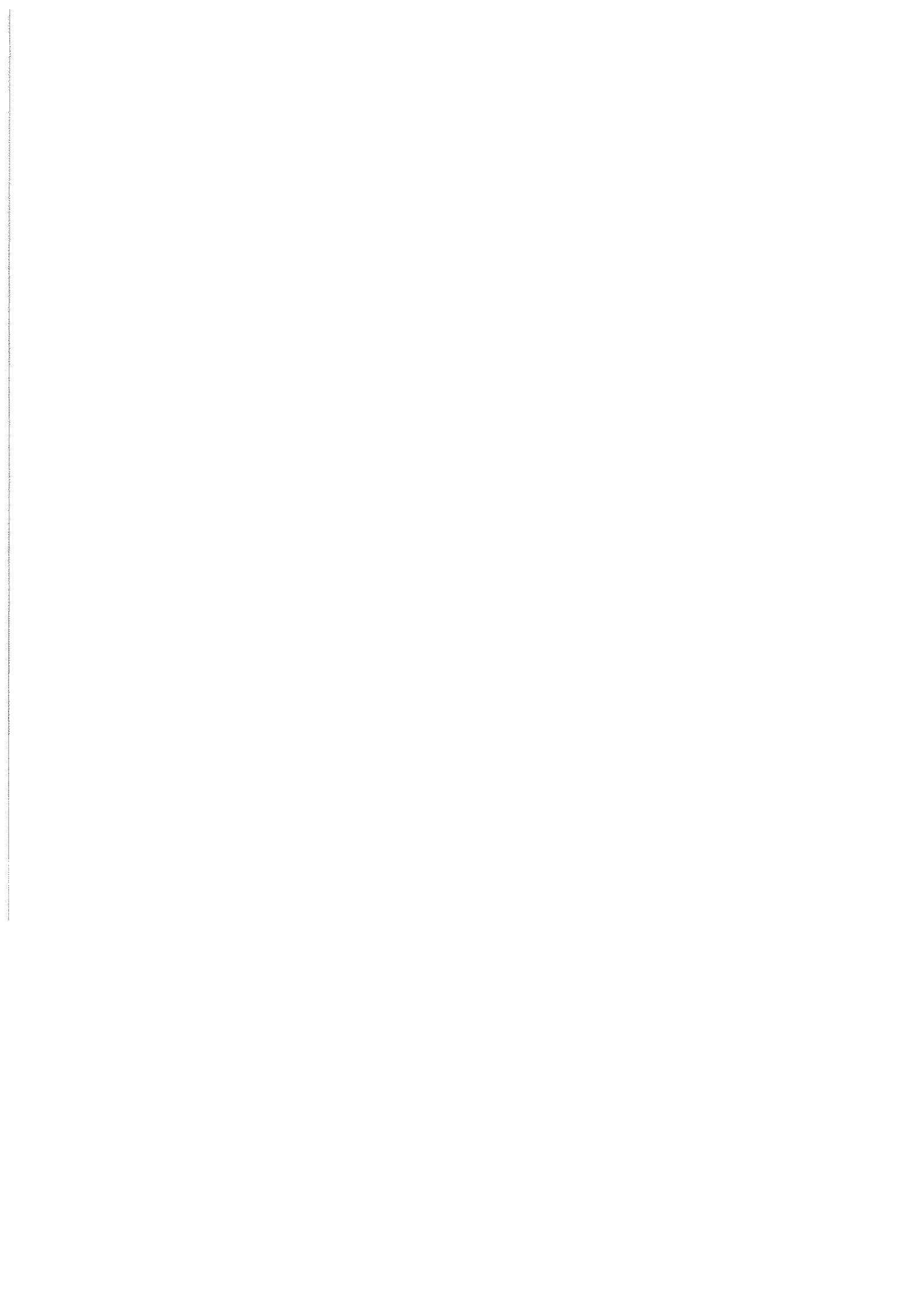
1. Fluoride is not a water treatment like chlorine
  
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine. If one looks up the word "medicine" in any major dictionary in the English language the definition is very simple and clear. A medicine is "a substance that is used to treat, prevent or mitigate a disease." In other words it is defined by its purpose. It is not defined by the dose used or even by whether it works or not.
  
3. 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.
  
4. Although myself and supporters of the organisation I represent do not live in New Zealand, your proposal does affect us. If accepted, the proposal would set a precedent that would certainly be noted in the U/K. and other countries where the practice of water fluoridation is being challenged on grounds of ethics, safety and efficacy. We all share the English language and hopefully the values of justice and honesty in its application to law and public service.

**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 am sorry I am unable to speak to my submission.*

( England)





I do NOT support the proposed amendment

askmedsafe@moh.govt.nz,

09/01/2015 01:37 a.m.

History: This message has been replied to.

---

**Regulations under the Medicines Act 1981 Consultation**

**Medsafe**

**Clinical Leadership Protection & Regulation**

**New Zealand Ministry of Health**

email [askmedsafe@moh.govt.nz](mailto:askmedsafe@moh.govt.nz)

**Name:**

**Email:**

**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.*





**NO - I do not support the proposed amendment**  
: askmedsafe

09/01/2015 01:54 a.m.

History:

This message has been replied to.

Medsafe - New Zealand Ministry of Health  
Regulations under the Medicines Act 1981 Consultation  
Clinical Leadership Protection & Regulation  
Name:  
Email:  
Address :

#### AUSTRALIA

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

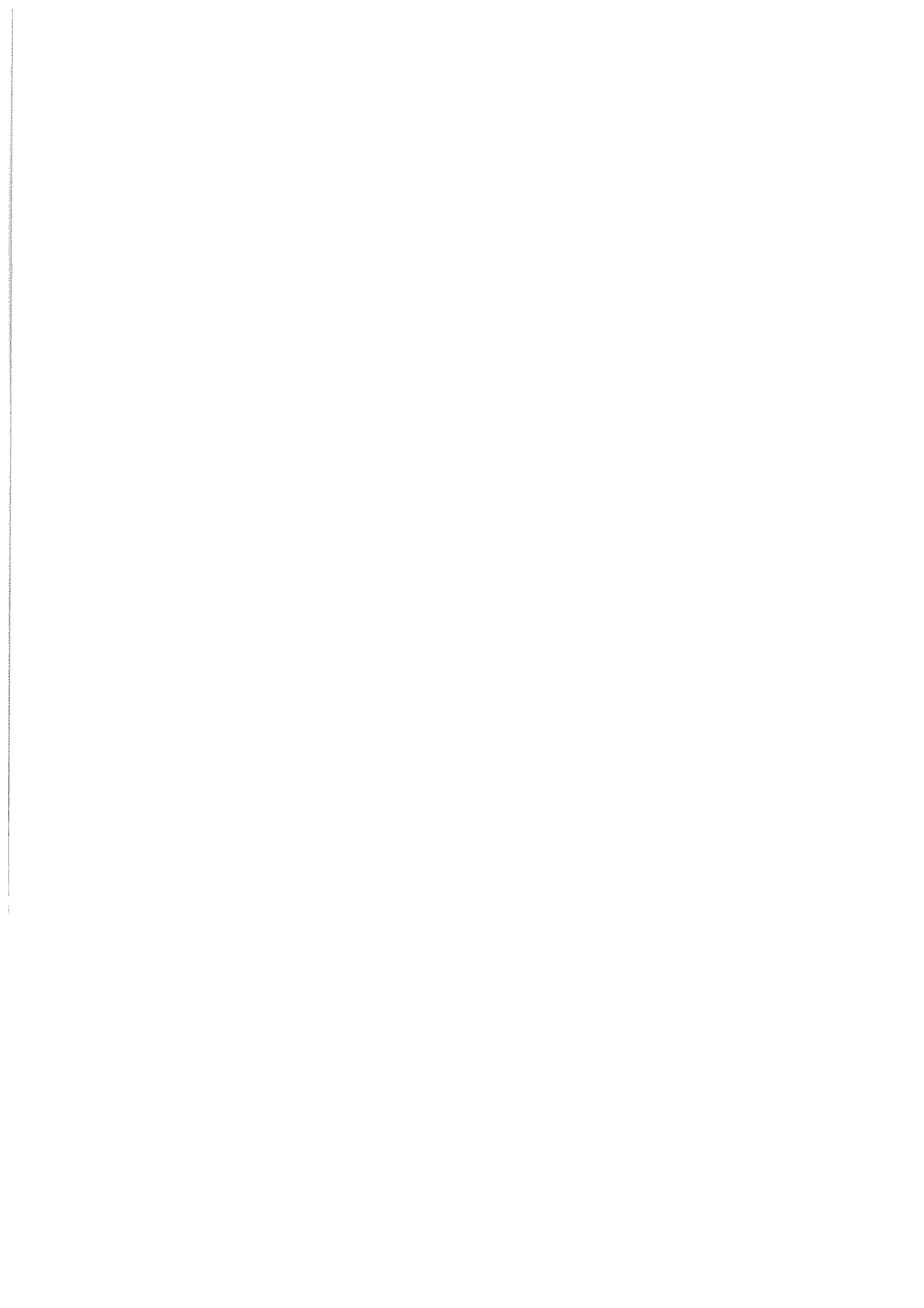
**NO.** I do not support the proposed amendment because:

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

o: askmedsafe

09/01/2015 02:47 a.m.

History:

This message has been replied to.

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: 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?**

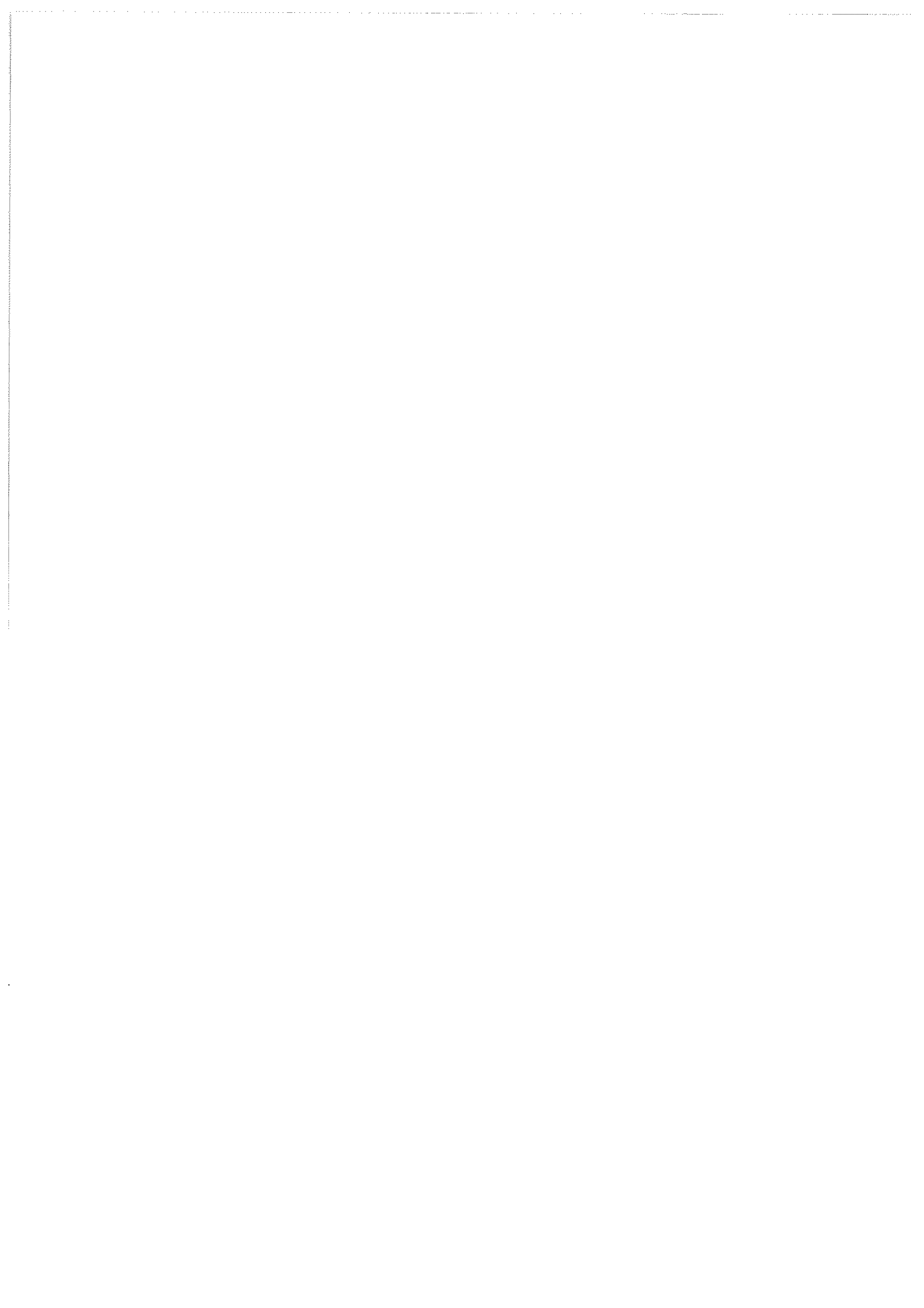
NO. I do not support the proposed amendment because:

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; its only purpose is to treat or prevent the disease of dental caries.

I do not wish to speak to my submission.







**Submission - Proposed Amendment to Regulations under the Medicines Act 1981 - Fluoride (2014) :: Our Association does NOT support**

Queenslanders for Safe Water, Air and Food Inc. to: askmed safe 09/01/2015 03:16 a.m.  
Cc: "Queenslanders for Safe Water, Air and Food Inc."

History: This message has been replied to.

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

Proposed amendment ( "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

**On behalf of our Not For Profit Incorporated Association I give permission for our Association's details and submission to be released to persons under the Official Information Act 1982**

**Name:** in behalf of - Queenslanders For Safe Water, Air and Food Inc

**Email:** [info@gawf.org](mailto:info@gawf.org)

**Address:** PO Box 4787 Forest Lake 4087 Queensland Australia N

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

**NO. Our association does 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 and the process of adding it to public water supplies makes it an indiscriminate medical treatment
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 our submission.*

**FURTHER SUPPORTING INFORMATION AND ARGUMENTS**

Attached is the 2003 Queensland Govt Position Statement on Water Fluoridation which acknowledges that without the express consent of the community , **fluoridation is unethical mass medication.** While a new Queensland Premier ( Anna Bligh ) in 2008 ignored this acknowledgement bringing in new legislation mandating fluoridation starting in early 2009 onwards , that Premier was overwhelmingly voted out of office in early 2012 and her mandated fluoridation legislation was overturned in late 2012. Since then 24 Queensland Councils have rejected fluoridation.

Also attached is a copy of the 2010 Local Govt Association of Queensland ( LGAQ) Position Statement on water fluoridation which also acknowledged that without the express consent of the community , **fluoridation was mass medication.**

Also attached is a copy of the Minutes of the 30<sup>th</sup> January 2013 Cairns Regional Council which cited the 2010 LGAQ Policy and **acknowledged that fluoridation was unethical mass medication when the large majority of Cairns Councillors voted to END fluoridation.**

Our association has consulted a Qld Law Professor who had the opinion that the Qld Govt Position Statement would be a significant and important document in any legal action based on fluoridation being unethical mass medication.

Also attached is a copy of a judgement from a 1964 case ( Kelberg vs City of Sale ) in the Supreme Court of Victoria where Justice Gillard determined that the addition of fluoride compounds to public drinking water was NOT done to TREAT THE WATER , adding fluoride was not done to make water potable.

Many substances are active at levels well below 10 mg per litre ( some at many orders of magnitude lower – eg consider hormones , endocrine disruptors and Botulinum toxin ) – it is thus ridiculous to claim that only a level of 10 mg per litre fluoride or higher would be a medicine and adding a lower amount ( say 9.9 mg of fluoride per litre ) to drinking water would not be done with the intention of having a medicinal / therapeutic effect ) Would 9.9 mg Fluoride per litre of water be safe and not have any effect on the human body ?

The USA Public Health Service in early 2012 began to acknowledge that the concentration of fluoride in public water supplies be lowered from a high of 1.2 mg per litre down to 0.7 mg per litre - obviously recognising that at 0.7 mg per litre fluoride has an effect on the human body. Queensland Health has even claimed that fluoride at 0.4 mg per litre has an effect.

In our association's opinion the only authorities and individuals that do not consider that fluoride added to drinking water is not a medicine or medical treatment are fluoridation promoters that want to force fluoridation on communities.

Finally, in our association's opinion the attempt to pervert the New Zealand legal system in this manner to back up a legal decision and pre-empt a review of that legal decision is quite shameful and will bring disrepute on the New Zealand Government and turn its legal system into a sham.

behalf of - Queenslanders For Safe Water, Air and Food Inc : \_ 4 '

4 attachments



QLD\_GOVT\_POSITION\_2003\_HILIGHTED.docCAIRNS\_COUNCIL\_MEETING\_30\_JAN\_2013\_EXTRACT.pdf



LGAQ\_POLICY\_STATEMENT\_2010.doc Kelberg-Sale.pdf



## Queensland Government Position Statement on Water Fluoridation

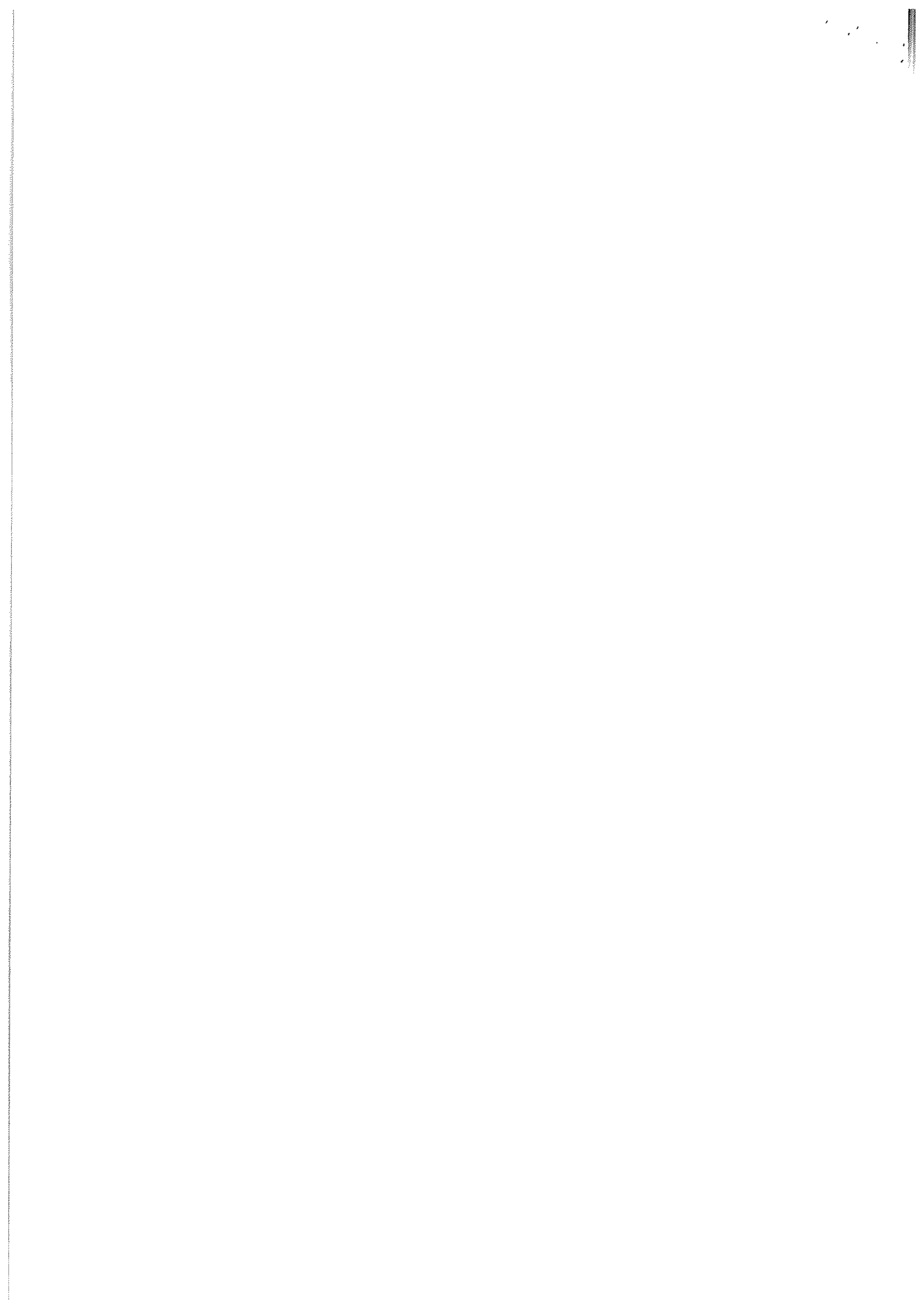
Whilst recognising that the balance of the scientific argument favours the use of fluoride in the pursuit of oral health, it is a principle of ethical public health that mass, involuntary medication must never proceed without the express consent of the community. The balance of argument rests on evidence which suggests that the prevalence of dental caries in both adults and children is reduced in communities where the water supply contains certain levels of fluoride.

In Queensland, referendum guarantees the consent of the community under the *Fluoridation of Public Water Supplies Act (1963)* (the Act). Queensland Government recognises that there is not a unanimity of opinion on the health and environmental impacts of fluoridation, but in view of the prevailing balance of argument, encourages public debate aimed at enhancing oral health.

Water fluoridation was introduced in all Australian States in the 1960's, and about 80 per cent of the population of most states now receive fluoridated water supplies. The Nicklin Government introduced the Act in Queensland in 1963. It places the responsibility for proposing this public health measure to communities, and carrying out their decisions, on individual local governments. At present, only about 5% of the Queensland population have consented to the fluoridation of their water.

Queensland Government supports the introduction of water fluoridation wherever it receives the consent of the community affected. It acknowledges the endorsement of fluoridation by many science and health organisations, including the National Health and Medical Research Council, Federation Dentaire Internationale (FDI), the International Association for Dental Research (IADR), and the World Health Organisation (WHO).

The achievement of improvements in oral health in the population is one of the Key Performance Objectives set out in the *Queensland Health Corporate Plan 1996-2001*. The fluoridation of water supplies may be one avenue for the achievement of the oral health objectives set out in this document, and the *Public Health Services Plan for Achievements 1996-1999*.



## CAIRNS\_COUNCIL\_MEETING\_30\_JAN\_2013\_EXTRACT

### Cairns Regional Councillors voted 9 to 1 to end fluoridation

<http://www.cairns.qld.gov.au/about-council/meetings/ordinary-meeting/past-meetings/30-jan-2013>

#### 15. IMPACT OF AMENDMENTS TO WATER FLUORIDATION ACT 2008 ...

..... 261

A Ung: 1/58/13: #3845281

COOPER / LEU

**That Council ceases the fluoridation of the Cairns Regional Council water supply by 13 February 2013 and redeploy the assets into other existing infrastructure; as per the recommended policy issued by the Local Government Association Queensland (LGAQ) as follows:**

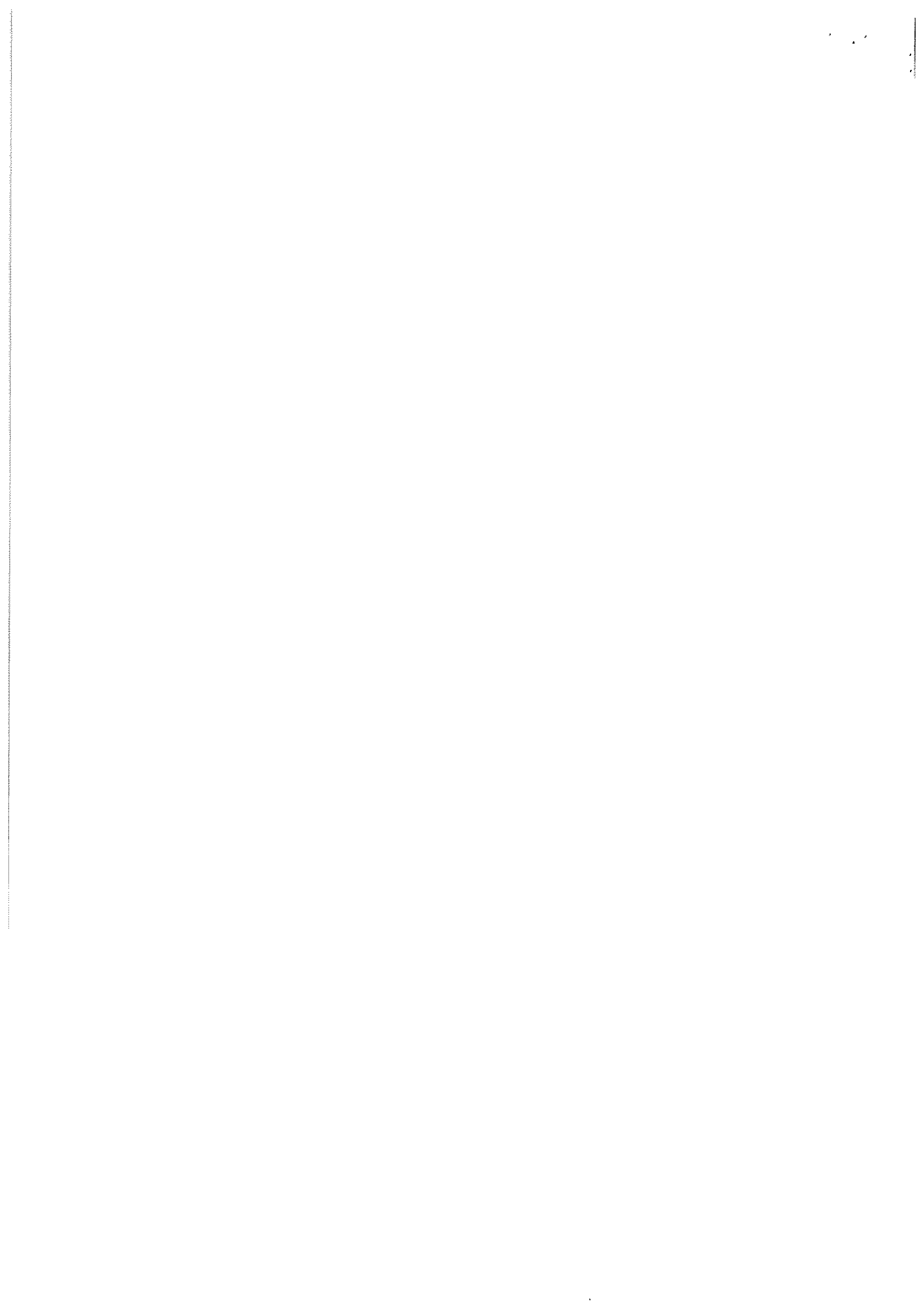
##### **5.5.7 Fluoridation of Public Water Supplies.**

**5.5.7.1 Local Government believes it is a principle of ethical public health policy that mass, involuntary medication must never proceed without the express consent of the community.**

**5.5.7.2 Express consent of the community to fluoridate public water supplies should be sought either by the State Government or Local Government, if they choose to do so.**

**5.5.7.3 As oral health is a State Government responsibility and the State will receive a direct financial benefit from the fluoridation of public water supplies, the State Government should fully fund Local Government for the capital and recurrent costs of its introduction.**

*carried with Cr Bates voting against the motion.*



# Local Government Association of Queensland

LGAQ Policy Statement – September 2010

---

## 5.57 Fluoridation of Public Water Supplies

- 5.5.7.1 Local Government believes it is a principle of ethical public health policy that mass involuntary medication must never proceed without the express consent of the community.
- 5.5.7.2 Express consent of the community to fluoridate public water supplies should be sought either by the State or Local Government, if they choose to do so.
- 5.5.7.3 As oral health is a State Government responsibility and the State will receive a direct financial benefit from the fluoridation of public water supplies, **the State Government should fully fund Local Government for the capital and recurrent costs** of its introduction.

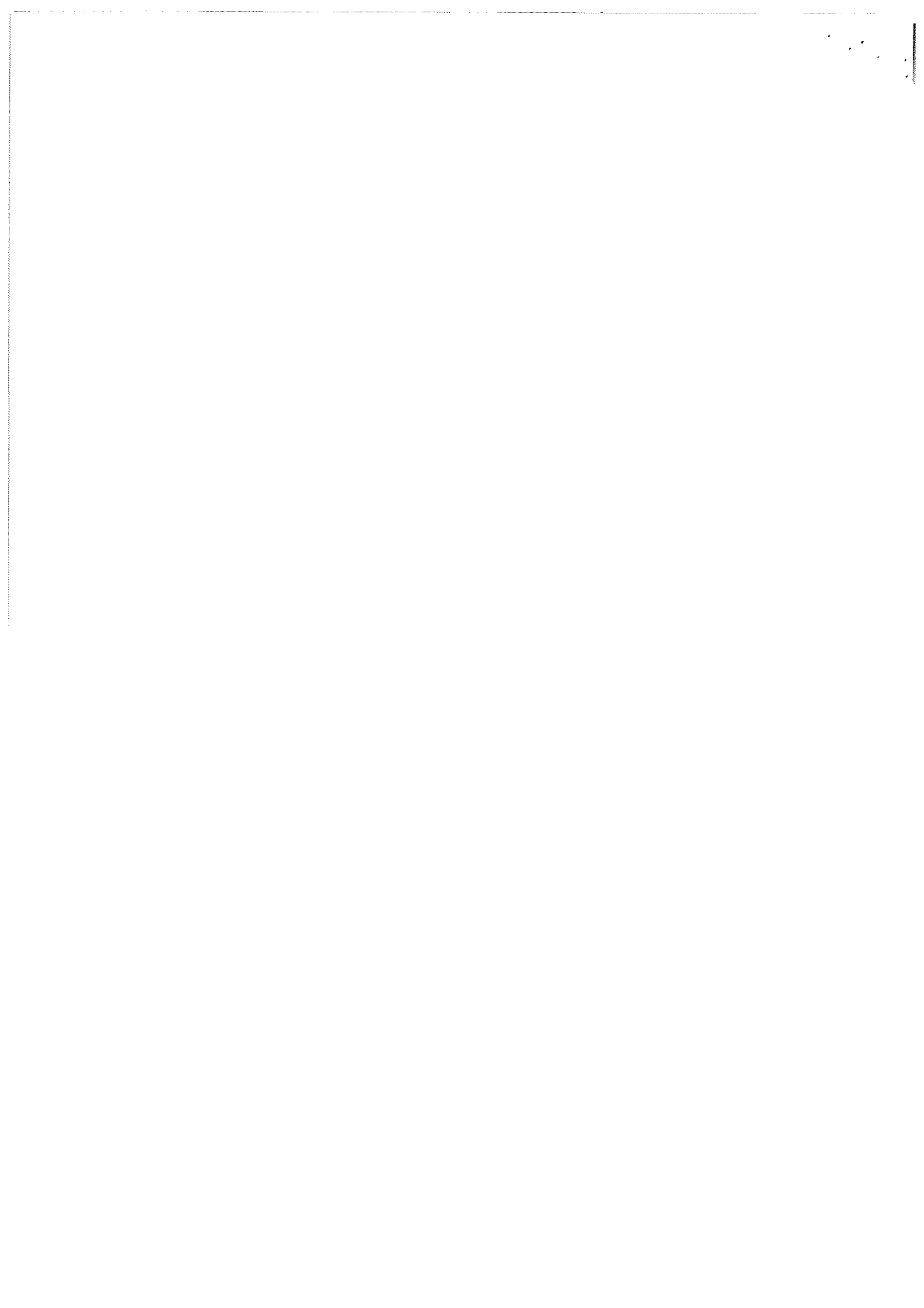
## Below - Snapshot of document

---

*LGAQ Policy Statement - September 2010*

### 5.5.7 Fluoridation of Public Water Supplies

- 5.5.7.1 Local Government believes it is a principle of ethical public health policy that mass, involuntary medication must never proceed without the express consent of the community.
- 5.5.7.2 Express consent of the community to fluoridate public water supplies should be sought either by the State Government or Local Government, if they choose to do so.
- 5.5.7.3 As oral health is a State Government responsibility and the State will receive a direct financial benefit from the fluoridation of public water supplies, the State Government should fully fund Local Government for the capital and recurrent costs of its introduction.





## SUPREME COURT OF VICTORIA

## KELBERG v. CITY OF SALE

5

GILLARD, J.

2, 3, 4, 5, 24 March 1964

- 10 Local government—Water supply—Fluoridation of water—Duty to maintain water supply—Health of residents in municipality—By-law—Uncertainty—Invalidity—*Ultra vires*—Local Government Act 1958 (No. 6299), ss. 197 (1) (iii), (iv), (ix) and 690 (1).

15 Section 690 (1) of the *Local Government Act 1958* provides that "The council of every municipality shall cause all existing public reservoirs tanks cisterns weirs dams pumps wells conduits and other waterworks used for the gratuitous supply of water to the inhabitants within the municipal district to be continued maintained and supplied with water, or shall substitute other such works equally convenient, and shall cause them to be maintained and supplied with water or may enlarge or improve any such waterworks and cause them to be maintained and supplied with water for the supply of water to the inhabitants on payment or otherwise".

20 **Held:** this section does not authorize the council of a municipality to treat water in a water supply which it is required to maintain by a process of fluoridation which involves the introduction into the water of minute portions of fluorine by means of soluble fluorides.

25 The council of a municipality, purporting to act under s. 197 (1)(ix) of the *Local Government Act 1958*, which authorized it to make by-laws "providing for the health of the residents in the municipal district and against the spreading of contagious or infectious diseases", passed a by-law authorizing and requiring it to add fluorine to a water supply under its control, fluorine being defined as "any compound of fluorine".

30 **Held:** as some compounds of fluorine were harmful if consumed by human beings, the by-law which imposed on the council a duty to add to the water supply substances which may be harmful to health was not authorized by s. 197 (1)(ix), and was invalid.

## 35 Trial of Action

Application under s. 232 of the *Local Government Act 1958* (No. 6299).

40 On 5 August 1963 the corporation of the City of Sale entered into an agreement with Wallace & Tiernan Pty. Ltd. for the supply of plant and equipment for the purpose of carrying out a chemical process known as fluoridation of the water supply maintained by the council. On 29 August 1963 Charles Albert Kelberg, a ratepayer of the City of Sale and a person to whom water was supplied by the City of Sale from its water supply, issued a writ against the corporation claiming an injunction restraining the corporation from carrying out what he alleged to be its intention, namely, to introduce fluoridation of the water supply. On 27 September 1961, on the return of a motion by the plaintiff for an interlocutory injunction, upon counsel for the corporation indicating that, pending determination of the matter by the Court the corporation would not introduce fluoride into the water supply, the parties agreed that the motion for the injunction should be treated as the trial of the action. On 4 November 1963 the motion came on for hearing before Smith, J., and after certain objections by the defendant as to the standing of the plaintiff to sue, the proceedings were further adjourned to enable the plaintiff to obtain the fiat of the Attorney-General and the addition of the Attorney-General as a party to the proceedings. During the adjournment the corporation, purporting to act under s. 197 (1) (ix)

of the *Local Government Act* 1958, passed a by-law in the following terms:—

"1. In this by-law —

'Fluorine' means any compound of fluorine;

'The water supply' means the Public Water Supply under the control and management of the Council of the City of Sale from which water is supplied to the inhabitants of the City of Sale.

"2. Fluorine shall be added to the water supply.

"3. The concentration of fluorine in the water supply shall be maintained as near as practicable to a concentration of 1 part per million and shall not at any time exceed 1.5 parts per million.

"4. The Council of the City of Sale shall take or cause to be taken under its direction all necessary steps to provide for the addition of fluorine in the water supply.

"5. The by-law shall apply to and have operation throughout the whole of the Municipal districts of the City of Sale."

On 27 February 1964 the plaintiff obtained a rule *nisi* on an application under s. 232 of the *Local Government Act* 1958 challenging the validity of the by-law.

Both proceedings came on to be heard together before Gillard, J. Further material facts appear from the judgment.

P. A. Liddell, for the plaintiff in the action commenced by writ and the applicant in the other proceedings.

S. Strauss, for the City of Sale, defendant in the action and the respondent to the rule *nisi*.

*Cur. adv. vult.*

Gillard, J., delivered the following written judgment: By a writ dated 29 August 1963 an action was instituted by the plaintiff, Charles Albert Kelberg, against the Corporation, the Mayor, Councillors and Citizens of the City of Sale (hereinafter referred to as "the corporation"), for an injunction to restrain the corporation from carrying out its intention of installing the process known as "fluoridation" of the water supply of Sale, and for other ancillary relief. The action came on for hearing before Smith, J., on 4 November 1963. It was objected by the defendant that since the plaintiff had suffered no interference with his private rights or had not suffered any special damage peculiar to himself by the proposed acts of the corporation the plaintiff was not entitled to the relief he claimed, but that the proper plaintiff was the Attorney-General of the State of Victoria on the relation of the plaintiff: see *Boyce v. Paddington Borough Council*, [1903] 1 Ch. 109, at p. 114; *London Passenger Transport Board v. Moscrop*, [1942] A.C. 332, at p. 345; [1942] 1 All E.R. 97. The plaintiff then sought an adjournment of the action to obtain the fiat of the Attorney-General. At the time of the adjournment counsel for the corporation indicated to Smith, J., that, in order to strengthen its position in the litigation, the corporation wanted an opportunity to bring down a by-law providing for the fluoridation of water. He, therefore, sought a longer adjournment of the proceedings than was asked by the plaintiff and he also asked for leave to rely upon such a by-law, if promulgated, as a defence to the action. The plaintiff, through his counsel, then indicated that the plaintiff would challenge the validity of any such by-law if it were promulgated by the corporation.

On 18 November 1963 by-law No. 50 of the corporation was passed and on 16 December 1963 was confirmed by the council. It was published on 8 January 1964 in the *Victorian Government Gazette*, at p. 50. If valid, it therefore came into operation on 9 January 1964. On 27 February 1964 the plaintiff obtained a rule *nisi* to challenge the validity of such by-law and the return day of such rule was made to coincide with the hearing of the action instituted by the writ. Hence, in these proceedings, the Court is called upon to decide the issues raised in the original action now reconstituted with the Attorney-General as a party and to consider the validity of by-law No. 50. At the beginning of the trial the Court was informed that the plaintiff had obtained a fiat of the Attorney-General of Victoria and counsel sought leave to join the Attorney-General as a plaintiff on the relation of the plaintiff. This leave was granted. The action had been set down without pleadings and Mr. Strauss, on behalf of the corporation, at the outset gave me various points of defence raised on behalf of the corporation. A number of these, as the evidence has now shown, were in the main formal. In the end, the real contest between the parties was whether the corporation was entitled, either under the provisions of s. 690 of the *Local Government Act 1958*, or under its by-law No. 50, to introduce "fluoridation" of the town water supply of Sale.

A good deal of evidence has been placed before me as to the nature and effects of the process known as "fluoridation" of water. Since the meaning of the language in the by-law has to be closely examined, it should be here observed that the word "fluoridation" is of apparently recent invention. In the several dictionaries available to the Court it was either not defined or had different meanings assigned to it from that which the experts in this case assigned to the word "fluoridation". The *Shorter Oxford English Dictionary* does not mention the word at all, even in its addendum. In the 1933 supplement to the *Oxford English Dictionary* (the latest supplement in the Supreme Court library) "fluoridation" is defined as "the process by which fluorine combines with other elements to form fluorides". In the 1935 edition of *Webster's International Dictionary* "fluoridation" is stated to be "Geol[ogy]. The introduction of fluorine into rocks, indicated by the formation of such minerals as fluorite and topaz". In the same dictionary there is also a reference to the word "fluoridate" with the suffix "-ation", which combination suggests a process something similar to that stated in the supplement to the *Oxford English Dictionary*.

These lexical descriptions, however, are of little assistance in the present case. On the evidence given before me the expression "fluoridation of water" in the context of these proceedings and accepted in the recent literature and inquiries, judicial and otherwise, which were referred to in the evidence, means the introduction into water by means of soluble fluorides of a minute portion of fluorine. It brings about no chemical change in the molecular structure of the water but the fluoride is diffused in an ionized form throughout the solution. Such a description would appear to be a departure from the lexical meanings which were examined. Nevertheless, this description seems to have been unequivocally accepted by the parties to this litigation, as a reference to the pleadings and affidavits filed will demonstrate. Generally speaking, the technical witnesses, when describing the diffusion of ions through the water, used the expression "fluoride ions" and "fluorine ions" as if they were interchangeable in the description of the process of fluoridation.

By consuming a solution of fluoride as drinking water, the ions would be ingested by the users of the water. The technical witnesses were of opinion that the benefit to dental health to users of the water with fluoridation was to be derived from the substitution of fluorine in the place of one of the elements in the chemical composition of the enamel of the teeth, whereby the crystal character thereof underwent change and the property of hardness of the substance of the enamel was increased, thereby building up a resistance to the damaging acids and bacteria normally found in the mouth. The experts said that observations over a reasonable period of areas where the drinking water naturally contained fluoride had established that fluoride ingested through the medium of drinking water had proved beneficial in the prevention or inhibition of dental caries among the consumers of such fluoride solution. Several witnesses stated that experience had shown that the most desirable concentration of fluoride in the solution was one part in one million. The experts were not unanimous as to what the concentration of one part in a million meant in this context. One witness said it meant one part by weight of fluoride to a million parts by volume of water; others said one part by weight of fluoride to a million parts by weight of water. Dr. Michael Flynn, a very eminent and experienced research worker in the process of fluoridation, stated that the optimum desirable concentration was one part of fluoride ions by weight to one million parts of water by weight. In order to contain such a concentration, approximately 2.2 lbs. of the compound sodium fluoride should be added to one million lbs. of water.

Despite this opinion, where the relationship is between a solid and a liquid, it seems to me on the evidence I heard that the relationship should be expressed in a characteristic common to both, that is to say, weight to weight, or volume to volume, before the admixture or solution is formed. Although the word "concentration" rather connotes the existence of a solution, the proportions given for the required concentration must mean a relationship of the substances which, as a matter of practicality, must be measured before the dissolution of the solid in the solution occurs. Accordingly, on the balance of the evidence placed before me, I believe, where the evidence suggested that the desirable concentration was described as one part in a million, this meant 1lb. weight of fluoride to one million pounds weight of water.

The process of fluoridation and the alleged benefits of adding fluoride to drinking water at a desirable concentration was described by a number of witnesses called for the corporation in the following way. When sodium fluoride is added to water it dissolves fairly easily and it quickly ionizes. When the very, very weak resulting fluoride solution of about one part in a million is taken into the mouth in the form of drinking water, it first has a physical contact with the teeth. There is, it is believed, according to the experts, an immediate uptake of fluorine from the solution into the enamel of the teeth on this physical contact. There is apparently some kind of change in the character and property of the enamel of the teeth as a result. The major beneficial effect, however, arises, it was said, through fluoride or fluorine ions passing into the bloodstream and by that medium finding their way into the surfaces of the enamel of the teeth, whereby the chemical composition of the enamel is altered, as a result of the substitution of fluorine for one of the elements in the original chemical compound of the enamel. As has been already noted, it was urged by the experts that the property of hardness of the enamel is increased by the chemical change.

Fluorine is one of the chemical elements. It rates about thirteenth in frequency among those elements found in the earth's crust. It is frequently found in the form of fluorides and there are traces in practically all plants, in food and in human bodies. It combines easily with other elements and the Court was informed by one witness that there were at least 1000 compounds of fluorine. Another stated that, with modern methods in chemistry, there was no limit to the number of compounds which could be produced with organic and inorganic substances. It did appear that fluorine would combine with other elements to form solids of little solubility, as for example, teflon, which was quite inert. It was also proved that fluorine could combine to form fluids which would not mix with water. Others could also be formed which would either dissolve or be suspended in water.

In many of these cases the compounds of fluorine, if added to water, would have no health-giving properties whatever, and in some cases, not because of the presence of the element of fluorine, but rather because of the presence of other elements in the compounds, they would be positively dangerous to health, if consumed, either whilst suspended or dissolved in the drinking water solution. I was also informed that fluorine was used in chemical warfare. The nature of its use was not described to me. As an element in fluoride, however, fluorine exists naturally in many catchment areas of town water supplies throughout the world, so that many cities naturally have fluorine in the water supply having been leached out of the soil in the catchment areas. In many parts of the world, the concentration is either higher than or approximately at the optimum concentration. The condition of the teeth of the consumers of water in these areas has been closely examined. It is now accepted that the teeth of these inhabitants, even if they may be mottled because of the ingestion of too much fluorine, are in a better condition so far as dental caries is concerned than in areas where there is little or no fluorine in the drinking water. On the faith of such observations, there are now many advocates amongst skilled and experienced water engineers and public health officers who strongly would advise the artificial introduction of fluoride into town water supplies where the water supply showed a deficiency of fluoride below the optimum quantity or concentration. It was proved that the water for the City of Sale had a deficiency of fluoride as compared with the optimum quantity that the experts believed was desirable. The concentration was only .05 parts in a million.

The efforts of the protagonists of fluoridation have induced others of equal eminence critically to challenge the usefulness of the process. Whilst conceding that conclusions may be drawn from the statistical data derived from the areas where natural fluoridation exists in water that the presence of fluoride in the drinking water may be beneficial to dental caries, these opponents urged that the side effects of the presence of fluoride in comparatively large quantities in the human body have never been properly assessed, particularly if taken over a long period and on a long-range view. Before me no less than three skilled observers gave evidence of possible deleterious effects and, whilst not expressly stating that they were opposed to the addition of fluoride to the town supply, said they were uncertain as to the future on persons ingesting the solution over long periods of time. The quantity of fluoride necessary to be ingested to cause the alleged effects seemed to me, on the evidence, to be somewhat vague and uncertain.

On the other hand, various warnings were uttered by these witnesses as to the possible side effects of fluoridation. Nevertheless, at least five

skilled experts of equal or greater eminence were of opinion that no detrimental effects would occur if the solution were taken in the optimum concentration to be determined having regard to the climatic conditions. In particular, they were of opinion that the addition of fluoride in the Sale water to a concentration of one in a million, under the climatic conditions of that city, would have no detrimental effects on the inhabitants whatever, but would have a definite beneficial effect on their dental health. One eminent academic witness offered the opinion that it might even be beneficial to the general health of the inhabitants apart from the benefit to dental health. Having regard to the cautious comments of the other experienced protagonists of fluoridation, that this aspect was still being carefully studied and investigated at the present time, and that no conclusion should be hastily drawn at this stage, I would not be prepared to accept this opinion.

On the evidence, it does appear that fluoridation has been introduced as a preventative measure in many localities as a matter of public health. It is agreed by all witnesses that the effect of adding the fluoride does not make the water potable or purer. In Sale, for many years alum, lime and soda ash, in varying proportions, and sometimes just alum and lime have been added to the water to clean the water, and when the water was cleansed, chlorine has been added to kill bacteria. The sole purpose of the addition of these chemicals was to purify the water for consumption by human beings as drinking water. The addition of fluoride, on the other hand, does not purify the water, but for the process of fluoridation to be successful, it is necessary to have potable water. The drinking water is used as the vehicle to introduce fluorine by ingestion into the human body of each of the consumers of the water for the purpose of improving their dental health. The evidence rather tended to establish that the fluoride should be taken in by the young during the period of growth and that it was not of much value in the dental health of a mature person. On the other hand, it did appear, from the opinions of some of the experts, that the level of fluorine in the body should throughout be kept at a standard level and this should be continued during the life of even the mature person.

The prime purpose of fluoridation was the improvement of the dental health and the prevention or inhibition of dental caries in those consuming water which in its natural state did not contain the optimum quantity of fluoride and, therefore, had fluoride introduced into it to bring it up to the desirable level. To use the expression of Dr. Flynn, the fluoride is added for no other purpose than to protect the teeth. Professor Martin, also called for the corporation, stated in evidence that "the purpose that the water is used is secondary to the purpose of getting the right amount of fluoride into the developing teeth and keeping it there". It seems to me, therefore, that the purpose of the corporation is not to improve the quality of water as drinking water, but in order to achieve the consumption by the inhabitants of Sale through the water, already made fit for drinking by other processes, of the optimum quantity of fluorine to combat tooth decay. It is regarded by the experts as the most effectual and efficient method of distribution of fluorine. The contention is that the introduction of fluoride into the water ensures that the consumers thereof ingest fluorine in beneficial quantities.

Against this general description of the process, it is now necessary to consider how the corporation came to form the intention of introducing it into the City of Sale. On 10 August 1863 Sale was constituted a

borough. It had certainly been constituted prior to the passing of Act; 27 Vict., No. 184, on 11 September 1863, because Sale appears as No. 56 in Schedule (B) of that Act as being a borough in existence at the time of the passing of the Act. By virtue of the provisions of s. 2, Sale was constituted as a "borough". Subsequently, it was proclaimed a town on 21 November 1924 and a city on 31 May 1950. The parties before me have accepted that at the time of the passing of Act No. 184 there was an existing water supply from a bore in McAlister Street and waterworks therewith which the borough, under the provisions of s. 318 of Act No. 184, was bound to continue and was bound to maintain and supply with water. At the present time, water is drawn from the Thomson River, and it was agreed between the parties that this water supply from the Thomson River was substituted for the bore water supply as being equally convenient therewith. No objection was taken to the affidavit of Mr. Ross, sworn 24 September 1963, as to the history of the corporation and its water supply, but it was also agreed for the purpose of this litigation that paragraph 6 thereof was erroneous in that Sale did, in fact, have a water supply prior to 1863, and what was done by the corporation with respect to the introduction of the water supply from the Thomson River in 1888 was in substitution for the then existing supply.

On 7 May 1962 a resolution was passed by the council of the corporation that the Sale City Waterworks should implement fluoridation of the city water supply, and on 8 June 1962 tenders for a fluoridation plant were received by the council and were held over for the time being. At the same time, a resolution was passed by the council that the corporation's consulting engineer should furnish the councillors with a report on safety measures considered desirable consequential upon the introduction of fluoride into the water supply. Later the engineer submitted a report covering protection for the consumer and the council in relation to fluoridation. At the same time, a petition was lodged, signed by 197 persons, protesting against the council's plan to introduce fluoride into the city water supply. Legal advice was then sought by the council as to its position and this was received on 20 August 1962, when the council was advised that it was acting legally and within its powers conferred by the Local Government Act to introduce fluorine into the water supply.

On 17 September 1962 the council asked that the Director of Child Health (Dental) be requested to undertake a survey of children's teeth in Sale, and on 18 February 1963 a local dentist (who, incidentally, gave evidence before me) wrote stating that the survey by the Sydney Dental Hospital in Yass, New South Wales, showed a 60 per cent reduction in dental decay of children who lived all their life drinking fluoridated water. At the same meeting of the council on 18 February, a report from the local medical officer of health, Dr. Crosbie, who also gave evidence in these proceedings, stated that it was of special interest that the leading article in the *Medical Journal of Australia* of 2 February 1963 was devoted to the fluoridation of public water supplies. A copy of the article and a second article entitled "Fluoridation, Basic Dental, Medical and General Aspects", also from the same issue, were cut out and forwarded by him for the council's perusal. Both articles, he said, stressed the necessity for this public health measure and emphasized particularly its efficiency in prevention of dental decay and its complete safety and lack of ill effects. The leading article, he said,



was based on the recent report of the British Ministry of Health on a United Kingdom survey over the past 12 years and its conclusions were definite and overwhelming.

On 6 May 1963 the council accepted a recommendation from its water committee that tenders be invited for the supply and installation of fluoridation equipment, and on 17 May the consulting engineers were advised by the council to invite tenders for fluoridation equipment on plans and specifications submitted by the engineers. On 5 August 1963 the council adopted its water committee's report recommending "that fluoride be introduced into the Sale water supply, covering the supply to the City of Sale, the township of Wurruk, R.A.A.F., East Sale, and R.A.A.F., West Sale, at an estimated cost of £2700; in the meantime, the tender of Wallace & Tiernan at £1648 for plant and equipment only be accepted and an application for funds towards the additional cost of £700 involved in introducing fluoride into the supplies to East and West Sale be made to the Department of Air". On 19 August 1963 the council adopted its water committee's report recommending that its consulting engineers be instructed to proceed with the installation of fluoridation equipment.

From the foregoing recital of fact, it can be readily inferred that the council of the corporation had been impressed by its expert advice that, first, fluoridation was a beneficial thing for dental health and, secondly, that it was legally entitled to go ahead with the process of fluoridation. As will be seen, I do not believe it is necessary for me to make any further finding as to whether or not fluoridation is a good thing for the community.

As I see the problem facing me, I am concerned to discover whether or not the corporation had the requisite power in law to decide whether or not it could introduce fluoridation into the Sale water supply: see *Roberts v. Hopwood*, [1925] A.C. 578, at pp. 606-7; [1925] All E.R. Rep. 24. The plaintiff has alleged that the corporation and its council had no power as a water utility to introduce fluoride into a town water supply. In particular, the plaintiff averred that under the provisions of s. 243 (3) of the *Local Government Act 1958* the council was restricted to applying its municipal funds towards the payment of all expenses necessarily incurred in carrying out the provisions of the *Local Government Act*, and of doing and performing all acts and things which the council was and should by that Act or any other statute be empowered or required to do or perform. The plaintiff said that the council was not empowered or required by the *Local Government Act*, or any other statute, to introduce fluoridation of its water supply.

It was agreed by the parties before me that the only statutory power conferred or duty imposed upon the corporation in relation to its town water supply was to be found in the provisions of s. 690 (1) of the *Local Government Act 1958*. It is, therefore, necessary to analyse closely the provisions of this sub-section. Before examining the language of the section, however, it should be remembered that although the power to introduce fluoridation may not be expressly referred to in the section, before the Court can come to a conclusion that it was beyond the power of the corporation or its council under the section to so introduce fluoridation, the Court must also consider whether the process, with the installation of machinery therefor, can fairly be regarded as incidental to or consequential upon performance of a duty imposed or the exercise of any statutory power of the corporation or council conferred by the section: see *Attorney-General v. Great Eastern Railway Company*



(1879), 11 Ch. D. 449; 5 App. Cas. 473; *London County Council v. Attorney-General*, [1902] A.C. 165; *Attorney-General v. Mersey Railway Co.*, [1907] A.C. 415; *Attorney-General v. Smethwick Corporation*, [1932] 1 Ch. 562, at p. 576; [1932] All E.R. Rep. 304; *Grainger v. Liverpool Corporation*, [1954] 1 All E.R. 333.

5 In testing whether an act is or is not to be regarded as incidental to the authority of the corporation the Court must take a liberal view of the exercise of the power or the performance of the duty because of the public nature of the work of the corporation: cf. *Attorney-General v. Crayford U.D.C.*, [1962] Ch. 575; [1962] 2 All E.R. 147. On the other hand, a municipal corporation can only do such acts as are authorized, directly or indirectly, by the statute creating it and will be restrained from applying its municipal funds to purposes not so authorized:

10 *Attorney-General v. Newcastle-upon-Tyne Corporation* (1889), 23 Q.B.D. 492, at p. 497; *Attorney-General v. Manchester Corporation*, [1906] 1 Ch. 643, at p. 651. It is, therefore, necessary to consider whether there was any and what statutory authority for the corporation to erect installations to add fluoride to the water supply and to use such installations for such purpose. As will be noticed from the section set out in full hereunder, there is no express authority in s. 690 and, therefore, it is necessary to discover whether, by some implication therein or by some incidental method referred to above, power is conferred upon the council or the corporation by the statutory provisions. The relevant sub-section reads as follows: "The council of every municipality shall cause all existing public reservoirs tanks cisterns weirs dams pumps wells conduits and other waterworks used for the gratuitous supply of water to the inhabitants within the municipal district to be continued maintained and supplied with water, or shall substitute other such works

15 20 25 30 35 40 45 50

equally convenient, and shall cause them to be maintained and supplied with water or may enlarge or improve any such waterworks and cause them to be maintained and supplied with water for the supply of water to the inhabitants on payment or otherwise."

It should be noted that the first part of the section imposes a duty on the council. This part of the legislation, with the exception of the words "weirs dams", was introduced by Act No. 184, *supra*, in 1863. Knowing the development of this State over the last century from 1863 and the genesis of these provisions in 1863, it would appear that the policy of this part of the sub-section was to ensure the continuance of the existing water supplies and to impose upon councils the responsibility for them. The legislature was concerned that the gratuitous supply of water to the inhabitants within a municipal district should be continued. But, at the same time, there was a limit placed on the responsibility of the council at that period. The provisions drew a distinction between "works" and "water". The "works", that is, the installations, were to be continued and maintained and "water" was to be supplied to such installations. The quality of the water was not stipulated. The safeguard intended to be given was rather to ensure the gratuitous supply of the water to the inhabitants. The council could continue the existing supply of water with the existing quality, even if it were not potable. There was no duty imposed to purify or cleanse the water. Doubtless, as consequential upon the performance of this duty to continue and maintain the supply, it would have incidental power to purify the water to improve its quality. Any reasonable act done by the council for the purpose of ensuring a supply of pure water to the waterworks would, and could be, justified under these provisions.

The second part of the sub-section confers on the council an alternative method of performing the initial duty imposed on it by the section. It could introduce an equally convenient substitute waterworks and, in such circumstances, it was required to cause those new waterworks to be supplied with water. From the facts agreed between the parties for the purpose of this litigation, I have inferred that under this power, which has existed since the 1863 Act, a substitution of waterworks was made by the corporation in 1883. I agree with Mr. Strauss that when the legislature prescribed that the substitute was to be "equally convenient", it would be a proper performance for such prescription if waterworks of greater convenience and efficiency were provided.

The last part of the sub-section, on the other hand, is enabling. Although the policy appears to be similar, the language in this part of the section is in different terms from the original Act. It now provides that the council may enlarge or improve any "such waterworks". I am of opinion the word "such" is not limited to the last antecedent, but refers to all the antecedent "waterworks", details of which are set out hereunder. The council might cause the enlarged or improved waterworks to be maintained and supplied with water "for the supply of water to the inhabitants on payment or otherwise". It will be noticed that in the event of enlarging or rebuilding the council was no longer bound to supply the water to the inhabitants gratuitously, but might provide water to the enlarged or improved waterworks "for the supply of water to the inhabitants either on payment or otherwise".

The word "waterworks" is not defined in the sub-section, but, as has already been noted, the word is used in contrast to the word "water". Nevertheless, the first time the word is used, it is used in collocation with "public reservoirs tanks cisterns weirs dams pumps wells conduits". The common characteristic of these installations is that each is connected with the conservation or distribution of water as such. Hence, when the words "other waterworks" are added at the end of this list the common characteristic of the preceding list indicates the nature and meaning of the word "waterworks". In my view, the word in this context means some kind of installation, similar to those enumerated, for the conservation or distribution of water.

Now it is obvious that a fluoridation plant is not for the purpose of conserving or distributing water. It is installed for the purpose of distributing fluoride, using the water as a convenient and efficient vehicle of distribution. I, therefore, cannot accept Mr. Strauss' submission that the installation of a fluoridation plant falls within the power of the council to improve its waterworks. Equally, in my view, the introduction of fluoride into the water through such installation does not arise as a consequence of or incidental to the statutory requirement or power to supply water to the waterworks. I repeat, fluoridation of a town water supply is an easy method of distributing fluoride for consumption by its inhabitants. It seems to me, therefore, that by introducing fluoride into the water supply the council is not doing anything that is either improving the waterworks or ensuring the purity of the water for the supply to and the consumption by the townspeople. At the most, it is giving the drinking water a property which the water did not theretofore possess and not required in order to make it potable water.

I have been referred to two decisions on appeal, one of the Supreme Court of Canada, namely, *Municipality of Metropolitan Toronto v. Village of Forrest Hill* (1957), 9 D.L.R. (2nd) 113, and the other of the Court of Appeal in New Zealand, as yet unreported, in the case *Attorney-General for New Zealand v. Corporation of Lower Hutt*.

5 Because the statutory provisions under discussion in each of these cases were so different from the Victorian provisions and the problems of interpretation were quite different no real assistance, other than from a general discussion of the principles applicable to the exercise of a statutory power or authority, can be derived from either case.

10 On the other hand, the decision of the High Court in *Shire of Mulgrave v. Commissioners of the State Savings Bank of Victoria* (1937), 57 C.L.R. 461; [1937] A.L.R. 444, referred to by Mr. Strauss, whilst not concerned with the problems directly facing me, nevertheless is of some assistance, because it was a case in which s. 690 had to be considered by the Court. In this action, a municipality had acquired new waterworks apparently under the powers conferred by what is now s. 690 (2) *Local Government Act* 1958. The question for discussion was whether the council was bound to deliver water in a reticulation service to a frontager. In an interesting and enlightening judgment Dixon, J., as he then was, traced the history of what is now s. 690 and he pointed out the restricted nature and application of the statutory provisions to the problem then before the Court. He emphasized that s. 690 (2) gave no authority to the council to lay reticulation services to frontagers for the provisions "were not originally framed to provide for a reticulation system" and that an inhabitant or ratepayer did not have any right, conditional or unconditional, to the delivery of water to him. (See 57 C.L.R., at p. 482).

25 By parity of reasoning, it is my view that sub-section (1) must also be construed strictly according to its terms. It confers no private right on any inhabitant to the supply of water. It does, however, impose an obligation on the council of a municipality to continue existing waterworks and to supply them with water. The essential feature of the duty imposed on the council was the continuance of the water supply, but no more. There was no duty to improve, but a power was given under this and the next sub-section with respect to acquiring, enlarging or improving waterworks. The initial duty under s. 690 (1) was a public duty to be performed by the council. It does not appear to confer any correlative private right on the plaintiff or any other ratepayer or inhabitant of Sale.

40 On the other hand, the performance of the duty and the related authority to exercise all reasonable and incidental powers for the performance of such duty may justify the introduction of lime and chlorine into the water to cleanse and purify it, but it does not justify the council in introducing fluoridation. The power to introduce this process must be found apart from its powers in its role as a water-utility. On the evidence before me, at the most, fluoridation can be described as a public health measure. The justification for its introduction by the council must, therefore, be found in the powers of the municipality with respect to health rather than in its function as the controller of the town water supply or in the performance of its duty to continue the existing waterworks or the substitute thereof and the supply of water thereto.

50 Having regard to this view of the section it is, therefore, not surprising that counsel, at the first hearing, asked for a long enough adjournment to permit the corporation to pass a by-law under the powers of legislation conferred on it by s. 197 of the *Local Government Act* 1958. Counsel, on behalf of the corporation at the hearing before me, relied upon the provisions of s. 197 (1) (iii), (iv) and (ix), which say that subject to the provisions contained in the Act "by-laws may be made for any municipality for the purpose of . . . (iii) Carrying out any

of the purposes provided for in any Act or portion of an Act relating to water supply which the municipality is empowered to adopt by by-law. (iv) Regulating the supply and distribution of water from waterworks under the management of the council. . . (ix) Providing for the health of the residents in the municipal district and against the spreading of contagious or infectious diseases". It was only faintly argued that a by-law providing for fluoridation would come within placitum (iii) or placitum (iv). For reasons that I have already given, it would appear that the power to legislate either to regulate the supply and distribution of water or carry out any purposes of the Act relating to water supply did not empower the council to make a by-law providing for fluoridation of its water supply. As I have pointed out, fluoridation, on the evidence before me, to be justified must be related to public health and nothing else. Counsel for the corporation, therefore, urged that a by-law providing for fluoridation was a by-law providing for the health of the residents in the municipal district. I am rather disposed, on the evidence called before me, to agree with this submission. But, for reasons which appear hereunder, I give no concluded view of the matter.

Pursuant to the provisions of s. 197, the council passed a by-law which was headed "A by-law of the City of Sale made under s. 197 of the *Local Government Act 1958* and numbered 50 providing for the *fluoridation of the water supply of the City of Sale*" (the italics are mine). Clause 1 provides that in the by-law "fluorine" means "any compound of fluorine", and "the water supply" means "the public water supply under the control and management of the Council of the City of Sale from which water is supplied to the inhabitants of the City of Sale". The first definition is most significant, in my view, on the validity of this by-law. The by-law by cl. 2 goes on to provide that fluorine shall be added to the water supply. It will be seen from these provisions that since fluorine means any compound of fluorine, performance of cl. 2 could be satisfied by the introduction of any compound of fluorine, not necessarily a fluoride. As noted above, there were at least 1000 such compounds and with modern chemistry it would appear that the number of compounds that could be made with organic and inorganic substances would be unlimited. In my opinion, this fact is also very important to the validity of the by-law.

Clause 3 then provides that the concentration of fluorine in the water supply should be maintained as near as practicable to a concentration of one part per million and should not, at any time, exceed 1.5 parts per million. It will be here noted that again in this clause the word "fluorine" is used with the consequence that in this context it means that the compound of fluorine shall be to a concentration of one part per million. For reasons that I have set out above, one part per million in this context means, in my view, one part per weight of the compound of fluorine to a million parts per weight of water. This interpretation of the expressions removes any ambiguity that otherwise might arise from the expression.

Clause 4 then provides that the Council of the City of Sale shall take or cause to be taken under its direction all necessary steps to provide for the addition of fluorine in the water supply. This clearly imposes a duty upon the council of the Corporation. One of the extraordinary results of the imposition of such a duty is that if the council does not take all necessary steps to provide for the addition of a compound of fluorine in the water supply then the council, as a corporate body, apparently may be guilty of an offence against the *Local Government Act 1958* (see ss. 213, 223, 891, 892, 894).

By cl. 5 the by-law is expressed to apply to and have operation throughout the whole of the municipality, that is, the municipal district of the City of Sale. It is difficult to understand the purpose of this clause but, in any event, it has not any material influence upon my decision in these proceedings.

The by-law has been attacked by the plaintiff on the bases, first, that it is not a by-law at all; secondly, that it is *ultra vires*; thirdly, that the by-law was unreasonable; fourthly, that it was uncertain and, finally, that it was repugnant to the law.

As I see the problem, in the end, it came down to whether this by-law was or was not within power. Mr. Liddell referred to the definition of a by-law given by Lord Russell, C.J., in *Kruse v. Johnson*, [1898] 2 Q.B. 91, at p. 96; [1895-9] All E.R. Rep. 105. While appreciating that his Lordship's description of a by-law in relation to the facts of that case would not cover this by-law, I do not believe his description was necessarily exhaustive. I am of opinion that this was intended by the council to be an exercise of its legislative powers under ss. 197 and 204 and, although that power may be limited to making "by-laws", I am of the view that where an instrument passed and confirmed by a municipality in accordance with the provisions of the Local Government Act relating to by-laws and publicized as a by-law should be so regarded unless and until when it is examined, it is obviously not a piece of legislation at all. In form, this is a piece of legislation and, accordingly, although, since the municipality only imposes a duty on itself, it might not have the characteristics referred by the Lord Chief Justice, for the purposes of considering this case and in relation to this particular problem, I would accept it as a by-law in the relevant sense.

I found great difficulty in understanding how the by-law was repugnant to the law and in particular the provisions of the *Poisons Act* 1958. I indicated during the course of Mr. Liddell's argument my difficulty and, therefore, I do not refer to the matter further. Since I have formed a view on the question of its validity otherwise, I do not feel called upon to give any concluded view as to the question of repugnancy either against the provisions of the *Poisons Act*, or otherwise.

As to the questions of unreasonableness and uncertainty, I am of opinion that in the final analysis both these heads are strictly referable to the question of whether the instrument which the municipality has promulgated can be said to be an exercise of its legislative power. The relevant law in Australia with respect to the question of whether a by-law can be attacked on the ground of unreasonableness is succinctly stated by Dixon, J., as he then was, in *Williams v. Melbourne Corporation* (1933), 49 C.L.R. 142, at p. 154; [1934] A.L.R. 73. He said: "The by-law was impugned as made not for the purpose of regulating traffic and as unreasonable. Although in some jurisdictions the unreasonableness of a by-law made under statutory powers by a local governing body is still considered a separate ground of invalidity . . . , in this Court it is not so treated . . . . To determine whether a by-law is an exercise of a power, it is not always enough to ascertain the subject matter of the power and consider whether the by-law appears on its face to relate to that subject. The true nature and purpose of the power must be determined and it must often be necessary to examine the operation of the by-law in the local circumstances to which it is intended to apply. Notwithstanding that *ex facie* there seemed a sufficient connexion between the subject of the power and that of the by-law, the true character of the by-law may then appear to be such that it could not reasonably have been adopted as a means of attaining the ends of the power. In such a case the

by-law will be invalid, not because it is inexpedient or misguided, but because it is not a real exercise of the power (compare *Widgee Shire Council v. Bonney* (1907), 4 C.L.R. 977, at pp. 982, 986." In my opinion, these words are apposite to the consideration of the present by-law. It cannot be predicated that there was anything unreasonable in the Sale City Council imposing on itself a duty to add fluoride to its water supply. Having regard to the evidence I have heard I would accept that it is within the competence of the council to say whether or not in its discretion it would introduce fluoride into the water as a means of providing for the health of the community. On the other hand, it is necessary to look at the by-law and see whether this purpose has been accomplished. The alternative attack then is made by Mr. Liddell on the grounds that it is uncertain on whom the obligation rests and on whom the duties are imposed to add fluoride and in what quantities. As to whether uncertainty is a separate head of invalidity textbook writers seem to accept that a by-law must be certain in terms so as to make it clear to all whom it concerns what it requires to be done or not to be done by them: see, for example, *Lumley's Public Health*, 12th ed., vol. 2, p. 1975. This view seems now to be accepted by the recent decisions of *Fawcett Properties Ltd. v. Buckingham County Council*, [1961] A.C. 636, at pp. 662, 668-70, 674, 677 and 688; [1960] 3 All E.R. 503, and in *Hall & Co. Ltd. v. Shoreham-by-Sea Urban District Council*, [1964] 1 All E.R. 1. "A man is not to be put in peril upon an ambiguity": *London & North East Railway Co. v. Berriman*, [1946] A.C. 278, at p. 313; [1946] 1 All E.R. 255. But this dictum possibly should be limited to cases when a person is placed in jeopardy: see *Howell v. Falmouth Boat Construction Co. Ltd.*, [1951] A.C. 837, at p. 850; [1951] 2 All E.R. 278.

In *King Gee Clothing Co. Pty. Ltd. v. Commonwealth* (1945), 71 C.L.R. 184, at p. 195; [1945] A.L.R. 397, at p. 400, Dixon, J., as he then was, stated in relation to subordinate legislation: "But I cannot see how this history warrants the courts in adopting as a general rule of law the proposition that subordinate or delegated legislation is invalid if uncertain. It appears to me impossible to qualify the power conferred on the Executive Government by ss. 5 and 13A of the *National Security Act* 1939-1943 by adding the unexpressed condition that regulations made thereon must be certain. I should have thought that, in this matter, they stood on the same ground as an Act of Parliament and were governed by the same rules of construction. I am unaware of any principle of law or of interpretation which places upon a power of subordinate legislation conferred upon the Governor-General by the Parliament a limitation or condition making either reasonableness or certainty indispensable to its valid exercise." On the other hand, his Honour went on to consider whether a price had been validly fixed where there were elements of computation which were not certain. Since the power was to determine a fixed price and no such fixed price had been determined, there was no valid exercise of power and hence the Commissioner in promulgating an order without determining a fixed price had acted *ultra vires*. His Honour did not invalidate the price fixation because it was uncertain in the sense of uncertainty of the legislation, but rather invalidated it because of the uncertainty of computation whereby the Commissioner did not carry out his duty to fix a price (see also *Cann's Pty. Ltd. v. Commonwealth* (1945), 71 C.L.R. 210). In the end it became a question of whether the power had been exercised.

Now, because of the view I take of the facts, I do not have to reconcile the views of the present Chief Justice of the High Court with the English cases cited above. For reasons I have already given I find no uncertainty in this by-law. There may be ambiguities but I am bound to resolve it if I can: see *Hall's Case, supra*. It seems to me the obligation is clearly placed upon the council to carry out the process of fluoridation. Secondly, any difficulty that might arise from such expression as concentration of one part in a million, in my view, can be resolved by the evidence I have heard as to the usage of such expression and for reasons I have already stated, I construe the expression in this instrument as one part by weight of the compound of fluorine to a million parts of water by weight.

On the other hand, the discussion by counsel on the uncertainty of the various expressions used in the by-law indicated the width of the enacting part. Although I accept that this by-law was intended to supply any defect in the powers of the council to carry out the process of fluoridation, and it is, in fact, headed as providing for fluoridation of the water supply, nevertheless, the enacting part, in my opinion, does not achieve this object. Whatever ambiguities otherwise exist in this by-law, I am of opinion that there was no ambiguity in the main clause.

The important provision in the by-law is that "fluorine" shall be added to the water supply. In this context "fluorine" means any compound of fluorine. It follows, therefore, that performance of the by-law can be carried out by the addition of any compound, either one which was health-giving or one which was nugatory in its effects or one which was unwholesome if consumed by human beings. The by-law, therefore, imposed a duty upon the council which cannot in its express terms be said to be providing for the health of the residents in the municipal district. If the council can add a deleterious substance to the water in the performance of its duty, then, in my view, the imposition of such a duty is clearly not within the power of legislation conferred upon the council, "providing for the health of the residents in the municipal district".

Mr. Strauss has urged that I should read down cl. 2 and cited *Matthews v. City of Prahran*, [1925] V.L.R. 469, at pp. 476-7; [1925] A.L.R. 338, at p. 341, as authority for the view that the provision should be read down, having regard to the source of power. He also urged that the heading indicated that it was a by-law for the fluoridation of the water supply and, accordingly, there must have been an obvious error in drafting of the definition of fluorine in the by-law and the word "suitable" should be implied before the word "compound".

*Matthews' Case* was concerned with an alleged unreasonableness arising from the interpretation of a by-law. Irvine, C.J., applied the well-known rule of construction that if words which are used are capable of a restricted meaning which brings the attempted exercise of the power within the power, where a wider meaning would bring it outside the power, the former meaning should be adopted by the court. But there are no two meanings to assign to the important elements of this by-law. The by-law supplies its own unequivocal dictionary of terms. To alter this dictionary of terms by implying a word "suitable" therein would, in my view, be usurping the functions of the legislative body: see *Magor and St. Mellons Rural District Council v. Newport Corporation*, [1952] A.C. 189, at p. 191; [1951] 2 All E.R. 839. There is, furthermore, no justification for reading any provision down by reference to either the preamble or heading if the provision is expressed in clear and unambiguous terms: see *Attorney-General v. Prince Ernst Augustus of*



*Hanover*, [1957] A.C. 436; [1957] 1 All E.R. 49; *Jenner v. Shire of Mildura*, [1926] V.L.R. 514; *sub nom. Shire of Mildura v. Jenner*, [1926] A.L.R. 396. There seems to be no justification in this case to imply the word "suitable" since the enacting part is quite clear. It provides that a compound of fluorine, albeit not health-giving, is to be added to the water. That is the clear duty imposed by cl. 2 of this by-law.

From the foregoing it may be seen that, in my view, the council has not mended its hand by the promulgation of the by-law No. 50 and the result is that the action brought by the plaintiff for a declaration and an injunction restraining the council from proceeding with its intention of installing the plant for fluoridation and expending municipal funds thereon must succeed. I would, however, give only a limited injunction to the Attorney-General on the relation of the plaintiff to restrain the council from introducing fluoridation either under the provisions of s. 690 (1) of the *Local Government Act 1958* or under by-law No. 50. By so limiting the order for injunction it will not prevent the council from taking any further measures it may be advised to take to carry out its objective.

Because of a feeling that the council might well bring down a regulation which was within power to attain its object, I put to Mr. Liddell whether or not he should receive the remedy set out in the writ of an injunction to restrain the municipality from proceeding further with its intentions. On reflection I have come to the conclusion that Mr. Liddell's submission on this matter is the correct one. I should take the law, which includes, of course, a reference to by-law No. 50, albeit it is invalid, and construe the powers conferred and duties imposed on the corporation by the law as it stands at the time of giving my decision. I should not assume that the council will, at some future stage, take any steps to introduce fluoridation. Who knows, the majority of the council could be influenced by the opinion of the antagonists given before this Court. It is clear that the council initially acted upon its rights and powers conferred and the duties and obligations imposed under s. 690 (1) of the *Local Government Act 1958*. It was only as an after-thought when a challenge was made to the exercise of such authority that by-law No. 50 was brought down. It must be recollected that the action had originally come on for trial before the by-law was passed. It can be truly said that it was passed, strictly not for the purpose of regulating something in the future, but rather it was promulgated in the attempt and for the purpose of regularizing a decision already made. To this extent it might support Mr. Liddell's argument that it was not a genuine by-law for the good government of the municipality at all, but rather a device to supply a weakness in a defence of the corporation in litigation taken against it. This is particularly relevant when I come to consider the question of costs, but, at this stage, it leads me to the conclusion that I should grant the relief of an injunction claimed in the writ. Of course, the by-law No. 50 must be quashed as *ultra vires* and I so order.

I was urged by Mr. Strauss that if I made a finding against the council, then the plaintiff should bear the costs up to the period that the Attorney-General was joined as a plaintiff. He says, rightly in my view, that the action was incompetent. Nevertheless, when this was discovered by the plaintiff, who did not seek to uphold the view that he had any personal right which he could enforce or that he had suffered any particular damage by the actions of the corporation, counsel for the corporation chose to ask for quite a long postponement of the hearing



rather than a dismissal of the action in order that the council might reinforce the corporation's defence by bringing down a by-law imposing a duty upon it of carrying out the process of fluoridation. Having regard to this adjournment and the reason for it and now the failure of the municipality to uphold its by-law, I feel that justice would be done if I  
5 allowed the plaintiff his costs as from the date of the hearing before Smith, J., and that I should not allow any costs to the defendant at all. I bear in mind that in *Attorney-General (on the relation of Rhondda Urban District Council) and the Rhondda Urban District Council v. Pontypridd Waterworks Co.*, [1908] 1 Ch. 388, Warrington, J., pointed out that in similar proceedings before him the plaintiff's action was incompetent until the Attorney-General was joined. He, therefore, ordered that the plaintiff should pay all the costs up to the time of the joinder of the Attorney-General and, secondly, that the rights of the  
10 Attorney-General on the relation of the plaintiff were to be determined at the date of such joinder.

Whilst appreciating that the legal position here would be similar so far as the effectiveness of the proceedings was concerned, I cannot blind myself to the fact that the defendant corporation elected to follow a course whereby it was believed it would receive an advantage which has now proved to be of no avail to it. It seems to me that the fact that it obtained a benefit from the long adjournment should not be lost sight of in determining how costs should go. I am of opinion that the action was not properly constituted until the Attorney-General was joined. But,  
15 having regard to the *ultra vires* acts of the corporation, I do not believe it would be just to require the plaintiff to pay any portion of the defendant's costs. The reason for my so deciding is that the costs of the defendant must have been incurred if the action had been properly instituted in the first place. I repeat, I am not allowing the plaintiff the costs of taking proceedings which were incompetent. I am allowing the plaintiff only such costs as were incurred by him after he had leave from the Court to join the Attorney-General as a party if and when he obtained the Attorney-General's fiat.

It follows, therefore, that I will grant injunctions against the corporation, its servants and agents as claimed in the writ, but in the limited way which I have already announced, that is to say, by the addition of the words "under provisions of s. 690 (1) *Local Government Act 1958* or under by-law No. 50" at the end of each claim for an  
20 injunction. I will further declare that the corporation had no power either under s. 690 (1) of the *Local Government Act 1958* or under its by-law No. 50 to expend or authorize the expenditure of its municipal funds in payment of or towards the costs of works being carried out in connexion with the fluoridation of its water supply. I order that the plaintiff's cost of the action as and from 4 November 1963 including costs reserved and of the transcript be taxed and, when taxed, paid by the defendant. I further order that the plaintiff's costs of and incidental to the rule *nisi* be taxed and paid by the corporation.

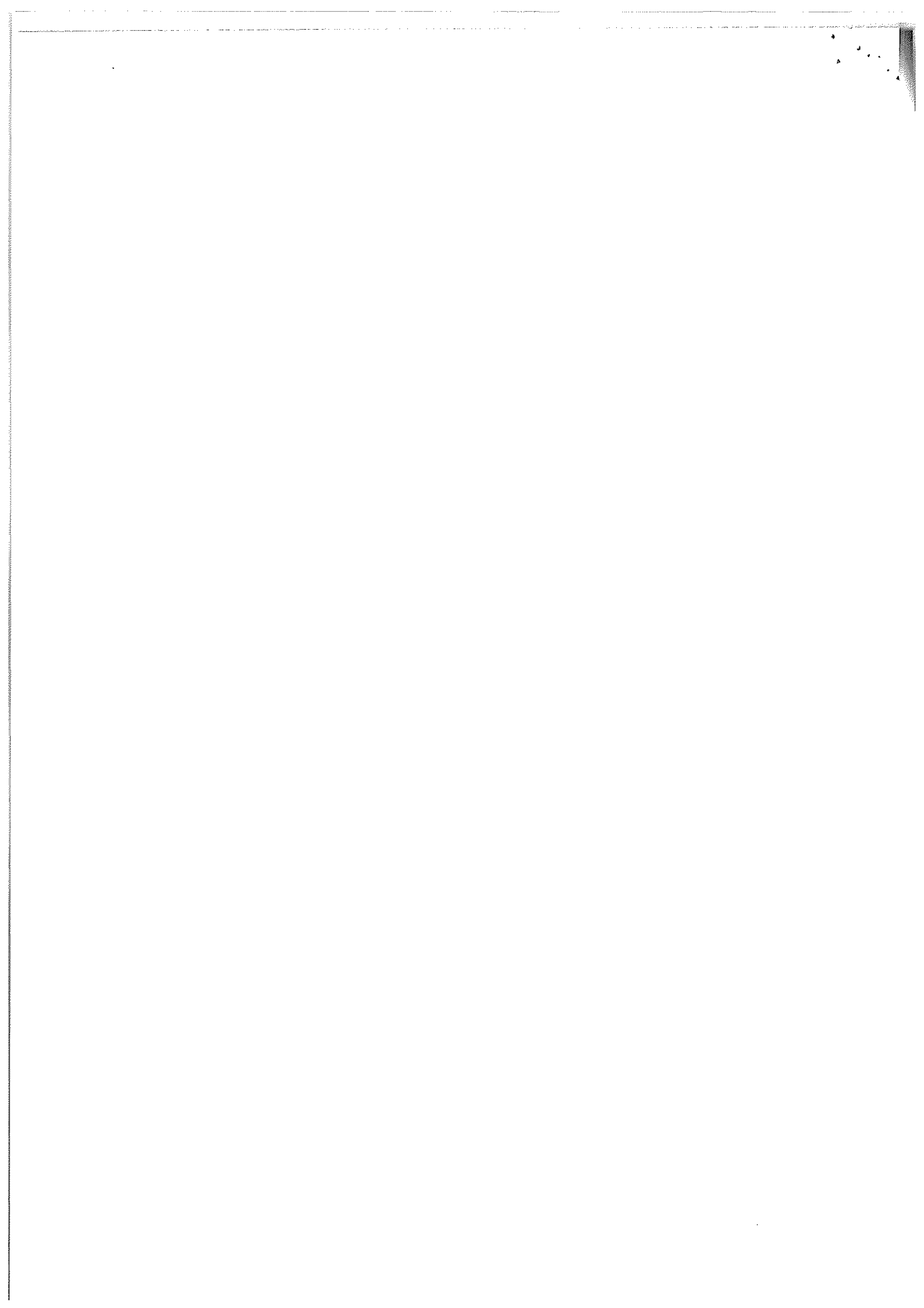
50

*Injunctions granted.*  
*Rule nisi made absolute.*

Solicitor for plaintiff (applicant): James A. Ross, Sale, by his Melbourne agents, *Hall & Wilcox*.

Solicitor for defendant (respondent): Eugene M. Allman, Sale, by his Melbourne agent, *F. J. Corder*.

MICHAEL DOWLING  
BARRISTER-AT-LAW



## 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):	Dental student
<b>Question 1</b> <i>Do you support the proposed amendment? If not, why not?</i>	Yes I do
<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>	The practice of Water fluoridation should not be subject to the medicines act. HFA is commonly used, however, it's not what goes into the water that's relevant but what comes out of the tap.  Fluoride ions at .7-1ppm do not represent a medicine as they do not render any known side effects.

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.



**Letter of concern regarding fluoride.**

o: askmedsafe@moh.govt.nz

09/01/2015 05:12 a.m.

History: This message has been replied to.

Dear Sirs/Madams,

You have been misled, and the principles of your very lives could not withstand the harm you could do by closing your eyes and lying to yourselves and everyone else about this issue.

It is time this saying is understood: "A bad tree cannot produce good fruit". Sirs and Madams ignorance is no excuse. Especially the willful ignorance which would lead one to choose blindness to the many indication's of the great harm that come from modern fluoridation of water supplies.

I implore you to look towards the naturally high magnesium content of the water supplies that have been presented to you as examples off pseudo-fluoridation successes. I implore you to look beyond the pride driven agendas of those who would replace true science with consensus.

**God Bless.**

**Australia**

4814

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 / do not (delete whichever does not apply) wish to speak to my submission.*

Post to:

Regulations under the Medicines Act 1981 Consultation

Medsafe

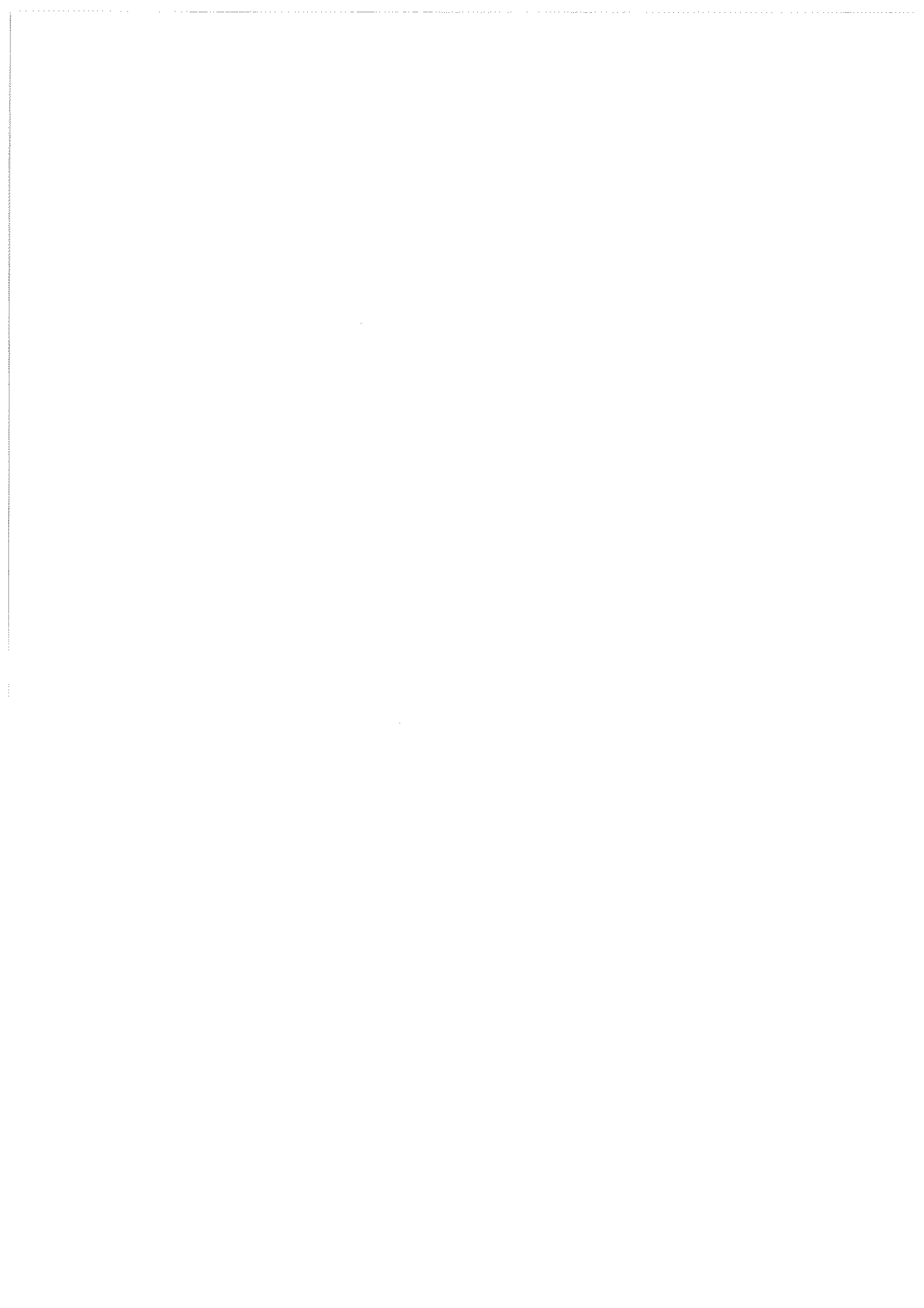
Clinical Leadership Protection & Regulation

Ministry of Health

PO Box 5013

Wellington 6145

Sent from my iPhone





vote NO

or

. to: askmedsafe@moh.govt.nz

09/01/2015 05:27 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. A medicine is not defined by the dose used, but by the purpose for which it is administered -in this case these chemicals are added to the public water supply to treat dental disease. That makes fluoridating chemicals medicines.**

\*\*\*\* In the last few years NZ health authorities have gone to some extraordinary lengths to continue their support and promotion of the outdated, unscientific and unethical practice of water fluoridation. But now they have reached a new low in their public relations tactics. They are attempting to change the language itself. Under the NZ Medicines Act they are trying to maintain that fluoride is a medicine in tablet form but not at the concentrations used in water fluoridation programs. But this is absurd. **A medicine is not defined by the dose used, but by the purpose for which it is administered**

If one looks up the word "medicine" in any major dictionary in the English language the definition is very simple and clear. A medicine is "a substance that is used to treat, prevent or mitigate a disease." In other words it is defined by its purpose. It is not defined by the dose used or even by whether it works or not.

Fluoride chemicals (HFA, SFA, NaF) are added to the water supply – in the few countries that practice water fluoridation – in order to fight tooth decay, which is a disease.

See,

*Caries as a Disease of Civilization* (Chapter XI, Blackwell Scientific Publications, *The physiology and biochemistry of the mouth* (4<sup>th</sup> Ed) by G Neil Jenkins)

This makes these fluoride compounds medicines by universal definition. To claim that somehow these are no longer medicines in the doses delivered via water fluoridation is nonsense. Assuming that fluoride at some higher dose was considered by NZ's Medicines' Act was a medicine, lowering the dose to a level of approximately 1 ppm used in water fluoridation could do two possible things: a) it could lower its effectiveness and b) it could reduce its toxic side effects, but it would not change the purpose for which these substances were added to the water supply. **At whatever dose used in tablet form, or whatever the concentration added to water (0.6 ppm, 0.7ppm, 1.0 ppm or 1.2 ppm) the purpose remains the same: to fight tooth decay. Therefore they remain medicines and water fluoridation remains medical treatment.**

For the NZ Ministry of Health to attempt to change the definition of fluoride as used in water fluoridation from anything else but a medicine would make its support of this unscientific and unethical practice even more embarrassing than it already is. The effort to change the language itself represents the last desperate exercise in the application of arbitrary governmental power in support of a bankrupt policy. Clearly reason and scientific argument have failed. It is consistent with a series of steps taken recently in NZ to keep the practice of water fluoridation going at all costs.

2. Fluoride is not a water treatment chemical to treat the water (like chlorine) but simply

to use the water supply to deliver medical treatment.

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**





## NZ FLUORIDE

o: askmedsafe

09/01/2015 06:06 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)**

I  
 e

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

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

**Reason 1. A medicine is not defined by the dose used, but by the purpose for which it is administered -in this case these chemicals are added to the public water supply to treat dental disease. That makes fluoridating chemicals medicines.**

In the last few years NZ health authorities have gone to some extraordinary lengths to continue their support and promotion of the outdated, unscientific and unethical practice of water fluoridation. But now they have reached a new low in their public relations tactics. They are attempting to change the language itself. Under the NZ Medicines Act they are trying to maintain that fluoride is a medicine in tablet form but not at the concentrations used in water fluoridation programs. But this is absurd. **A medicine is not defined by the dose used, but by the purpose for which it is administered**

If one looks up the word "medicine" in any major dictionary in the English language the definition is very simple and clear. A medicine is "a substance that is used to treat, prevent or mitigate a disease." In other words it is defined by its purpose. It is not defined by the dose used or even by whether it works or not.

Fluoride chemicals (HFA, SFA, NaF) are added to the water supply – in the few countries that practice water fluoridation – in order to fight tooth decay, which is a disease.

See, *Caries as a Disease of Civilization* (Chapter XI, Blackwell Scientific Publications, *The physiology and biochemistry of the mouth* (4<sup>th</sup> Ed) by G Neil Jenkins)

This makes these fluoride compounds medicines by universal definition. To claim that somehow these are no longer medicines in the doses delivered via water fluoridation is nonsense. Assuming that fluoride at some higher dose was considered by NZ's Medicines' Act was a medicine, lowering the dose to a level of approximately 1 ppm used in water fluoridation could do two possible things: a) it could lower its effectiveness and b) it could reduce its toxic side effects, but it would not change the purpose for which these substances were added to the water supply. **At whatever dose used in tablet form, or whatever the concentration added to water (0.6 ppm, 0.7ppm, 1.0 ppm or 1.2 ppm) the purpose remains the same: to**

**fight tooth decay. Therefore they remain medicines and water fluoridation remains medical treatment.**

For the NZ Ministry of Health to attempt to change the definition of fluoride as used in water fluoridation from anything else but a medicine would make its support of this unscientific and unethical practice even more embarrassing than it already is. The effort to change the language itself represents the last desperate exercise in the application of arbitrary governmental power in support of a bankrupt policy. Clearly reason and scientific argument have failed. It is consistent with a series of steps taken recently in NZ to keep the practice of water fluoridation going at all costs. Reason 2, as to why I do not support this is because Fluoride is not a water treatment chemical to treat the water (like chlorine) but simply to use the water supply to deliver medical treatment.

Reason 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"

Reason 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*

Thank you,

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



VOTE NOI  
F

askmedsafe

09/01/2015 06:13 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)**

Name: `

Email: r\_\_\_\_\_

Address: 5 \_\_\_\_\_

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

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

**1. A medicine is not defined by the dose used, but by the purpose for which it is administered -in this case these chemicals are added to the public water supply to treat dental disease. That makes fluoridating chemicals medicines.**

In Dallas the Status Quo has continued for 50 years...This year I have been presenting The Dallas City Council with Science NOT Propaganda and Scare Tactics, as the Pro-Fluoridation advocates supply such as; "Tooth Decay will rise when Fluoridation stops". We ARE BEING MEDICATED With-Out our Consent! The Mayor and The Dallas City Council are listening! In the last few years NZ health authorities have gone to some extraordinary lengths to continue their support and promotion of the outdated, unscientific and unethical practice of water fluoridation. But now they have reached a new low in their public relations tactics. They are attempting to change the language itself. Under the NZ Medicines Act they are trying to maintain that fluoride is a medicine in tablet form but not at the concentrations used in water fluoridation programs. But this is absurd. **A medicine is not defined by the dose used, but by the purpose for which it is administered**

If one looks up the word "medicine" in any major dictionary in the English language the definition is very simple and clear. A medicine is "a substance that is used to treat, prevent or mitigate a disease." In other words it is defined by its purpose. It is not defined by the dose used or even by whether it works or not.

Fluoride chemicals (HFA, SFA, NaF) are added to the water supply – in the few countries that practice water fluoridation – in order to fight tooth decay, which is a disease.

See,

*Caries as a Disease of Civilization* (Chapter XI, Blackwell Scientific Publications, *The physiology and biochemistry of the mouth* (4<sup>th</sup> Ed) by G Neil Jenkins)

This makes these fluoride compounds medicines by universal definition. To claim that somehow these are no longer medicines in the doses delivered via water fluoridation is nonsense. Assuming that fluoride at some higher dose was considered by NZ's Medicines' Act was a medicine, lowering the dose to a level of approximately 1 ppm used in water fluoridation could do two possible things: a) it could lower its effectiveness and b) it could reduce its toxic side effects, but it would not change the purpose for which these substances were added to the water supply. **At whatever dose used in tablet form, or whatever the concentration added to water (0.6 ppm, 0.7ppm, 1.0 ppm or 1.2 ppm) the purpose remains the same: to fight tooth decay. Therefore they remain medicines and water fluoridation remains medical treatment.**

For the NZ Ministry of Health to attempt to change the definition of fluoride as used in water fluoridation from anything else but a medicine would make its support of this unscientific and unethical practice even more embarrassing than it already is. The effort to change the language itself represents the last desperate exercise in the application of arbitrary governmental power in support of a bankrupt policy. Clearly reason and scientific argument have failed. It is consistent with a series of steps taken recently in NZ to keep the practice of water fluoridation going at all costs.

2. Fluoride is not a water treatment chemical to treat the water (like chlorine) but simply to use the water supply to deliver medical treatment.
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*



## Proposal to exempt Fluoridation chemicals from the NZ Medicines Act

From: 'askmedsafe@moh.govt.nz'

Date: 09/01/2015 06:47 a.m.

History: This message has been replied to.

As a member of the "international Public" I wish to make submissions on the pending application by the NZ Government to exempt Fluoridation Chemicals from the NZ Medicines Act

### 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

**My background. As a Lawyer who has studied the subject of Fluoridation closely for over 50 years, and who throughout that time has written articles and delivered lectures on the subject, I consider myself to be, if not a scientific expert, at least thoroughly informed on all aspects of fluoridation, especially the ethical and legal issues. The current proposal (to exempt fluoridation chemicals from the provisions of the Medicines Act,) is misconceived, self-contradictory, unethical and unconstitutional, and must not be passed**

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

**NO. I do not support the proposed amendment for the following reasons:**

**1. Fluoride compounds are not intended to treat the water (to make it safe to drink, in the way that chlorine is); instead, they are intended to treat the consumer of the water. Any treatment intended to treat a disease or to affect the symptoms suffered by the consumer is a medicine. To maintain that *a chemical which is deliberately inserted into the water supply with the sole intended purpose of affecting children's teeth, is not a "Medicine"* is a blatant nonsense and self-contradiction.**

**2. Either the Fluoride compounds are intended to be a medicine (in order to combat the disease of dental decay) or they are not intended to be a medicine. WHICH IS IT?!**

**3. If they ARE intended to be a Medicine, they should be subject to the New Zealand**

Medicines Act, and the appropriate Licenses etc obtained.

4. If the fluoride compounds are NOT a medicine - i.e. if they are NOT intended to affect the bodily development of the relevant water consumers - then why is it proposed to include them at all?

5. To define a medicine by reference to the form in which it is administered (e.g. pill, powder, injection or dilution via food or water) or to the size of the dose, is frankly ridiculous.

*"4 aspirins (to treat a major headache) would be medication, but one aspirin (to treat a mild headache) would not" . ?!* How can anyone even begin to justify defining a medicine by the size of the dose or the method of providing it? But that is what the Government is seeking to do.

6. The proposed amendment would effectively remove the safety precaution provided by the Medicines Act - namely the protection of people from the harm which could result from the indiscriminate, unlicensed or unscientific use of medicines. In removing this precaution, the amendment would deprive every New Zealander of the protection against such abuse of medicines - thereby increasing the risk of harming NZ Citizens - the very opposite of the intentions of the Medicines Act

**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.** As stated above, in community water fluoridation (CWF) the unique purpose of fluoride and its compounds (unlike that of any other compounds used in water supplies) is to treat people, not to treat the water itself. Ergo, this makes it a medicine.

I regret that I will not be able to speak to my submission, which I sincerely hope will be read, as I cannot conceive of any reason, legal, ethical, dental, medical or scientific, which could justify the ridiculous semantic chicanery by which the Government is attempting to deny that a medicine is a medicine, and to avoid the conundrum implicit in their claim that *"Fluoridation is intended to treat dental caries suffered by individuals, but it is not a medicine because it is not intended to treat a disease suffered by individuals"*

**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)**

askmedsafe

09/01/2015 11:37 p.m.

1389  
1235

**TAKE CARE HEALTH OWNER**

2

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

**I do 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."**

**1. Do you support the proposed amendment?**

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

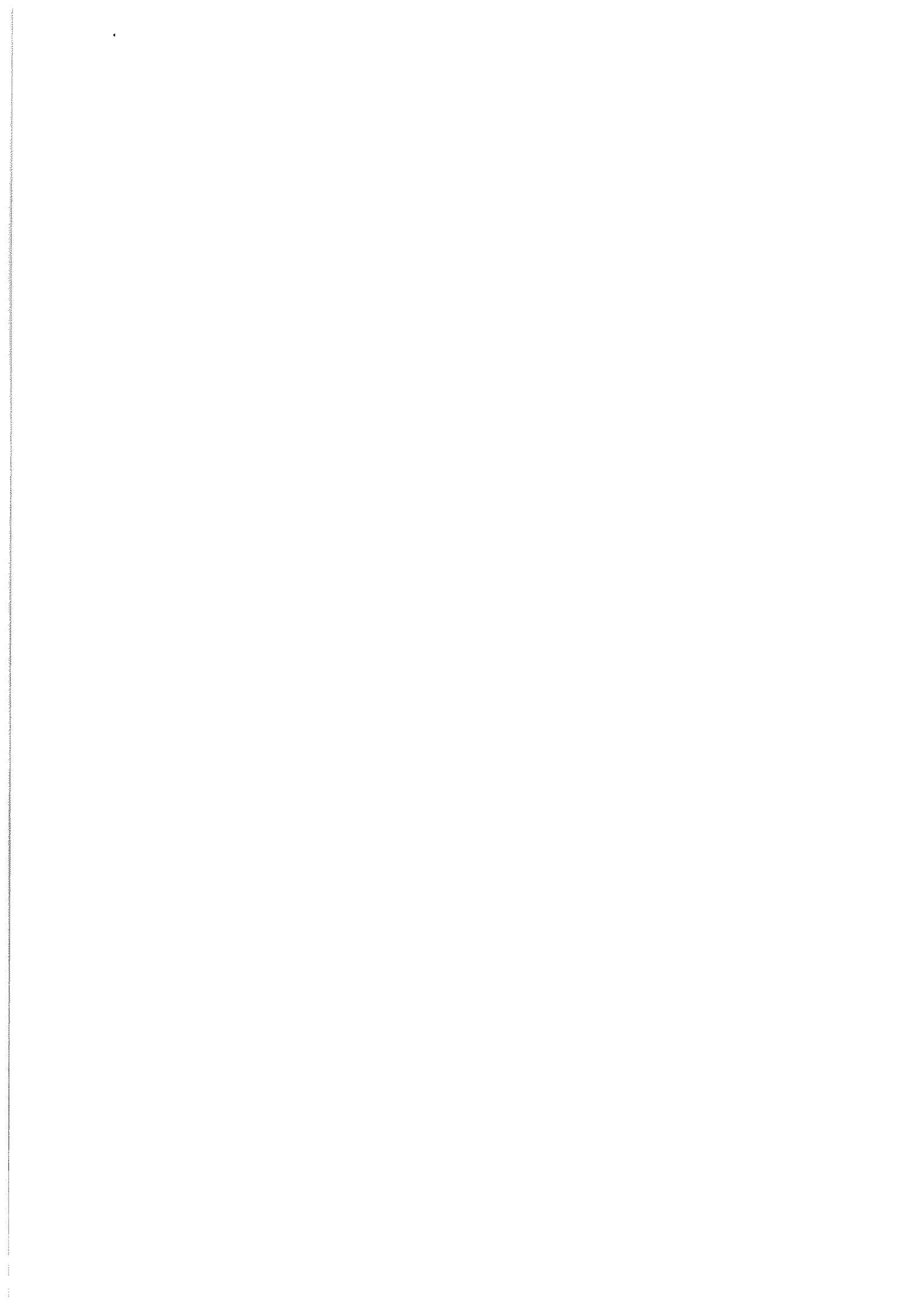
- . Fluoride is not a water treatment like chlorine**
- . Fluoride is added to the water as treatment for the disease of dental caries  
therefore it is a medicine**
- . The Medicines Act is designed to protect people from the risk of indiscriminate  
use of medicines, reflecting the ethical codes of 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.**

**2. Are there other fluoride-containing compounds used to treat community  
water supplies that should be specifically named in the regulation?**

**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**

**3. And I am also against Fluoride because it is a neurotoxin and a pollutant.  
Ironically when Fluoride goes into the air it is called a pollutant, if it gets  
into the river it is a pollutant, if it gets into a lake it is a pollutant ..... but  
when getting in our drinking water the government thinks it is safe. Dr.  
Burk who was the head chief chemist at the National Cancer Institute, part  
of the National Institute of health under the US Department of Health and  
Human Services, and chief of cytochemistry at the institute's laboratory –  
he won the Hildebrand Prize in 1952 and the Gerhard Domagk Prize in  
1965 for his development of procedures for distinguishing the difference  
between a normal cell and one damaged by cancer. In a paper he wrote he  
commented " In point of fact, fluoride causes more human cancer deaths  
then any other chemical".**

**Wellington 9th of January 2015**







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

✉: askmedsafe@moh.govt.nz

09/01/2015 06:57 a.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:

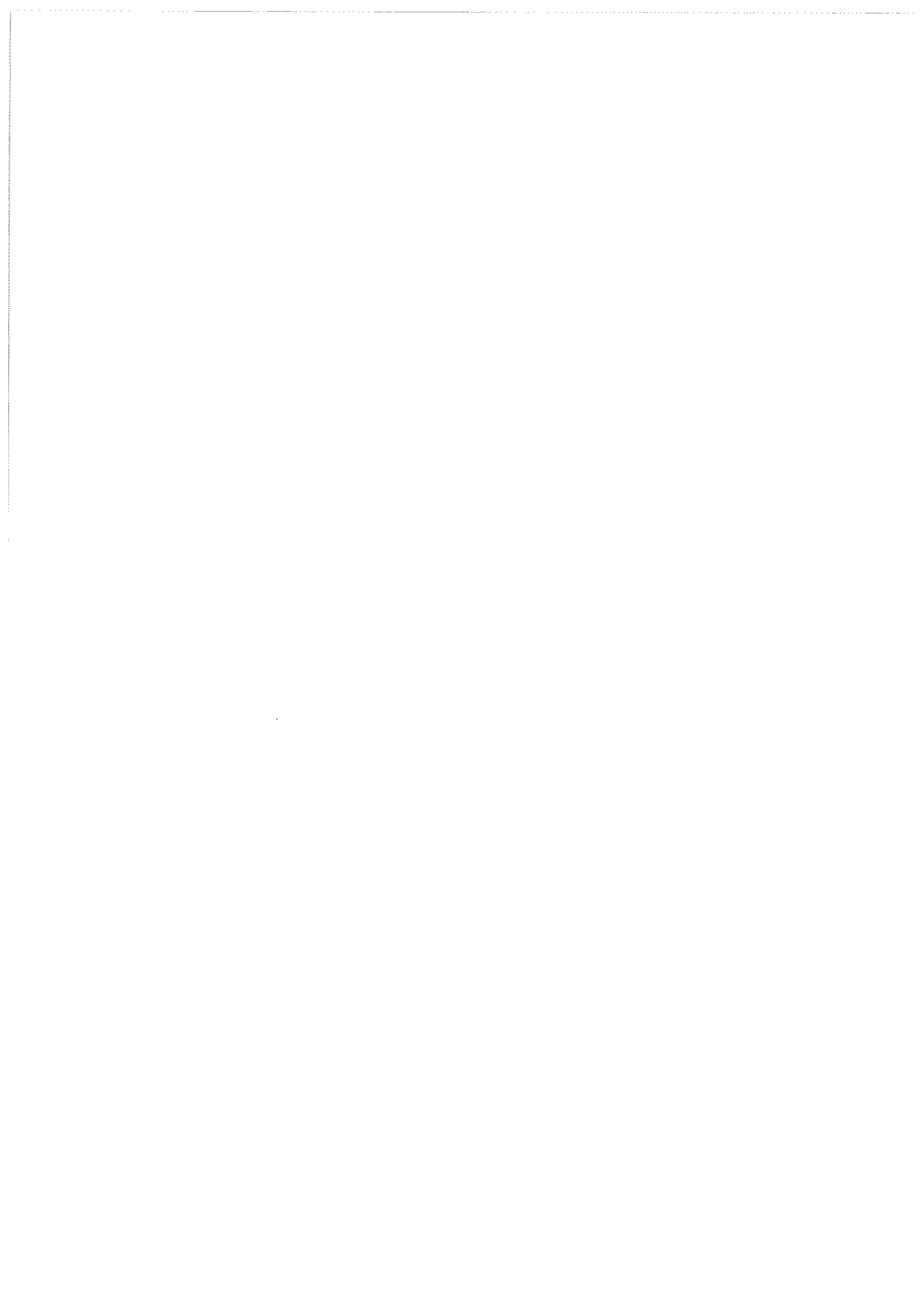
1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals 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 wish to speak to my submission if required.*

Many thanks





## Proposed Amendment to Medicines Act 1981

From: askmedsafe

Date: 09/01/2015 07:00 a.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)

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. A medicine is not defined by the dose used, but by the purpose for which it is administered -in this case these chemicals are added to the public water supply to treat dental disease. That makes fluoridating chemicals medicines.**

Under that logic, how would you determine and control the dosage for an infant, child, adult and figure out in advance what level of activity and amount they would consume, you wouldn't because you are not saying if you mix it with water it's no longer a drug. That's nonsense! Fluoride is a drug as it was used in treating Hyperthyroid. In the last few years NZ health authorities have gone to some extraordinary lengths to continue their support and promotion of the outdated, unscientific and unethical practice of water fluoridation. But now they have reached a new low in their public relations tactics. They are attempting to change the language itself. Under the NZ Medicines Act they are trying to maintain that fluoride is a medicine in tablet form but not at the concentrations used in water fluoridation programs. But this is absurd. **A medicine is not defined by the dose used, but by the purpose for which it is administered**

If one looks up the word “medicine” in any major dictionary in the English language the definition is very simple and clear. A medicine is “a substance that is used to treat, prevent or mitigate a disease.” In other words it is defined by its purpose. It is not defined by the dose used or even by whether it works or not.

Fluoride chemicals (HFA, SFA, NaF) are added to the water supply – in the few countries that practice water fluoridation – in order to fight tooth decay, which is a disease.

See,

*Caries as a Disease of Civilization* (Chapter XI, Blackwell Scientific Publications, *The physiology and biochemistry of the mouth* (4<sup>th</sup> Ed) by G Neil Jenkins)

This makes these fluoride compounds medicines by universal definition. To claim that

somehow these are no longer medicines in the doses delivered via water fluoridation is nonsense. Assuming that fluoride at some higher dose was considered by NZ's Medicines' Act was a medicine, lowering the dose to a level of approximately 1 ppm used in water fluoridation could do two possible things: a) it could lower its effectiveness and b) it could reduce its toxic side effects, but it would not change the purpose for which these substances were added to the water supply. **At whatever dose used in tablet form, or whatever the concentration added to water (0.6 ppm, 0.7ppm, 1.0 ppm or 1.2 ppm) the purpose remains the same: to fight tooth decay. Therefore they remain medicines and water fluoridation remains medical treatment.**

For the NZ Ministry of Health to attempt to change the definition of fluoride as used in water fluoridation from anything else but a medicine would make its support of this unscientific and unethical practice even more embarrassing than it already is. The effort to change the language itself represents the last desperate exercise in the application of arbitrary governmental power in support of a bankrupt policy. Clearly reason and scientific argument have failed. It is consistent with a series of steps taken recently in NZ to keep the practice of water fluoridation going at all costs.

2. Fluoride is not a water treatment chemical to treat the water (like chlorine) but simply to use the water supply to deliver medical treatment.

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*

SM  
SM  
SM



## Fluoride

to: askmedsafe@moh.govt.nz

09/01/2015 07:23 a.m.

History:

This message has been replied to.

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.*

Post to:

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 Regulations  
under the Medicines Act 1981 - Fluoride (2014)**

.skmedsafe

09/01/2015 08:13 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

**Submitter details:**

**Name:**

**Email:**

**Address:**

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

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

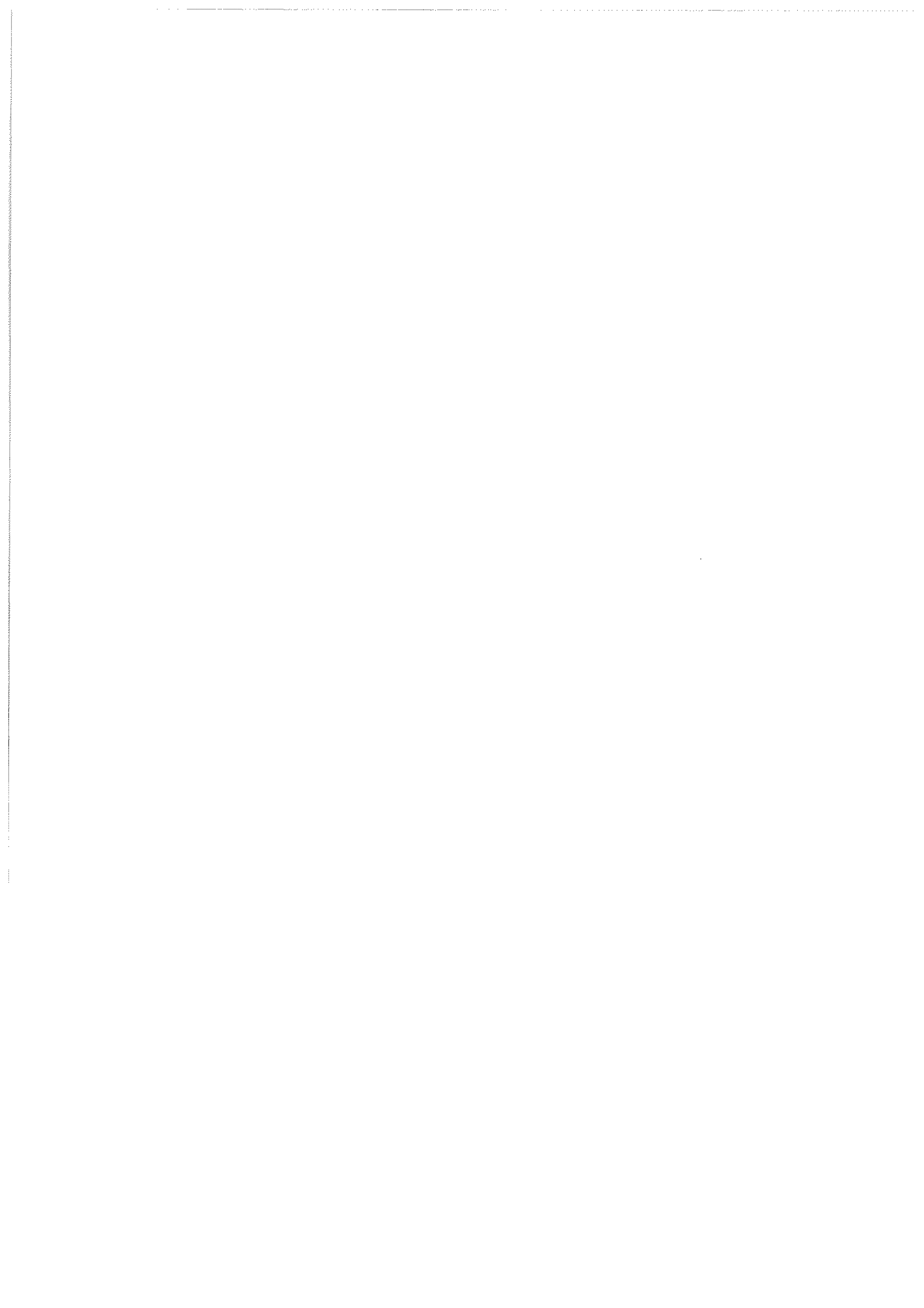
1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals 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.*

**Regards**







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

askmedsafe

09/01/2015 08:23 a.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
5. Adding the fluoride without the consumers consent is not democratic and I perceive the very act of not consulting the public on this very contentious issue, to be undemocratic.

**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**

1. What is "treating" people if it is not administering a "medicine" thus personal acceptance is required.
2. What does the fluoride exactly "treat"? It has been shown proper teeth cleaning habits/dental hygiene practice and a diet without "sweets" and too much sugar, is better for dental health than treated drinking water.
3. There is mounting evidence overseas that this practice of treating water does not give the dental health benefits that the fluoride supporters claim. This needs to be thoroughly investigated before any laws are changed or made.
4. Who/which organization or business exactly benefits from using fluoride in public water supplies?

I would also like to ask why this "regulation amendment" is being considered at this time of year when many people are distracted with Christmas and summer holidays and may not have a chance to have their say. I'd like to express my deep concern that the TIMING of this regulation amendment, is purposeful because of the reason I just quoted.

It is undemocratic to try to sneak through something very debatable concerning the health of every

citizen in NZ, without proper public consultation and this sneaky method is sounding very American – in that the people with the biggest pockets and mouths will have their way which is not necessarily the way most of the population wants it.

PS It was the same with the submissions about raw milk – the timing issue. It seems that the NZ Government is hell-bent on making people sick and dependent on the system thus easier to control!! People have the God given right to make their own decisions about what they ingest and to control their own health.

If you really want to do something about the populations dental health BAN THE SALE OF SOFT DRINKS! Or tax these products 1000% so they become too expensive.

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

Disappointedlv yours

Cancer survivors (at present!)



**Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981**

askmedsafe

09/01/2015 08:31 a.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:

- 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"

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.

Whole foods Chef  
<http://www.it-is-all-about-love.com>  
"It's all about love"

## 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):	Member and Legal Spokesperson to "Making Sense of Fluoride Incorporated"
<b>Question 1</b> <i>Do you support the proposed amendment? If not, why not?</i>	Yes
<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>	I would also suggest adding sodium fluoride to the named chemicals in the amendment.

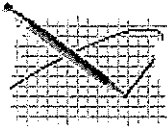
Please note that all correspondence may be requested by any member of the public under

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.



Sent hv

09/01/2015 08:35 a.m.

To: &lt;askmedsafe@moh.govt.nz&gt;,

cc:

bcc:

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

## 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.*

**Post to:**

Regulations under the Medicines Act 1981 Consultation

Medsafe

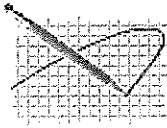
Clinical Leadership Protection & Regulation

Ministry of Health  
PO Box 5013  
Wellington 6145

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

---





Sent by:

09/01/2015 08:35 a.m.

To: &lt;askmedsafe@moh.govt.nz&gt;,

cc:

bcc:

Subject: Fluoridation of Public Water

## **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)**

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. A medicine is not defined by the dose used, but by the purpose for which it is administered -in this case these chemicals are added to the public water supply to treat dental disease. That makes fluoridating chemicals medicines.**

Since I have researched the hazards of Fluoride and what it does to all the humans, animals and fish of this planet, I have gone to great lengths to remove it from all the water I drink or cook with. This is the reason I am writing you about this issue. In the last few years NZ health authorities have gone to some extraordinary lengths to continue their support and promotion of the outdated, unscientific and unethical practice of water fluoridation. But now they have reached a new low in their public relations tactics. They are attempting to change the language itself. Under the NZ Medicines Act they are trying to maintain that fluoride is a medicine in tablet form but not at the concentrations used in water fluoridation programs. But this is absurd. **A medicine is not defined by the dose used, but by the purpose for which it is administered**

If one looks up the word "medicine" in any major dictionary in the English language the definition is very simple and clear. A medicine is "a substance that is used to treat, prevent or mitigate a disease." In other words it is defined by its purpose. It is not defined by the dose used or even by whether it works or not.

Fluoride chemicals (HFA, SFA, NaF) are added to the water supply – in the few countries that practice water fluoridation – in order to fight tooth decay, which is a disease.

See:

*Caries as a Disease of Civilization* (Chapter XI, Blackwell Scientific Publications, *The physiology and biochemistry of the mouth* (4<sup>th</sup> Ed) by G Neil Jenkins)

This makes these fluoride compounds medicines by universal definition. To claim that somehow these are no longer medicines in the doses delivered via water fluoridation is nonsense. Assuming that fluoride at some higher dose was considered by NZ's Medicines' Act was a medicine, lowering the dose to a level of approximately 1 ppm used in water fluoridation could do two possible things: a) it could lower its effectiveness and b) it could reduce its toxic side effects, but it would not change the purpose for which these substances were added to the water supply. **At whatever dose used in tablet form, or whatever the concentration added to water (0.6 ppm, 0.7ppm, 1.0 ppm or 1.2 ppm) the purpose remains the same: to fight tooth decay. Therefore they remain medicines and water fluoridation remains medical treatment.**

For the NZ Ministry of Health to attempt to change the definition of fluoride as used in water fluoridation from anything else but a medicine would make its support of this unscientific and unethical practice even more embarrassing than it already is. The effort to change the language itself represents the last desperate exercise in the application of arbitrary governmental power in support of a bankrupt policy. Clearly reason and scientific argument have failed. It is consistent with a series of steps taken recently in NZ to keep the practice of water fluoridation going at all costs.

2. Fluoride is not a water treatment chemical to treat the water (like chlorine) but simply to use the water supply to deliver medical treatment.

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 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 drink fluoridated water from the tap.
<p><b>Question 1</b></p> <p><i>Do you support the proposed amendment? If not, why not?</i></p>	<p>No: I do not support the proposed amendment . This is because</p> <ol style="list-style-type: none"> <li>1. Fluoride is not a water treatment like chlorine</li> <li>2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine</li> <li>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"</li> <li>4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New</li> </ol>

	Zealander to be safe from the indiscriminate use of medicines
<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>	<p>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</p>

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:

**tick!** 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):	Consumer.
<p><b>Question 1</b></p> <p><i>Do you support the proposed amendment? If not, why not?</i></p>	<p>I do not support this amendment at all because:</p> <ul style="list-style-type: none"> <li>• Fluoride is not a water treatment like chlorine – it is used to treat the disease of dental caries, a stated purpose by health authorities.</li> <li>• Fluoride is added to the water as treatment for the disease of dental caries, therefore it is a medicine.</li> <li>• 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”.</li> <li>• The proposed amendment would effectively remove the safety precaution</li> </ul>

	protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines.
<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 – see above.

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.



Sent by: [redacted]  
09/01/2015 10:08 a.m.

To: <askmedsafe@moh.govt.nz>,  
cc:  
bcc:

Subject: Proposed changes to Exempt Fluoride as a medicine

Regulations under the Medicines Act 1981 Consultation  
Medsafe  
Clinical Leadership Protection & Regulation  
Ministry of Health

Dear Sir/Madam

Please find below my submission form opposing the proposed government changes to Medsafe.

**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

**Narr**

**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.*

*Yours faithfully*

This email has been checked for viruses by Avast antivirus  
software.  
[www.avast.com](http://www.avast.com)

---



1377  
1248

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

to:  
askmedsafe@moh.govt.nz  
09/01/2015 05:59 p.m.  
Hide Details  
From: J  
To: "askmedsafe@moh.govt.nz" <askmedsafe@moh.govt.nz>,  
History: This message has been replied to.

1 Attachment



epa-masters.pdf

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

I do 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 silicofluoride (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 containing substances are not water treatments like chlorine that are added to sanitize the water.
2. Fluoride containing substances are added to the water as treatment for the disease of dental caries. In this role they are being used as medicines and therefore should not be exempted from having to conform to the requirements of the Medicines Act 1981 for demonstrated safety and purity.

Silicofluorides (hydrofluorosilicic acid and sodium silicofluoride) that are most commonly used to fluoridate public water supplies **have never been adequately tested to determine whether they are safe for long term ingestion by humans.** When the US Environmental Protection Agency was asked by Prof. Masters in November 2000 to supply empirical scientific data on the health effects of fluosilicic acid and sodium silicofluoride, R. Thurnau, then Chief of the EPA's Treatment Technology Evaluation, Water Supply and Water Resources Division, responded: "To answer your first question on whether we have in our possession empirical scientific data on the effects of fluosilicic acid or sodium silicofluoride on health and behaviour, our answer is no. Health effects research is primarily conducted by our National Health and Environmental Effects Research Laboratory (NHEERL). We have contacted our colleagues at NHEERL and they report that with the exception of some acute toxicity data, they were unable to find any information on the effects of silicofluorides on health and behaviour." (epa-masters.pdf, attached).

Professor Masters continued to press for research to be done on silicofluorides, given their widespread use as cheaper substitutes for fluoride in public water fluoridation. In 2001 he was informed in a letter from Sally Gutierrez, Director, Water Supply and Water Resources Division, Office of Research and Development, National Risk Management Research Laboratory, U.S. EPA, Cincinnati that the EPA recognised several fluoride chemistry related research needs as follows: "Several fluoride chemistry related research needs were identified including; (1) accurate and precise values for the stability constants of mixed fluorohydroxo complexes with aluminum (III), iron (III) and other metal cations likely to be found under drinking water conditions and (2) a kinetic model for the dissociation and hydrolysis (sic) of fluosilicates and stepwise equilibrium constants for the partial hydrolysis products. As a result of these discussions, ORD is exploring options to initiate research in the identified research areas."

These were clear admissions by the US EPA in 2000 and 2001 that not only was there a dearth of data on the health effects of silicofluorides, but also the common assumption that they completely dissociate in water to yield only free fluoride ions had not been proven.

In 2006 an EPA-sponsored investigation was published which sought to dispel growing concern about the possible persistence of fluorosilicate intermediates in drinking water (Finney WF, Wilson E, Callender A, Morris MD, Beck LW (2006) "Reexamination of hexafluorosilicate hydrolysis by  $^{19}\text{F}$  NMR and pH measurement." *Environ Sci Technol.* **40** 2572-2577). This study concluded that hydrolysis of hexafluorosilicate over the pH range 3.5-5 gave rise to no observable fluorosilicate intermediates. At below pH 3.5 (such as is common in the human stomach), a single intermediate species,  $\text{SiF}_5^-$ , was found. The presence of possible dissociation intermediates at pHs above 5.1 (as would be normally encountered in drinking water) was evidently not investigated. Neither did this study investigate the stability constants of mixed fluorohydroxo complexes with aluminum (III), iron (III) and other metal cations likely to be found under drinking water conditions, as originally requested by the EPA in 2001 (see above). The authors instead moved on to attempting to discredit reports of differential inhibition by silicofluorides vs fluoride of acetylcholinesterase activity (Westendorf, J 1975 "The kinetics of acetylcholinesterase inhibition and the influence of fluoride and fluoride complexes on the permeability of erythrocyte membranes". Doctoral Dissertation, University of Hamburg, Hamburg, Germany, and two subsequent refereed German scientific papers). They suggested that the greater inhibition of acetylcholinesterase activity by silicofluorides than by fluoride ions observed by Westendorf were probably attributable to the demonstrated potential of dissociating hexafluorosilicate to reduce the pH of the test environment. However they fail to state the concentration of the buffers that they used to demonstrate this effect. Their buffers may have been more dilute and hence susceptible to pH change than those used by Westendorf. They did not attempt to repeat his study of comparative inhibition of acetylcholinesterase by different fluoridation compounds at a controlled, stable pH.

In 2006 the National Research Council in its review: "Fluoride in Drinking Water: A Scientific Review of EPA's Standards" reiterated the need for the in vivo toxicity of silicofluorides to be determined.

By 2009 Professor Masters assembled a substantial body of evidence, some from his own research, which demonstrates that water fluoridated using silicofluorides has different, generally more damaging biological effects from those of water fluoridated with sodium fluoride. These include:

Masters, R. and Coplan, M. (1999) "Water Treatment with Silicofluorides and Lead Toxicity," *International Journal of Environmental Studies*, 56: 435-49 First published analysis of data linking silicofluoride treatment of public water supplies with higher uptake of lead, using survey of children's blood lead in Massachusetts (by town).

Masters, R.D., Coplan, M. J., Hone, B.T., and Dykes, J.E. (2000)."Association of Silicofluoride Treated Water with Elevated Blood Lead," *Neurotoxicology* 21: 1091-1100. Follow-up epidemiological study of the association between silicofluoride treated community water and enhanced child blood lead parameters. This statistical study of 151,225 venous blood lead tests taken from children ages 0-6 inclusive, living in 105 communities with populations from 15,000 to 75,000 in New York state, shows for every age and racial group a significant association between silicofluoride treated community water and elevated blood lead.

Coplan, M. J., Patch, S. C., Masters, R. D. (2007) "Confirmation of and explanations for elevated blood lead and other disorders in children exposed to water disinfection and fluoridation chemicals" *Neurotoxicology* 28: 1032-1042.

The above epidemiological evidence indicating a link between silicofluorides and blood lead levels in children is consistent with a more recent study on rats (Sawan, R. M. M. et al (2010) "Fluoride increases lead concentrations in whole blood and in calcified tissues from lead-exposed rats" *Toxicology* 271: 21-26.) These authors concluded "These findings suggest that a biological effect not recognized so far may underlie the epidemiological association between increased blood lead levels in children and water fluoridation".

In 2014, researchers employed by the US National Institute of Environmental Health Sciences published a long-overdue comparison of the toxicity of fluoridation compounds. In their introduction they acknowledged that, despite recommendations in 2001 and 2006 by the National Toxicological Program and the National Academy of Sciences that the in vivo toxicity of silicofluorides be determined, by 2014 little progress had been made. They attributed this partially to the time and cost involved in conducting traditional in vivo toxicity studies, which use a large number of animals. As an interim measure, they chose to conduct their study on nematodes (Rice et al, 2014 "Comparison of the toxicity of fluoridation compounds in the nematode *Caenorhabditis elegans*". *Environmental Toxicology and Chemistry* 33: 82-88.) They concluded from this preliminary study that silicofluorides have similar toxicity to NaF. However, they acknowledge that their study did not address the evidence from the above studies that lead is an important co-factor, and that this may be the reason that no differences were found in toxicity between fluoridation compounds. Neither was their toxicity study on mammals; the use of nematodes is a significant compromise.

**In conclusion, adequate silicofluoride toxicity studies are definitely warranted but long overdue. There certainly should be no thought of exempting silicofluorides from the normal regulations under the Medicines Act while alarming but rational concerns such as those listed above remain so inadequately addressed. After all, the 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".**

**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.

N.B. The above are my own personal views and may not reflect the stance of Plant & Food Research (if it has one) on this issue.

Yours sincerely,



The contents of this e-mail are confidential and may be subject to legal privilege. If you are not the intended recipient you must not use, disseminate, distribute or reproduce all or any part of this e-mail or attachments. If you have received this e-mail in error, please notify the sender and delete all material pertaining to this e-mail. Any opinion or views expressed in this e-mail are those of the individual sender and may not represent those of The New Zealand Institute for Plant and Food Research Limited.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
NATIONAL RISK MANAGEMENT RESEARCH LABORATORY  
CINCINNATI, OH 45268

November 16, 2000

OFFICE OF  
RESEARCH AND DEVELOPMENT

Roger D. Masters  
Research Professor of Government  
Dartmouth College  
Department of Government  
6108 Silsby Hall  
Hanover, New Hampshire 03755-3547

Dear Professor Masters:

We have received your letter dated September 27, 2000, requesting empirical scientific data we may have on the health effects of fluosilicic acid or sodium silicofluoride and manganese neurotoxicity.

To answer your first question on whether we have in our possession empirical scientific data on the effects of fluosilicic acid or sodium silicofluoride on health and behavior, our answer is no. Health effects research is primarily conducted by our National Health and Environmental Effects Research Laboratory (NHEERL). We have contacted our colleagues at NHEERL and they report that with the exception of some acute toxicity data, they were unable to find any information on the effects of silicofluorides on health and behavior.

In answer to your question on empirical information we may have on manganese neurotoxicity, NHEERL scientists forwarded to us several manuscripts with reference sections that contain information on the neurotoxicity of manganese. These are enclosed for your information.

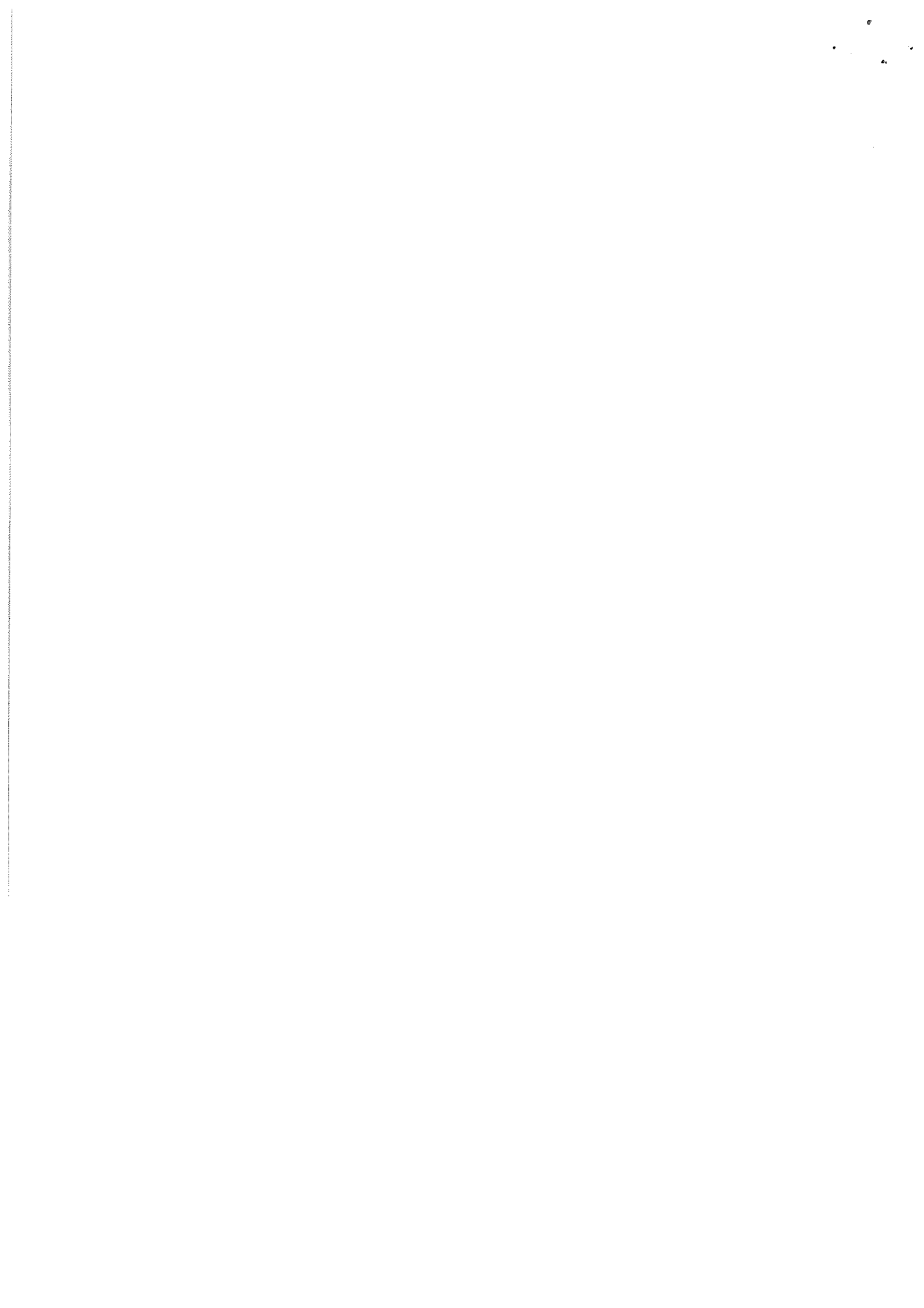
I apologize for the delay in responding to your request and hope you find the enclosed information useful.

Sincerely,

A handwritten signature in black ink that reads "Robert C. Thurnau".

Robert C. Thurnau, Chief  
Treatment Technology Evaluation Branch  
Water Supply and Water Resources Division

Enclosures





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

to: askmedsafe

09/01/2015 09:01 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 (delete whichever does not apply) 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

Nam

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

...

Address:

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

NO

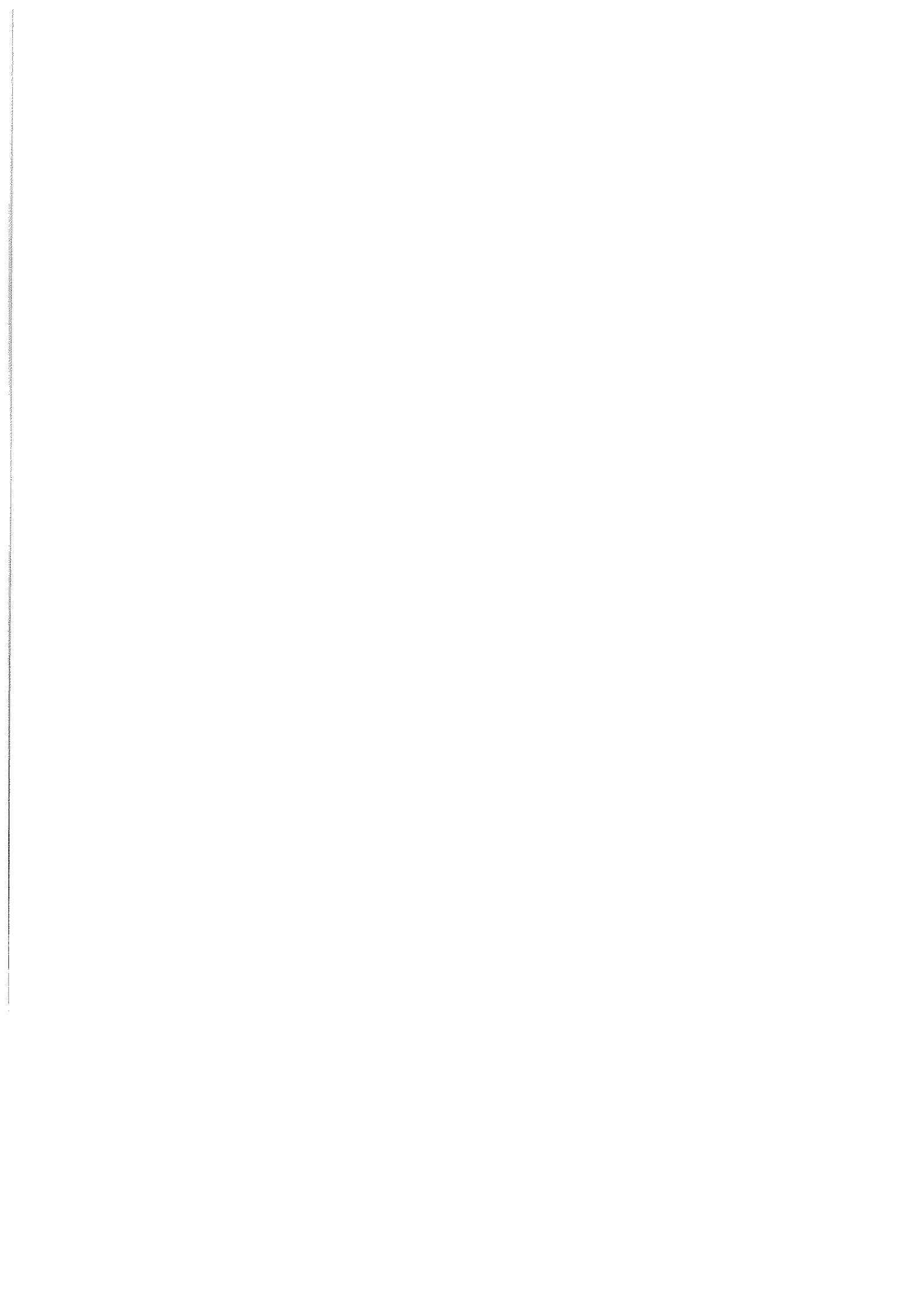
I do not support the mass medication (poisoning) of people via something they should have a fundamental human right to - water. Whilst this practice continues I believe it is important to maintain what existing controls and protections are in place.

For the following reasons:

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







## MoH try to exemnt Fluoride Chemicals

to: askmedsafe@moh.govt.nz

09/01/2015 09:00 a.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:

Em:

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*

