



putting fluoride

From: askmedsafe@moh.govt.nz

Date: 03/01/2015 01:45 p.m.

History:

This message has been replied to.

Hi

I do not support at all the proposed amendment .

Because Fluoride is cause of a lot of troubles in the human body and the one who want to ingest fluoride should do it in their own decision.

Fluoride is a highly toxic substance. Consider, for example, the poison warning that the FDA now requires on all fluoride toothpastes sold in the U.S. or the tens of millions of people throughout China and India who now suffer serious crippling bone diseases from drinking water with elevated levels of fluoride.

In terms of acute toxicity (i.e., the dose that can cause immediate toxic consequences), fluoride is more toxic than lead, but slightly less toxic than arsenic. This is why fluoride has long been used in rodenticides and pesticides to kill pests like rats and insects. It is also why accidents involving over-ingestion of fluoridated dental products—including fluoride gels, fluoride supplements, and fluoridated water—can cause serious poisoning incidents, including death. The debate today, however, is not about fluoride's acute toxicity, but its chronic toxicity (i.e., the dose of fluoride that if regularly consumed over an extended period of time can cause adverse effects).

Although fluoride advocates have claimed for years that the safety of fluoride in dentistry is exhaustively documented and "beyond debate," the Chairman of the National Research Council's (NRC) comprehensive fluoride review, Dr. John Doull, recently stated that: "when we looked at the studies that have been done, we found that many of these questions are unsettled and we have much less information than we should, considering how long this [fluoridation] has been going on. I think that's why fluoridation is still being challenged so many years after it began."

In this section of the website, we provide overviews of the scientific and medical research that implicates fluoride exposure as a cause or contributor to various chronic health ailments. In 2001, the union of scientists at the Environmental Protection Agency's Headquarters Office in Washington D.C. stated: "we hold that water fluoridation is an **unreasonable risk**." The research in this section helps to demonstrate why EPA's own scientists reached this conclusion, and why a growing number of health professionals do so as well.

The primary concerns with fluoride's impact on human health can be summarized as follows:

Current safety standards only protect against the most obvious forms of harm: Current safety standards for fluoride are based on the premise that severe dental fluorosis and crippling skeletal fluorosis are the first adverse effects that fluoride can have on the body. These effects represent the crudest, most obvious harm caused by fluoride. In the words of American University chemistry professor, Dr. William Hirzy, it would be a "biological miracle" if fluoride did not cause other harm prior to producing these end-stage forms of toxicity. Research already shows, in fact, that fluoride can cause arthritic symptoms and bone fracture well before the onset of crippling fluorosis, and can

affect many other tissues besides bone and teeth, including the brain and thyroid gland.

The current "safe" daily dose for fluoride fails to withstand scrutiny: The Institute of Medicine (IOM) states that anyone over 8 years of age — irrespective of their health condition — can safely ingest 10 milligrams of fluoride each day for their entire life without developing symptomatic bone damage. Ten milligrams, however, is the same dose that the IOM concedes can cause clinical signs of skeletal fluorosis within just 10 to 20 years of exposure. People with clinical signs of fluorosis can suffer significant symptoms, including chronic joint pain and overt osteoarthritis. The IOM's safety standard instills little confidence in the medical understanding that currently underlies fluoride policies in the U.S.

Some people are particularly susceptible to fluoride toxicity: It is well known that individual susceptibility to fluoride varies greatly across the population, and yet, the National Research Council has recently found that breathtakingly large gaps still exist in the safety literature on the effects these populations may be experiencing as a result of current fluoride exposures. The bewildering degree of uncertainties identified by the NRC stands in stark contrast to the IOM's conclusion that 10 mg/day is so definitively safe that no "uncertainty factor" needs to be applied to protect vulnerable members of the population.

The margin between the toxic and therapeutic dose is very narrow: The NRC concluded that the allegedly "safe" upper limit of fluoride in water (4 mg/l) is toxic to human health. While the NRC did not determine the safe level, their conclusion means that the safe level is less than 4 times the level added to water (0.7-1.2 mg/l) in community fluoridation programs. This is far too slim a margin to protect vulnerable members of the population, including those who consume high amounts of water.



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

to: askmedsafe

03/01/2015 07:01 p.m.

Cc:

History: This message has been replied to.

**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**

Regards,





Submission re amendment to regulations

to: askmedsafe

04/01/2015 04:05 a.m.

Please respond

History: This message has been replied to.

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

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

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

Name:

Email

Address

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

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

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

I do not wish to speak to my submission.



fluoride in water supplies
to: askmedsafe

04/01/2015 07:42 a.m.

History: This message has been replied to.

I do not support the proposed amendment. I am surprised at the lack of thorough research by the Ministry with this subject.

I have a degree in environmental sciences from the University of California. Thorough scientific analysis reveals that there are health issues connected with putting fluoride into town water supplies, as research from India and other countries has demonstrated.

The consultation by the Ministry purporting to show that cities or towns with fluoride in the water supply have children with healthier teeth, is flawed and based on assumptions that have no basis in scientific fact.

These conclusions drawn by the Ministry makes its staff appear incompetent and careless.

Last year, the Ministry's representative in Nelson supported the increase in noise levels for outdoor events. The analysis of the potential impact on residents of higher noise levels was superficial and flawed. It was contrary to studies and research worldwide that demonstrate the cumulative effects of exposure to high levels of noise.

The Ministry should stop acting like a Third World outfit, and focus on its mission.

Yours sincerely,





SUBMISSION FORM

skmedsafe@moh.govt.nz

04/01/2015 07:53 a.m.

History:

This message has been replied to.

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:

I
N

Your interest in this topic (for example, local body, consumer, manufacturer, health professional etc):

Consumer of water

Question 1

Do you support the proposed amendment? If not, why not?

NO I do not.

Fluoride needs to be applied topically to teeth, it has no effect on teeth once ingested into the gut.

The people who need assistance with teeth care won't drink sufficient water - they drink soft drinks.

I object to the mass medication of people and will defend my right to clean unadulterated drinking water as a necessity of life.

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-containing' compounds should be used to pollute community water supplies. It should not be necessary to name those that CANT be used.

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

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permission to release personal details, the name of the organisation will be given if supplied.

Sent with Writer

**Fluoride consultation**

askmedsafe

04/01/2015 08:21 a.m.

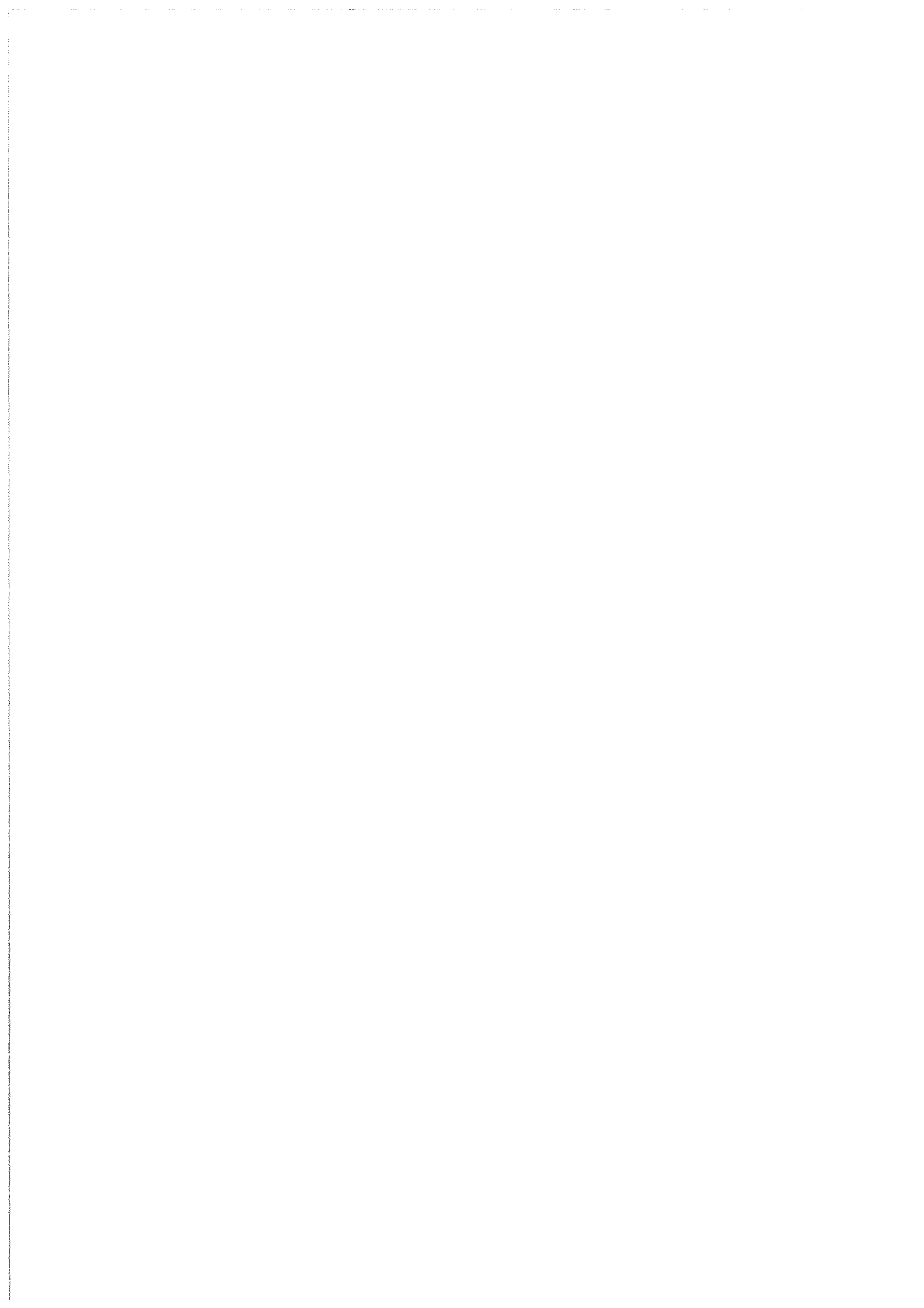
History:

This message has been replied to.

I am just a resident with a scientific education, not an expert on this topic, but I would like to give my opinion on Question 1 (Do you support the proposed amendment? If not why not?).

I strongly support this. The scientific evidence is clearly overwhelming that fluoridation is beneficial and that any negative side-effects are minor. It is in the public interest to remove any legal ambiguity, so that spurious bureaucratic arguments cannot be used against local authorities wishing to protect the dental health of their residents.

Regards





Fluoride

to: askmedsafe

04/01/2015 09:07 a.m.

History: This message has been replied to.

I believe we are paying too much attention to the benefits of fluoride and paying too little attention to the adverse effects of its use.

Unfortunately I am one of those people who seem to have an adverse reaction to fluoride.

Some years ago after returning to New Zealand from overseas I began to suffer severe joint and muscle pain and at times had difficulty in walking.

Researching on the Internet I found a number of articles relating to the side effects of fluoride intake, the symptoms matched mine exactly.

I did three things:

- a) I stopped drinking tea as it can have a high fluoride content (I should say that I up to this point I had drunk tea all my life without problems).
- b) I distilled all the water used for food or drink.
- c) I avoided using products that contain fluoride, such as toothpaste.

Within four or five days my symptoms disappeared only to reappear if I reverted to use of tea and/or fluoridated water.

This has happened too times to be figment of my imagination and fluoride does indeed appear to be the culprit. (I am happy to be examined on this)

I think it likely that there are a number of people in New Zealand who believe they are suffering with arthritis when in fact their symptoms are fluoride related.

Ample fluoride is available in our normal food intake and there is no need to add it to our water. If people want extra then let it be made available in tablet form; an individual choice can then be made.

People should be able to make an individual choice about the use of fluoride and not have to tolerate it being added to the water against their wishes.

Any reclassification of fluoride that makes it easier for, or compels, local authorities to add it the water supply should be avoided at all costs.

Yours sincerely



**Fluoride**

askmedsafe

04/01/2015 09:19 a.m.

Cc:

History:

This message has been replied to.

As a New Zealand citizen, I am opposed to fluoridation of our water. The decision to do this is based on poor science without exploring other options for dental health. Fluoride is a toxic chemical with psychopharmacological properties (a key ingredient in the antidepressant Prozac and other SSRI's) and we should not be forcibly medicated against will without our permission.

Please reconsider your decision before you make this clandestine regrettable decision.

Clinical Psychologist





Fluoride

J
Cc:

askmedsafe

04/01/2015 09:49 a.m.

History: This message has been replied to.

Dear Medsafe

SUBMISSION ON PROPOSAL THAT HFA AND SSF ARE NOT MEDICINES FOR THE PURPOSES OF THE MEDICINES 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?

ANSWER TO QUESTION 1

I oppose the proposed amendment for the following reasons:

1 = No Regulation should be made exempting HFA and SSF from being medicines until the Court of Appeal has determined whether or not HFA and SSF are medicines under the Medicines Act.

2 = If HFA and SSF are medicines they should not be exempt from the Medicines Act.

3 = If HFA and SSF are not medicines there is no need for the exemption.

4 = The Medicines Act is designed to ensure the safety, quality and efficacy of medicines. HFA and SSF should be subject to these controls.

5 = These controls will ensure that people are not exposed to uncontrolled doses of fluoride from an industrial grade and heavy-metal contaminated fluoride substance.

6 = If fluoride tablets are not recommended for babies, toddlers and pregnant women, these sub-populations should not be ingesting fluoridated water.

7 = No protection against dental decay is provided by swallowing fluoride; consequently HFA and SSF should not be swallowed.

8 = Those people who believe there is a benefit in ingesting fluoride can buy sodium fluoride tablets from a pharmacy.

QUESTION 2: ARE THERE ANY OTHER FLUORIDE-CONTAINING COMPOUNDS USED TO TREAT COMMUNITY WATER SUPPLIES THAT SHOULD BE SPECIFICALLY IN THE REGULATION? IF SO, WHAT ARE THEY?

ANSWER TO QUESTION 2: NO.

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

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:	
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
Question 1 <i>Do you support the proposed amendment? If not, why not?</i>	Yes
Question 2 <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>	

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

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

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

SUBMISSION FORM

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

Name:	I PhD DABT DABVT
If this submission is made on behalf of an organisation, please name that organisation here:	Not applicable
Please provide a brief description of the organisation if applicable:	Not applicable
Address/email:	
Your interest in this topic (for example, local body, consumer, manufacturer, health professional etc):	I am a Diplomate of the American Board of Toxicology as well as the American Board of Veterinary Toxicology. I have worked as a professional toxicologist for 18 years. I am dismayed by the distortions and lies of the anti-fluoride lobby. It is my opinion that fluoridation of water as a public health measure is proven to be safe and effective.
Question 1 <i>Do you support the proposed amendment? If not, why not?</i>	I support the proposed amendment.
Question 2 <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 consider that the regulation should be drafted in broad terms to cover any of the fluoride-containing molecules commonly used for water fluoridation, which have a proven safety record.

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Fluoride

: askmedsafe

04/01/2015 11:21 a.m.

History: This message has been replied to.

Proposed Amendment to Regulations under the Medicines Act 1981

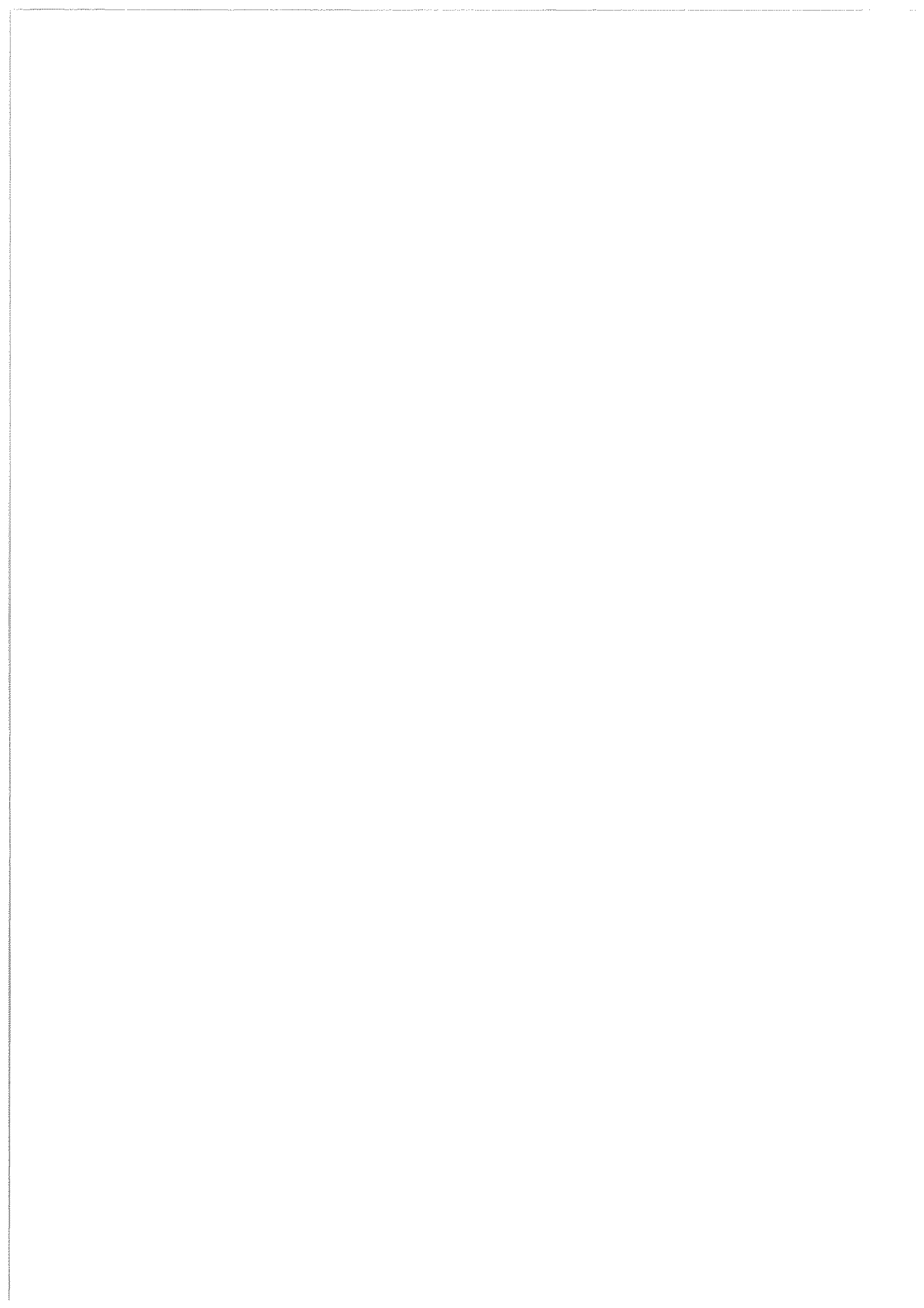
My submission on this is:

1: I support the proposed amendment. Although it has no regulatory impact it does help clarify the legal situation regarding classification of community water fluoridation (CWF). In particular it removes a confusion which has motivated campaigners against CWF to take legal action.

2: Fluorosilicic acid and sodium fluoride are the most common chemicals used for CWF in New Zealand. However, sodium fluoride has been used in the past, and may still be used occasionally in smaller treatment plants (eg. Balclutha) I suggest adding sodium fluoride to the specifically named chemicals in the amendment.

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3rd January 2015

SUBMISSION FORM

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

Name:	<p>B.Sc. (Hons), Environmental Science; Cert. Nutrition and Health.</p> <p>Coordinator, West Midlands Against Fluoridation and for Pure Clean Water.</p>
If this submission is made on behalf of an organisation, please name that organisation here:	West Midlands Against Fluoridation (UK)
Please provide a brief description of the organisation if applicable:	The author represents a UK advocacy group opposed to the adulteration of drinking water and which is specifically opposed to the adulteration of drinking water with an unlicensed medicine (hexafluorosilicic acid). We operate in the West Midlands which is a fluoridated Region of the UK
Address/email:	
Your interest in this topic (for example, local body, consumer, manufacturer, health professional etc):	<p>Local advocacy body.</p> <p>The author is a consumer of fluoridated water although it is avoided wherever possible.</p> <p>Scientist and researcher.</p>
<p>Question 1</p> <p><i>Do you support the proposed amendment? If not, why not?</i></p>	<p>We do not support the proposed amendment for the following reasons:</p> <p>1. Fluoride (as hexafluorosilicic acid) is added to drinking water in order to change the properties of tooth enamel when teeth are still under the gum. The reason for the addition – to prevent tooth decay – has been admitted by New Zealand’s Ministry of Health. The fluoridating acid and its carrier (water) is therefore a prophylactic intervention. Another term for ‘prophylactic’ is ‘preventive medicine’. To deny that fluoridated water is a prophylactic would be to deny the truth. To incorporate this denial into existing legislation would be to incorporate a lie. Exempting hexafluorosilicic acid and its carrier, water, from the provisions of the Medicines Act 1981 and the Medicines Regulations 1894 would be to deny the reason why fluoride has been added to New Zealand’s water supply for all these years. This long-standing reason would be replaced with a contrived falsehood which has only been debated in New Zealand since the recent New Zealand High Court opinion.</p> <p>2. New Zealand is a member of the Commonwealth and it is felt that all Commonwealth countries should adopt the same standpoint with regard to the meaning of the terms ‘medicine’, ‘prophylaxis’, etc. The UK’s <i>Medicine Act 1968</i>, Section 130 states:</p>

Section 130 : Meaning of “medicinal product” and related expressions

(1) Subject to the following provisions of this section, in this Act “medicinal product” means **any substance** or article (not being an instrument, apparatus or appliance) which is manufactured, sold, **supplied**, imported or exported for use wholly or mainly in either or both of the following ways, that is to say —

(a) use by being administered to one or more human beings or animals for a medicinal purpose;

(b) use, in circumstances to which this paragraph applies, as an ingredient in the preparation of a substance or article which is to be administered to one or more human beings or animals for a medicinal purpose.

(2) In this Act “a medicinal purpose” means any one or more of the following purposes, that is to say —

(a) treating or **preventing disease**;

(b) diagnosing disease or ascertaining the existence, degree or extent of a physiological condition;

(c) contraception;

(d) inducing anaesthesia;

(e) **otherwise preventing or interfering with the normal operation of a physiological function, whether permanently or temporarily**, and whether by way of terminating, reducing or postponing, or increasing or accelerating, the operation of that function or in any other way.

Section 130 5a(9)

In this Act “administer” means administer to a human being or an animal, whether orally, by injection or by introduction into the body in any other way, or by external application, whether by direct contact with the body or not; and any reference in this Act to administering (or feeding a substance or article) is a reference to administering or feeding it either in its existing state or after it has been dissolved or dispersed in, or diluted or mixed with, some other substance used as a vehicle.” (Author’s emphases added).

3. The NZ High Court judge’s opinion contradicts a UK opinion given by Judge Lord Jauncey in 1983 “*Section 130 [of the Medicines Act 1968] defines ‘medicinal product’ and I am satisfied that fluoride in whatever form it is ultimately purchased by the respondents falls within that definition.*” (Opinion of Lord Jauncey *in causa* Mrs Catherine McColl (A.P) against Strathclyde Regional Council. The Court of Session, Edinburgh, Case no 23 of June 29, 1983, pages 243-246.)

4. Substances having properties similar to fluoridated water are, by presentation and function, medicines. *Directive 2004/27/EC of the European Parliament and of the Council of 31 March 2004 which amends Directive 2001/83/EC on the Community code relating to medicinal products for human use*, states:

'2. Medicinal product:

(a) Any substance or combination of substances presented as having properties for treating or preventing disease in human beings; or

(b) Any substance or combination of substances which may be used in or administered to human beings either with a view to restoring, correcting or modifying physiological functions by exerting a pharmacological, immunological or metabolic action, or to making a medical diagnosis.'

5. The attempt by the NZ Government to amend its Medicines' Act regarding the status of hexafluorosilicic acid contradicts the UK's Medicines Act 1968 and the EU Directive 2004/27/EC.

In addition, in the case of Warenvertriebs and Orthica, the European Court of Justice (ECJ) ruled that 'functional drinks' must be classed as medicinal products. These are drinks that appear to be both nutritious and to have a medicinal property. They explicitly include 'near-water drinks with added minerals'. In food law, drinking water is a food, and fluoride is classed as a 'mineral'. The Court also ruled that national regulators have no authority to exercise their discretion in classifying them as medicinal products - this classification is mandatory. (HLH Warenvertriebs and Orthica. Joined Cases C-211/03, C-299/03, C-316/03 and C-318/03) 9 June 2005 <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:62003J0211:EN:NOT> (Accessed 25/10/2011)

6. The Medicines Directive was enacted in the EU in 1965, and transcribed into English law in 1968. It has been in full force for the last 41 years. It makes it a criminal offence to place on the market any product that either has specific pharmacological effects or that is 'presented' as having such effects. Subsequent European Court of Justice rulings have made it utterly unambiguous that 'presented' includes describing the product in such a way that 'the averagely intelligent person gains the impression that ' the product has medicinal properties'. Therefore, claiming that fluoride - in any form - prevents tooth decay renders all such products marketed with the intent of giving the public that impression, as being medicinal products and subject to licensing.

7. Fluoridated water cannot become unclassified. If it is not to be regarded as being a prophylactic, then the NZ Government would have to decide on an alternative status which is acceptable to New Zealand citizens. Any new descriptor would necessarily have to describe its physical properties. For example, it would not be enough to describe fluoridated water as a 'public health measure', since 'measure' is not a physical entity. Nor can fluoride be described as being a water treatment chemical since that is clearly not the case: proponents of fluoridation have never tried to claim this and it's far too late to do it now. We note that the other invasive public health measure – vaccinations – are not included in this consultation. The NZ Government needs to be able to explain why invasive fluoridated water may be de-classified whilst invasive vaccinations are to remain classified.

8. De-classification would have the effect of placing the practice of water fluoridation outside the law in that individuals would have no recourse for justice under medicinal law. The NZ Government would have to explain why it is felt necessary to place this compulsory medicine programme in such an elevated, but unjustified position.

9. Fluoridated water is not neatly wrapped up in a labeled plastic bottle, but it is, nonetheless, a medicinal product. Of course, it cannot be placed in a

labeled bottle because the quantity is too great. Despite this, however, (a) the substance is supposedly formulated in order to prevent tooth decay, (b) water companies' water quality reports on their websites list the chemicals and concentrations of the active substance, (c) some even state the reason why the fluoride is added (as a preventative against dental decay) and (d) customers are billed for the medicated product. Its delivery to customers in bulk (as opposed to being delivered in bottles) cannot detract from the NZ's fundamental reasons for compulsorily adding fluoride to drinking water as a prophylactic.

10. Preparations which contain fluoride and which are sold by pharmacists on prescription are medicines. Such medicines have been clinically tested and licensed. The lack of clinical testing and medicinal licence should not be used as an excuse to deny fluoridated water its medicinal status. Failure to insist on clinical testing and a medicinal licence could be construed as being a deliberate tactic in order to prevent medicinal classification. Without testing and a licence, fluoridated water is an illegal medicine – but it is a medicine nonetheless.

11. Recent pronouncements by organisations in the USA, the UK and elsewhere state that fluoride is far more effective in a topical preparation (toothpaste) than as a systemic preventative (water, milk and salt). However, the NZ Ministry of Health has not taken these pronouncements into account when taking this decision to consult on changing the legal status of fluoridated water. Why go to all the trouble and expense of supporting water fluoridation when a growing number of scientists have conclusively discredited the practice. Systemic prophylaxis using fluoride as the active substance is a medical fashion which has reached its use-by date. (See footnote).

12. As a member of the Commonwealth, altering its Medicines Act would bring New Zealand into conflict with medicines' legislation currently on the statute books of other Commonwealth countries.

13. There is an outstanding appeal and it would, in our view, be premature to take any legislative steps which could influence the outcome of that appeal.

14. The Ministry of Health may be interested to learn that in the USA (where water fluoridation originated), Civil Society has now gathered its forces in order to challenge the HHS and the EPA regarding their failure to enforce relevant existing legislation which would end fluoridation in that country. Would declassifying fluoridated water in New Zealand whilst these moves are taking place in the USA produce an effective policy change in New Zealand in the long-term?

15. Fluoride causes damaging health effects – dental fluorosis, under-active thyroid, weakened bones and Stage I skeletal fluorosis to name but a few. The concentration of fluoride in New Zealand's drinking water is currently 0.7ppm. The total fluoride body burden is increased via skin absorption when fluoridated individuals bath, shower and swim in fluoridated water, and is increased even more via fluoridated food. It would be disingenuous to believe that a certain percentage of the population is not going to be harmed by the total intake. Altering the Medicines Act in order to remove hexafluorosilicic acid from its provision is tantamount to deliberately removing legal protection from New Zealand citizens. The NZ Government would need to justify why it feels it is necessary to prevent NZ citizens from seeking redress under The Medicines Act.

	<p>Arvid Carlsson, Nobel Laureate 2000 (Medicine and Physiology), stated in 2005 regarding the notion of using the water supply as a vehicle of delivering medication: "It's absolutely obsolete. In modern pharmacology it's so clear that even if you have a fixed dose of a drug, the individuals respond very differently to one and the same dose. Now, in this case, you have it in the water and people are drinking different amounts of water. So you have huge variations in the consumption of this drug. So, it's against all modern principles of pharmacology. It's so obsolete, I don't think anybody in Sweden, not a single dentist, would bring up this question in Sweden anymore."</p> <p>16. Water fluoridation is a medical experiment since the substance has never been clinically tested and licensed. The imposition of such a medical experiment is completely and unambiguously in contradiction with the Nuremberg Code – a Code which was formulated in 1949 in order to protect all peoples of the World from being subjected to medical experimentation and excesses of the State. The New Zealand government needs to be able to explain to its citizens in which way it can square the practice of water fluoridation using an untested chemical with adherence to the spirit of the Nuremberg Code, particularly if it decides to go ahead with declassifying fluoridated water.</p> <p style="text-align: center;">~~~~~</p> <p>Summary</p> <p>Why would any government continue the practice of water fluoridation unless it had a sound and justifiable reason for doing so? If it is not added as a medicine, then what is the purpose? We have an uneasy feeling that there are other drivers which urge water fluoridation on a non-consenting population and that the proposal to alter the NZ Medicines' Act 1981 could serve to strengthen these drivers.</p> <p>Deliberate declassification of medicinal fluoridated water reinforces our suspicions that fluoridation is a policy which is an act of deliberate harming (by poisoning). Such a policy will always be a crime against humanity no matter how a government tries to legalise it and no matter how much individuals claim to 'not know' or to be 'only doing their jobs'.</p> <p>Medical and scientific warnings against the practice of water fluoridation which have been placed in the public domain in recent decades are being flagrantly ignored. Human Rights' legislation and associated case law, such as case law from the Nuremberg Trials, confirm that it's a crime against humanity to add an injurious substance to the water supply of millions of people without their consent.</p> <p>While it remains a medicinal substance, at least there is a semblance of caring being portrayed by the State for its citizens. Remove the medicinal classification, and the practice is uncovered for what it really is – a violation of Human Rights by slow poisoning on a massive scale.</p>
<p>Question 2</p> <p><i>Are there other fluoride-containing compounds used to treat community water supplies that should</i></p>	<p>Since we do not advocate excluding fluoridating acid from the provisions of the Medicines Act 1981, we cannot answer this question.</p>

be specifically named in the regulation? If so, what are they?	
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Footnote to accompany Item 11

"Systemic fluoridation is not as effective as topical fluorides":

1. The Centers for Disease Control (CDC, USA) stated in 1999 "fluoride prevents dental caries predominately after eruption of the tooth into the mouth, and its actions primarily are topical for both adults and children."
2. The CDC repeated this position in 2001, affirming that "fluoride's predominant effect is posteruptive and topical."
3. The National Research Council (USA) has concurred, stating in 2006 that "the major anticaries benefit of fluoride is topical and not systemic."
4. The July 2000 issue of the *Journal of the American Dental Association* reported that "fluoride incorporated during tooth development is insufficient to play a significant role in caries protection." (Featherstone 2000).
5. The British Fluoridation Society in 2013 stated "If children ingest sufficient fluoride during the period of enamel development (up to 7 years of age) the fluoride alters the structure of the developing enamel making it more resistant to acid attack. This was originally thought to be the most important mechanism of fluoride; however, with advances in knowledge this is now understood to be the **least important mechanism**. (Author's emphasis added)
http://www.bfsweb.org/facts/dental_benefits/howworks.htm

(Note on the above paragraph: Here, the BFS seems reluctant to abandon the original hypothesis that ingested fluoride strengthens teeth. In the final analysis, however, their statement is clear: systemic fluoride is the least important mechanism.)

More extracts from the research literature regarding the ineffectiveness of systemic fluoride can be found at <http://fluoridealert.org/studies/caries04/>

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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.

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

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 and health professional
<p>Question 1</p> <p><i>Do you support the proposed amendment? If not, why not?</i></p>	<p>No, not at all. Fluoride and fluoride compounds are added to the water supply for the specific purpose of purportedly preventing tooth decay in susceptible populations. This is a therapeutic, medicinal usage and therefore the proposals are not accurate and not helpful, regardless of ones' personal stance on whether or not water fluoridation should take place at all.</p> <p>Water fluoridation is in breach of NZ laws regarding informed consent, as it is added as a medicinal substance for a therapeutic purpose without the consent of the people who will consume it. Changing the law will not change this fact, nor the breach of human rights involved in foisting a contentious, and evidentially harmful</p>

	<p>substance onto an entire population without regard to dosage or their consent (or lack thereof).</p> <p>The definition of 'medicine' according to the OED is "A drug or other preparation for the treatment or prevention of disease". Fluoridating water for a therapeutic purpose is exactly the definition of medicine. Changing the law to make it easier for the government to breach informed consent laws will not change this fact.</p> <p>My suggestion would be to leave the law as it is, stop water fluoridation, and instead provide bottled fluoridated water or salt free of charge with dosage instructions on the label for those who wish to use it.</p>
<p>Question 2</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>The amendment should not go forward at all. If it does, one would assume any and all fluoride-containing compounds would be named anyway?</p>

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**Fluoride submission**

A

askmedsafe

04/01/2015 12:05 p.m.

History: This message has been replied to.

Dear Sir/Madam,

SUBMISSION TO 'Regulations under the Medicines Act 1981 Consultation' by Medsafe,
Ministry of Health

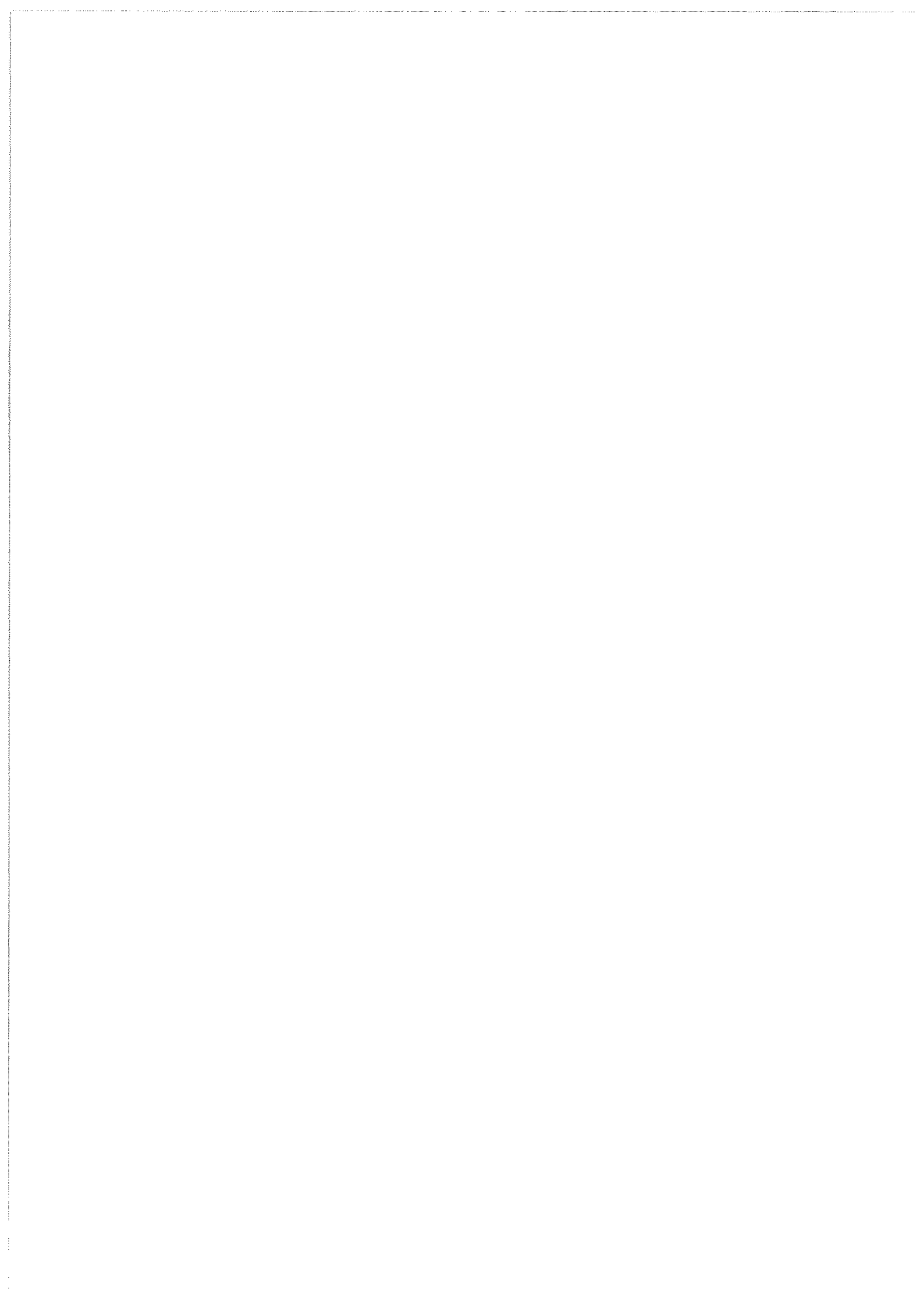
Q1: I support the proposed changes to clarify that -
Fluoride-containing substances, including the substances hydrofluorosilicic acid (HFA) and
sodium silico fluoride (SSF) are not medicines for the purposes of the Act when they are
manufactured and supplied or distributed for the purpose of fluoridating community water
supplies.

Q2: Not that I am aware of.

Thank you for considering my submission.

Yours sincerely

ε



**Fluoride**

: askmedsafe

04/01/2015 12:38 p.m.

History:

This message has been replied to.

I do not support the use of fluoride or chlorine in drinking water nor do hundreds of thousands of people around our country.

Reason.

It is a toxic byproduct of aluminium and can cause rapid cancer growth. lower IQ ratings in children and many other health problems dentists and health practitioners in taranaki aswell as the general public have pushed for its use to be banned under harry dienhoven in 2014 so why after all this effort would you push for it to be reintroduced ?? Their must be money involved please do not poison us any more it's not very nice of you to do to your fellow humans.

Thank you for reading

Sent from my Samsung Galaxy smartphone.





flouride
€
Sent by: €

askmedsafe

04/01/2015 01:03 p.m.

History: This message has been replied to.

we deserve to have the choice in this country as to whether to have medication or supplementation forced on us. please please give us this choice with flouride/in water.

kind regards,

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

to: askmedsafe

04/01/2015 02:21 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.*



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

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

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

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

Name: .....

Email :

Address:

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

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

1. Fluoride is not a water treatment unlike 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.
- 5a. Apart from the negative impact it has on people. Fluoride HFA and SSF are accepted as deadly poisons often highly contaminated with other dangerous chemicals. 5b. The majority of water supplied by Municipal Authorities isn't drunk. It is used for showers, toilets, washing clothes and dishes, water gardens, etc. (Apart from being a really inefficient way of delivering fluoride to humans.) The drainage of all these chemicals lead to the sea. *Since when has it been internationally acceptable to flush huge amounts of contaminated water with known poisons into the sea?* This is supposed to be a country with a clean Green Image surely this is contrary to it.
6. Despite what the WHO recommends. The majority of countries don't fluoridate and in many it is banned. Only the year before last Israel took it from their water supplies due to public safety concerns. Most of Europe with very high standards of medical health do not fluoridate. Surely it needs more regulation not less.
7. Are the people proposing fluoridation and its removal from the Medicines Act 1981, willing to put their names and finances forward to cover any future proven damage and claims done to anyone's health through this practice? If they are not then why should this even be considered?

**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**. **Not nearly kill them as it did me.**

*I do 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)



## Fluoride Submission

to: askmedsafe

04/01/2015 02:35 p.m.

From:

To: askmedsafe@moh.govt.nz,

History: This message has been replied to.

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### 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.*

I am appalled that this is being considered.



Fluoride - proposed legislation

From: askmedsafe

04/01/2015 02:51 p.m.

Cc:

History: This message has been replied to.

Dear Medsafe

SUBMISSION ON PROPOSAL THAT HFA AND SSF ARE NOT MEDICINES FOR THE PURPOSES OF THE MEDICINES 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?

ANSWER TO QUESTION 1

I oppose the proposed amendment for the following reasons:

1 = No Regulation should be made exempting HFA and SSF from being medicines until the Court of Appeal has determined whether or not HFA and SSF are medicines under the Medicines Act.

I am outraged that such legislation is being pushed through in the face of the appeal in the Appeal court; this is government corruption of the justice system.

2 = If HFA and SSF are medicines they should not be exempt from the Medicines Act.

3 = If HFA and SSF are not medicines there is no need for the exemption.

4 = The Medicines Act is designed to ensure the safety, quality and efficacy of medicines. HFA and SSF should be subject to these controls.

5 = These controls will ensure that people are not exposed to uncontrolled doses of fluoride from an industrial grade and heavy-metal contaminated fluoride substance.

6 = If fluoride tablets are not recommended for babies, toddlers and pregnant women, these sub-populations should not be ingesting fluoridated water.

7 = I am disgusted that the proposed addition of fluoride is not the safe and beneficial calcium fluoride but an abomination of fluoride - a poison from the superphosphate industry, with heavy-metal contamination! Who is being protected here - big business, or the general population? .

8 = Those people who believe there is a benefit in ingesting fluoride can buy sodium fluoride tablets from a pharmacy.

9 = Those who like to drink a lot of tap water, whether straight out of the tap, or in beverages, will be subjected to high levels of these poisons. I just can't understand how an agency purportedly designed

to look after our health is prepared to subject us to varying levels of these poisons.

QUESTION 2: ARE THERE ANY OTHER FLUORIDE-CONTAINING COMPOUNDS USED TO TREAT COMMUNITY WATER SUPPLIES THAT SHOULD BE SPECIFICALLY IN THE REGULATION? IF SO, WHAT ARE THEY?

ANSWER TO QUESTION 2: NO.

I do not intend to speak on my submission, but in no way should this decision undermine my submission.

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

Yours sincerely,

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**Fluoride Amendment**

to: askmedsafe@moh.govt.nz

04/01/2015 04:03 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 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?

1. 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?

1. 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



**Fluoride Amendment submission.**

04/01/2015 04:40 p.m.

Please respond to ↓

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Dear Sirs.

I am making this submission as an individual consumer, not associated with any organisation.

I do not support the proposed amendment. The amendment will remove the ability for public discussion and objection, as evidence builds showing the harmful effects of Fluoride(s) to the human condition. The ability for Fluoride to attract and absorb Aluminium and then to pass through the blood brain barrier must be of greater significance than any minimal effect on teeth. There are other undesirable effects still being discovered and not yet discovered.

Fluoride addition to community water is obviously mass medication and I most strenuously object to this and to the amendment.

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

Respectively ,



## 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?<br/>If not, why not?</i></p>                                                                                                     | Yes, I support the proposed amendment. |
| <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> |                                        |

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

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

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Submission regarding Fluoride exemption

to: askmedsafe@moh.govt.nz

04/01/2015 04:57 p.m.

From:

To: "askmedsafe@moh.govt.nz" <askmedsafe@moh.govt.nz>

History: This message has been replied to.

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

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

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

Name:

Email:

Address

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

NO. I do not support the proposed amendment because:

1. Those individuals advocating fluoride use in water are doing it specifically for the supposed "health" of the body (teeth) which then classifies it as a medicine by definition: "medicine:

1

: a substance or preparation used in treating disease

2

a : the science and art dealing with the maintenance of health and the prevention, alleviation, or cure of disease b : the branch of medicine concerned with the nonsurgical treatment of disease"

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 as part of my submission.

Regar

Regulations under the Medicines Act 1981 Consultation

Medsafe

Clinical Leadership Protection & Regulation

Ministry of Health

PO Box 5013

Wellington 6145







askmedsafe@moh.govt.nz

04/01/2015 05:18 p.m.

Please respond

History: This message has been replied to.

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?

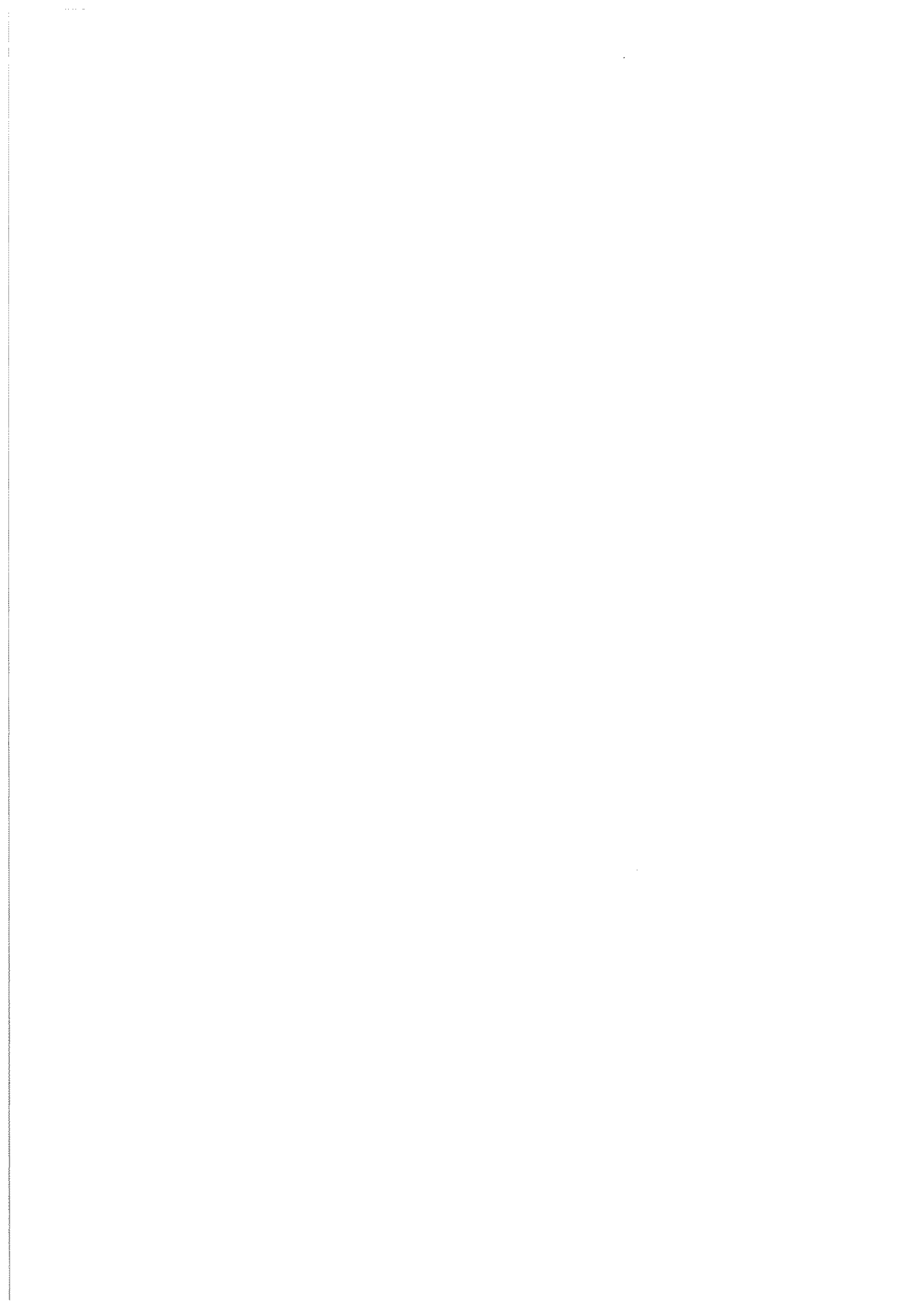
NO. I do not support the proposed amendment because:

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. I really don't care as have lost all faith in the MOH and health boards. If you have an agenda you will not change your minds whatever evidence is presented and however wrong you are and know yourselves to be. You flout all the rules of science with closed minds and can never engage in true scientific discussions as you know you have no real case. I have experienced this first hand with some of your pushers – scientific rationale is answered only with abuse





fluoride

): askmedsafe

04/01/2015 05:20 p.m.

History: This message has been replied to.

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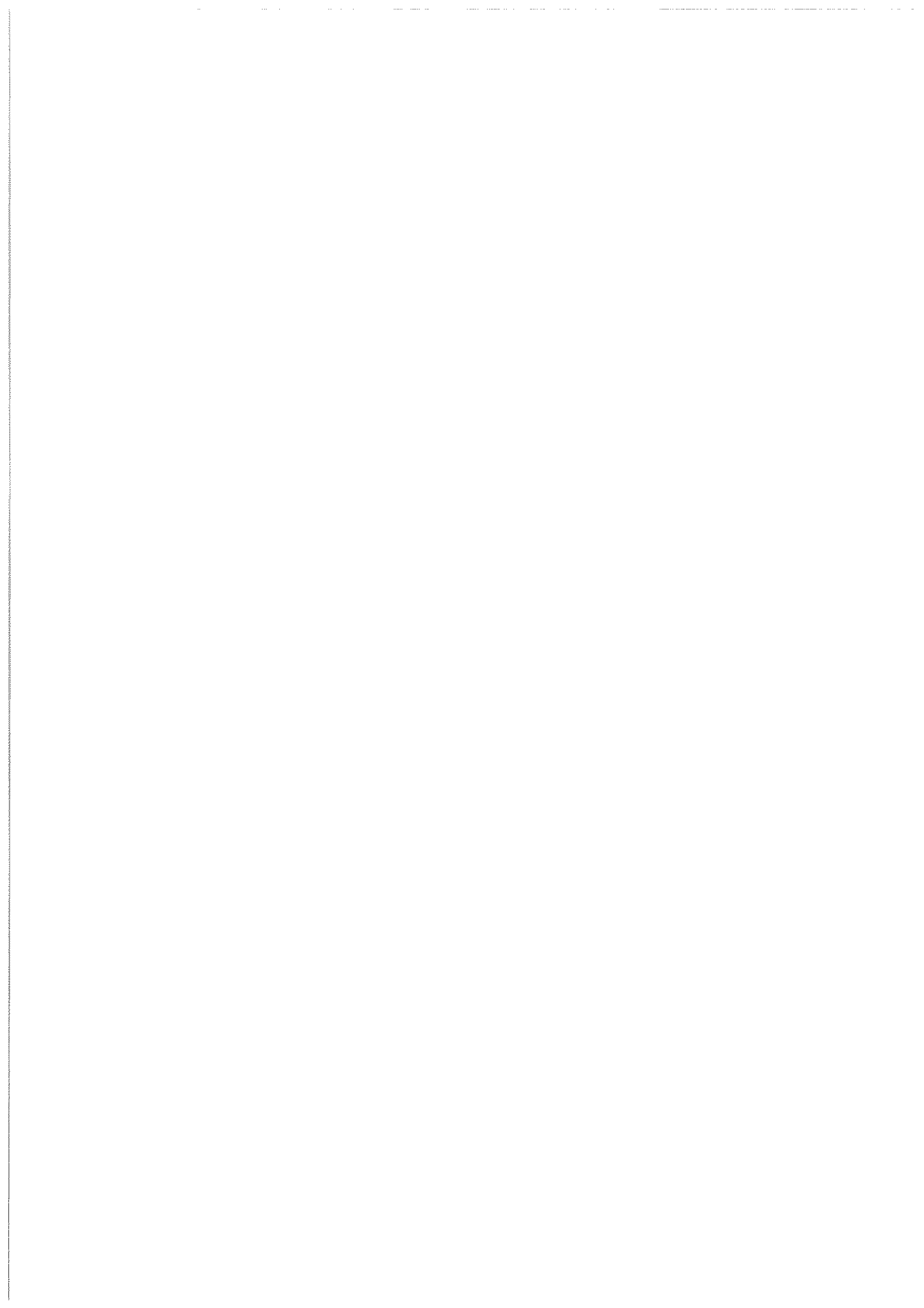
"Proposed Amendment to Regulations under the Medicines Act 1981  
My submission on this is:

1: I support the proposed amendment. Although it has no regulatory impact it does help clarify the legal situation regarding classification of community water fluoridation (CWF). In particular it removes a confusion which has motivated campaigners against CWF to take legal action.

2: Fluorosilicic acid and sodium fluoride are the most common chemicals used for CWF in New Zealand. However, sodium fluoride has been used in the past, and may still be used occasionally in smaller treatment plants (eg. Balclutha) I suggest adding sodium fluoride to the specifically named chemicals in the amendment."

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This email has been checked for viruses by Avast antivirus software.  
<http://www.avast.com>



328

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**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:

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

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# SUBMISSION FORM

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

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| Name:<br>P. ... ..                                                                                                                                                          |                                                                                                                                                          |
| 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:<br>... ..<br>... ..<br>... ..                                                                                                                                |                                                                                                                                                          |
| Your interest in this topic (for example, local body, consumer, manufacturer, health professional etc):<br>CONSUMER                                                         |                                                                                                                                                          |
| <b>Question 1</b><br>Do you support the proposed amendment?<br>If not, why not?<br>Do NOT support.<br>FLUORIDE IS a medicine<br>PRESCRIBED IN THE same<br>way as any other, | E.G. VITAMIN D OR<br>BIRTH CONTROL to<br>PREVENT a condition<br>from occurring.<br>MY CHILDREN WERE PRESCRIBED<br>FLUORIDE, in pill form,<br>ABOUT 1970. |

**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?*

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.



Consultation On Amendment to section 105(1) of the Medicines Act 1981.

Submission by Dr . , Medical Oncologist,

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

From a humanitarian perspective, this proposed amendment is a disaster and presents the public with “Hobson’s choice”. First, there is the option of maintaining the *status quo* in which the government continues to ignore the implications of *medication without consent* visa vie community water fluoridation (as it has done for over 50 years). Option 2 involves eliminating the public’s present and future protections from unauthorized and fraudulent therapeutic claims regarding community water fluoridation under the Medicines Act through an extraordinary exemption of fluoride industrial waste that has had **no safety testing in humans**. In the absence of any safety testing on the proposed products and with very mediocre evidence (York Reviews) for the therapeutic claims put forth, as a health care professional, I consider it to be a violation of all that is decent and ethical to force human beings to consume industrial waste fluoride in their water under the pretext that it is “good for their teeth” and “reduces health care disparities”.

The Medicines Act of 1981 states clearly and unambiguously, in section 4, that **“If a product has a therapeutic purpose or makes a therapeutic claim then it is a medicine or a related product under the NZ Medicines Act”**. This also includes products said to diagnose or prevent a particular disease or the modification of a physiologic function. **“If there is an approved claim for a therapeutic purpose, a product will be deemed to be a medicine under the NZ Medicines Act”**. HFA,SSF, and FSA clearly qualify as medications based on health claims put forth by the Ministry of Health.

Hydrofluorosilicic Acid (HFA), Fluorosilicic Acid and Sodium Silicofluoride (SSF) are waste products from super phosphate and other mining operations. These products have undergone no testing for their safety in humans or their efficacy in preventing dental caries. They are known to contain various amounts of lead, arsenic, cadmium, and other heavy metals known to be toxic or carcinogenic to humans. Darker skinned individuals are known to be more susceptible to these effects, thus the contamination of their water with industrial waste fluoride actually escalates health care disparities in very tangible ways. These byproducts of the mining industry are deemed to be environmental pollutants and their disposal is prohibited in any natural waterway.

In spite of the *lack of evidence* to support the use of these products in humans, the Ministry of Health and associated medical and dental authorities have made vehement, often repetitive claims (resembling propaganda) that these products not only treat or prevent the disease known as dental caries, but indeed, have stooped to shameless fear-mongering and race-baiting to force the issue upon an uninformed or mis-informed public. They have insisted that the burden of caring for the kids with dental caries would cripple the health care system and, ofcourse, “the disadvantaged poor, ethnic minorities would suffer the most”. Their claims are part of a very visible public record on their website and in the Fairfax-controlled media of New Zealand (whose primary shareholder, it should be noted, is the owner of Hancock Mining). Orica Chemnet and Balance Agri-nutrients (both billion dollar multi-



national companies) are also beneficiaries of the industrial waste disposal program known as community water fluoridation. If physicians made such unsubstantiated claims, using completely untested products, and covered up the truth about it for decades, they would simply go to jail. How indeed can the Ministry of Health maintain a semblance of credibility when it puts forth such a double standard? Initial judicial review on this matter suggested that the concentration of 1.5 mg per liter, in proposed Community water fluoridation, is "so low as to not meet a regulatory threshold". We should consider that this is 6 times what would be the current legal limit for breath alcohol concentration. While fluoride and alcohol have different toxic manifestations, it cannot be said that this is a "trivial amount", or that this level is "safe. The stated purpose of regulating alcohol consumption is to reduce the road toll which is 250-300 deaths per year (with about half related to alcohol, perhaps). In addition to its risk of skeletal and dental fluorosis (toxicity indicators rather than "cosmetic concerns"), community water fluoridation has been linked to cancer, vascular disease, autism spectrum disorder, thyroid dysfunction, pineal gland calcification, asthma, and lowered IQ in children. Cancer is responsible for the deaths of almost 9000 New Zealanders per year (72 times that of alcohol related crashes), and the number is rising according to the Ministry of Health. There are over 40,000 New Zealanders suffering from Autism Spectrum disorder. There are 8000 deaths from vascular disease in this country every year. Are these deaths and disabilities, with a possible link to industrial fluoride exposure, truly less important than those from alcohol-related crashes?

Euphemism has been the typical defense when caught out on the use of these unsafe poisonous waste products to "prevent dental caries". Well... "It's the concentration that makes the poison". "Fluoride occurs naturally, we're just giving your water a 'top-up'". This is a diabolical obfuscation of the truth. Neither water, nor humans require a "top up" of fluoride. It occurs in nature, tightly bound to calcium, but we have a limited capacity to deal with it as a poison in the absence of calcium. It is not required for any function in the human body and it has no "therapeutic purpose" in our bodies. In the absence of calcium, it is known that fluoride actually hastens bone loss and dental caries. Calcium fluoride is the only fluoride salt that has been shown, scientifically, to have even a marginal benefit for bones and teeth. It is a stable salt of fluoride, unlike the industrial waste products that have been selected for treatment of our drinking water in the face of significant potential hazard. Calcium is the antidote for fluoride poisoning. On its own, fluoride has a detrimental effect on teeth and this could well be the reason that the Napier:Hastings study showed worse dental caries in the water fluoridation group.

Hypothetically, if *concentration* becomes the Med Safe benchmark for exerting regulatory authority, could I then make claims to cure cancer with cesium, laetrile, cannabis oil, essiac or vitamin C so long as I keep the concentration below 1.5 mg per liter and thus escape regulation? It cannot, honestly, logically or ethically, be both ways with fluoride gaining an exemption at the same level. It is simply time for the fascist health care charade of Community Water Fluoridation to end. It is the only ethical thing to do.

**In summary, the Ministry of Health has, unequivocally, been justifying the use of industrial waste fluoride in our drinking water, for decades, as a pretext for the treatment and prevention of dental caries (a clear therapeutic claim). This therapeutic claim clearly and unequivocally qualifies fluoride, in all its forms used for community water fluoridation, as a medicine and it should be regulated as a Medicine under the act.** The "status quo" business as usual approach to this matter has largely ignored and set aside the importance of the Medicines Act related to community water fluoridation. Additionally, the authors of the Health Act of 1956 were aware of plans



to use industrial waste for community water fluoridation and specifically stated that anyone acquiring economic gain from adding pollution to drinking water would be fined 3 fold the amount of that gain. This provision was quietly and summarily stricken from the Health Act after I presented this information at the fluoride tribunal in Hamilton. **As an independent physician, I am opposed to this amendment to exempt fluoride compounds from the Medicines Act.** I am aware that DHB employed physicians have been threatened, in a thinly veiled manner, with loss of their jobs if they opposed community water fluoridation. Every DHB physician has thus, effectively, had a “gag order” placed on their speech related to community water fluoridation. This is wrong on so many levels, and it cuts right to the heart of whether New Zealand is a democracy or a corporate fascist state willing to, forcefully, sacrifice the freedom and health of its people to uphold the profit margin of its “corporate darlings”.

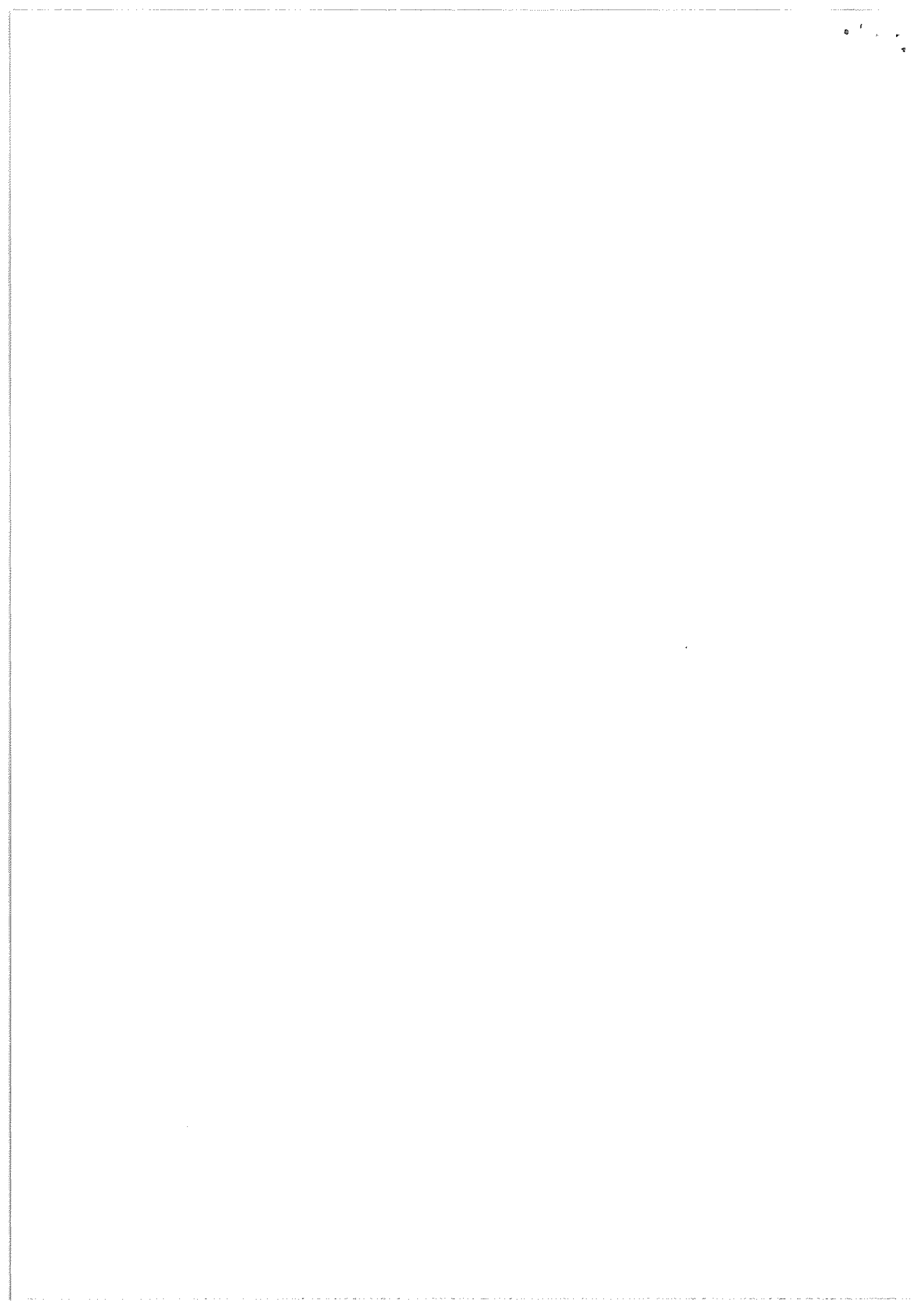
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Most dentists *wrongly* believe that water is fluoridated with sodium fluoride or calcium fluoride. These products are already currently regulated as medicines and require a prescription to be dispensed and should continue to be regulated as such. They should be prescribed by a physician and not the Ministry of Health or local governing body. If a “therapeutic goal” is intended by community water fluoridation, the only actual products that fulfill this criteria (of being therapeutic) is calcium fluoride. Sodium fluoroacetate is a potent poison that is inadvertently placed in NZ waterways. This product should not be used in an aerial drop because its contamination of waterways cannot be controlled and this has been well-documented by independent scientists. It should not be exempted either. There are over 20 different industrial fluoride waste products that have been used for community water fluoridation. All of them should be regulated as medicines (if they are claimed to help our teeth) and should go through safety and efficacy testing and the public should have the right of informed consent where they are concerned. Water fluoridation is an antiquated practice that has been abandoned by most of Europe, Asia, and Africa. It harms people who have impaired renal function, lowers IQ in children and does nothing to prevent caries, despite the baseless assertions of its proponents. It deprives people of their right to consent to medication. This criminal practice should simply cease and desist immediately and not be given a “legislative pass” through exemption from the Medicines Act.

**I propose that there should be a *third option*, in which all community water fluoridation chemicals are regulated as medications, starting immediately, and the Medicines Act be effectively applied to all community water fluoridation products.**

Thank You for your thoughtful Consideration,

Medical Oncology Consultant



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

I 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:**

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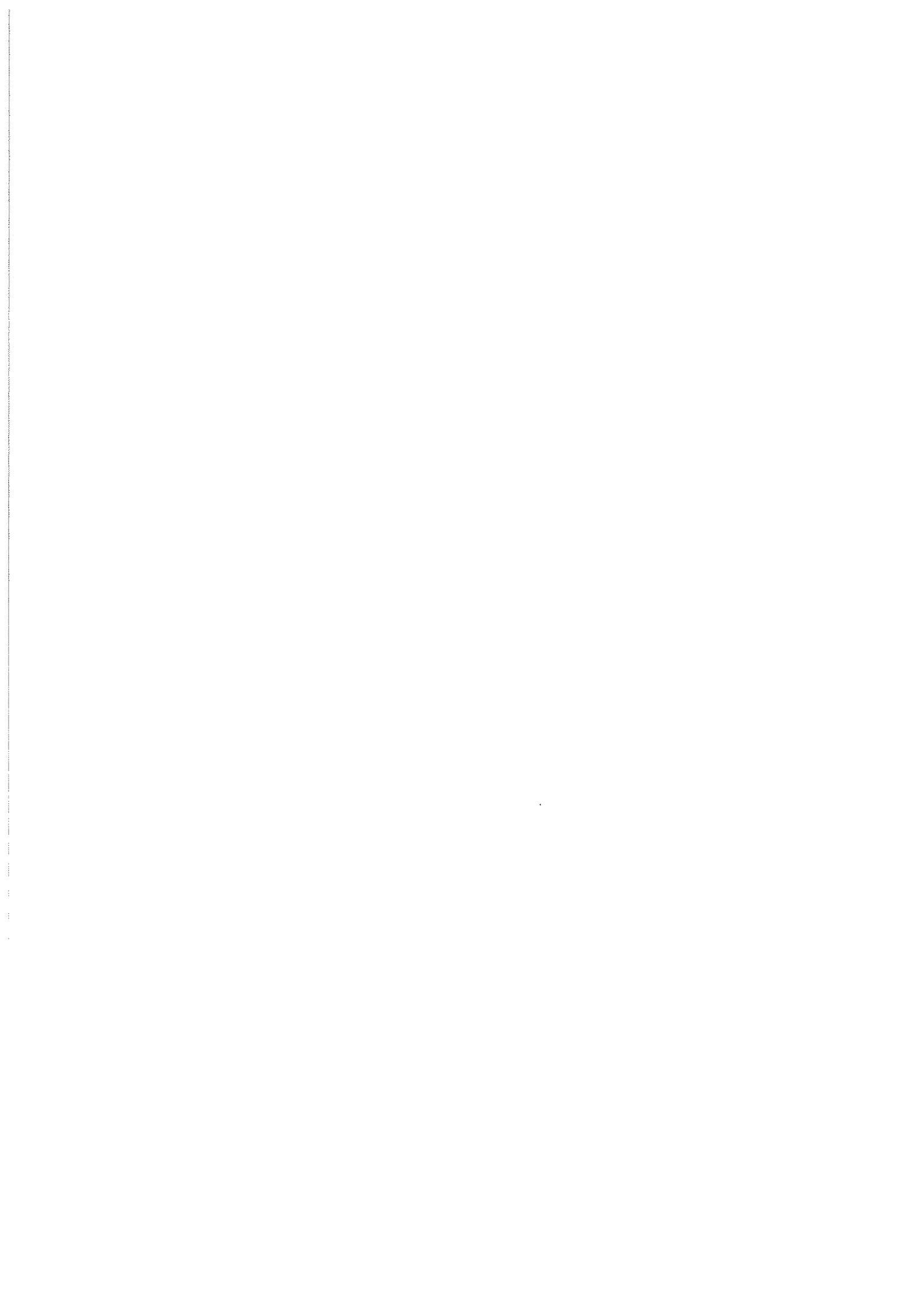
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  2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
  3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health 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. As Fluoride is being classed as a Therapeutic agent it should be regulated as such and be subject to the same requirements as all therapeutic goods.

**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?

1. 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.

31/12/14





Name:

Email:

Address:

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)

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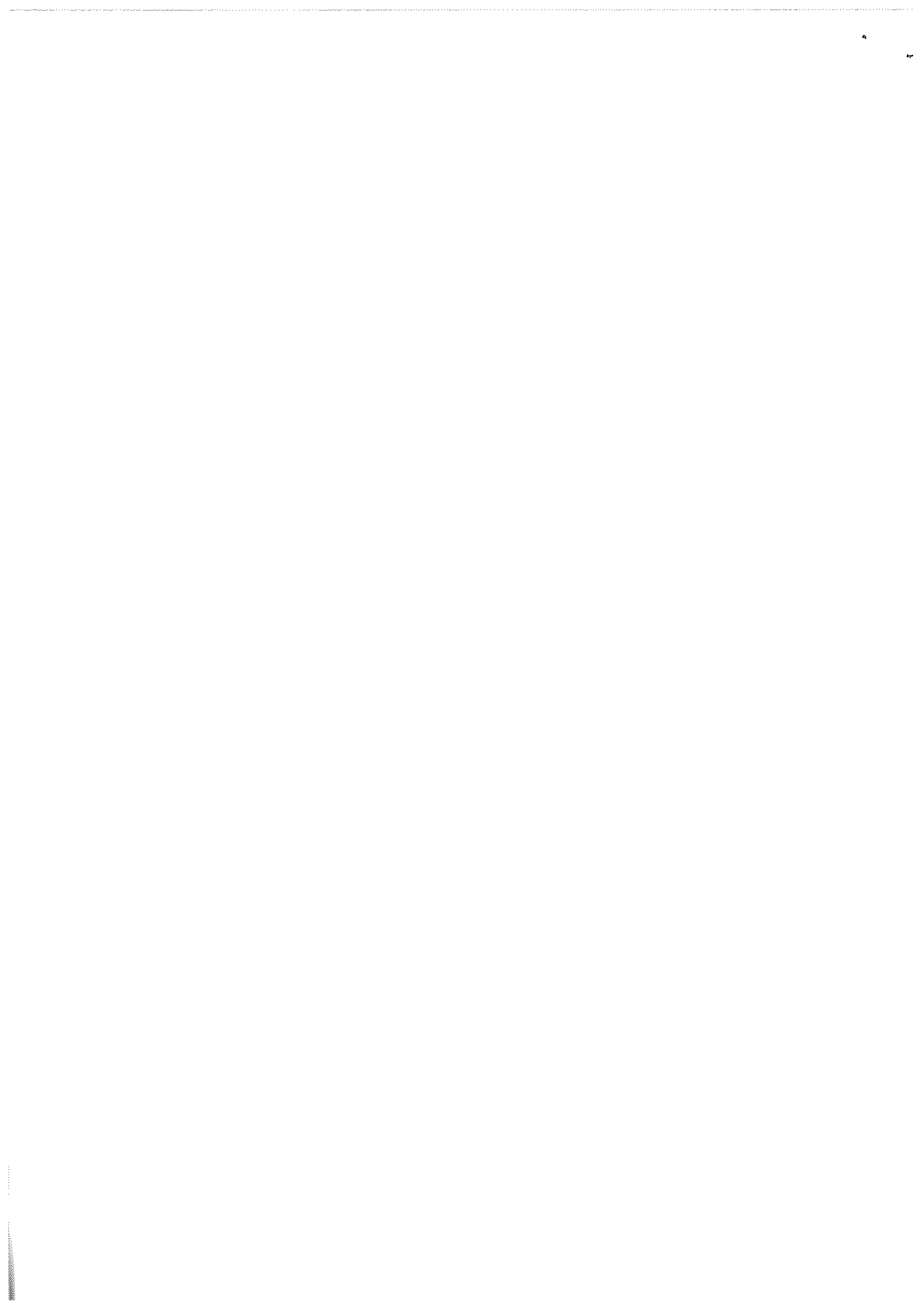
1. **Fluoride** is not a water treatment like chlorine, used for the purification of drinking water
2. Fluoride is added to the water as treatment for the disease of dental caries, therefore must be a medicine
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1. Fluoride and its compounds are not used to ‘treat’ community water supplies. In community water fluoridation (CWF) the purpose of fluoride and its compounds is to treat people.

Furthermore:

If Hydro fluorosilicic acid (used as additive in your water supply) is not a classified medication, then HFA must be a particularly aggressive and hazardous chemical which requires specific operator training and awareness and is



not suitable for human consumption. Fluorosilicic acid is classified as a Schedule 7 (S7) Poison (using the criteria in the Standard for the Uniform Scheduling of Drugs and Poisons, SUSDP). Schedule 7 (S7) drugs and poisons are substances and preparations that have high to extremely high toxicity; it can cause death or severe injury at low exposures, and requires special precautions in their manufacture, handling or use, and requires special regulations restricting their availability, possession or use. They are too hazardous for domestic use, or use by untrained persons.

**Hydro fluorosilicic acid has never been tested by the Health Department for impurities or suitability for human consumption.**

Many European, South American and Asian countries (and now also Israel) have banned HFA's from their drinking water regarded as unsafe for public health. Adding HFA as a forced "medication" is unethical as it should be a person's own free preference if they wish to take fluoride. This can be taken in tablet form and health authorities should supply this free of charge to whom it may be beneficial but only on health professional's advice, who can then prescribe the right doses. HFA must not be forced upon the general public as this is not in their best of interest and can cause other health issues later in life.

Additives to drinking water is a dangerous practice and could be abused in the future by adding other substances, which the authorities may think as "beneficial" to the public.

Sincerely,



1<sup>ST</sup> JANUARY, 2015

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Dear Sirs / Mesdames,

The purpose of this submission is to protest at the proposal to re-classify the fluoride compounds which are added to some water supplies as "water treatment". The treatment of water supplies, for purification purposes, is carried out using sodium hypochlorite. The addition of fluoride compounds to water supply is done, so we are told, to prevent dental caries in the teeth of children. It is therefore medication, and people have the legal right to refuse medication if they believe it is not in their interests to take it, or give it to their children, if they have concerns about doing so. Whether adding fluoride compounds to drinking water does what it supposed to do is highly debatable. Eliminating refined sugar from our diet and everything containing it, would indeed solve the problem of preventing tooth decay, not adding fluoride to water supplies.

Yours sincerely,



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

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

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

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





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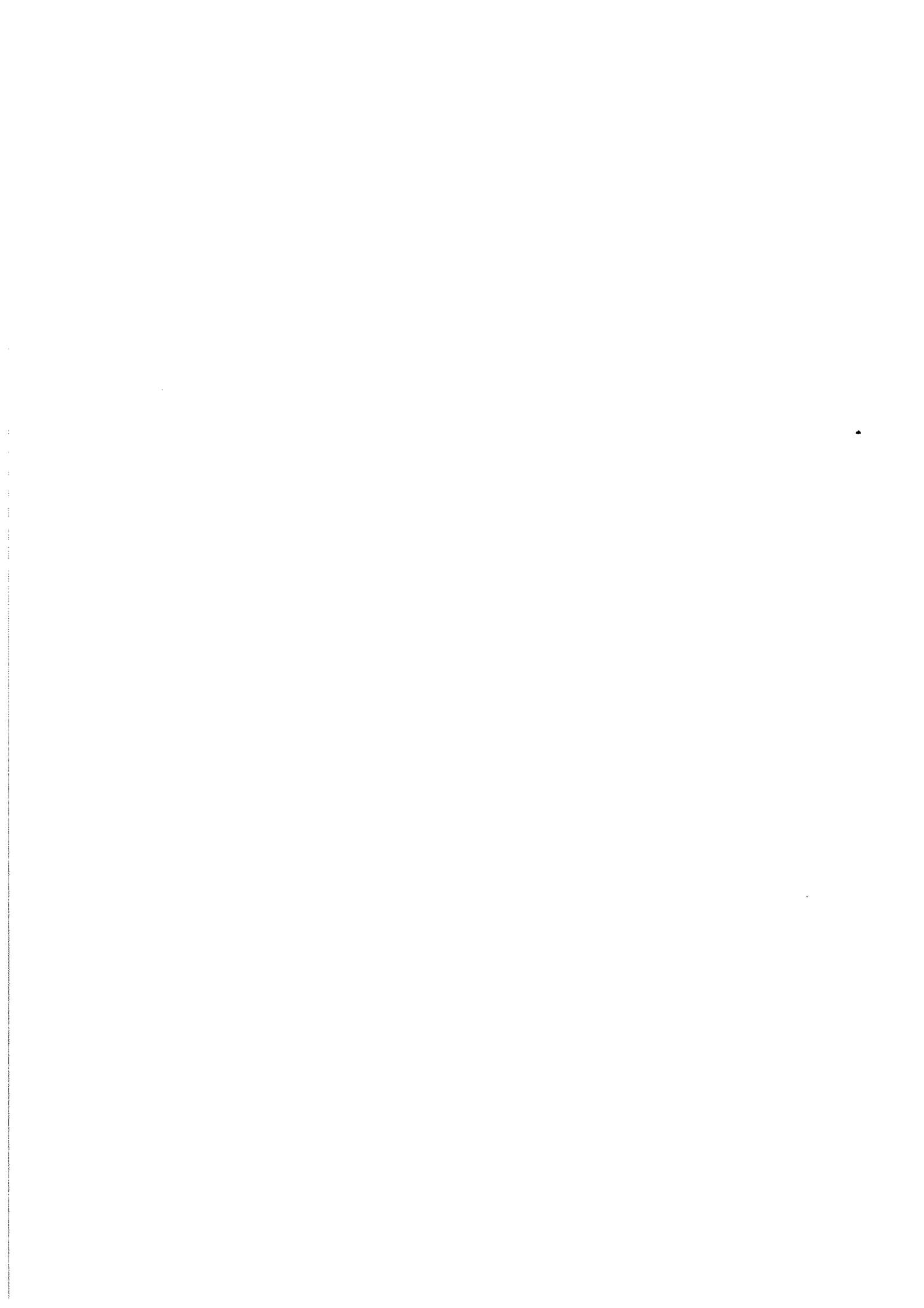
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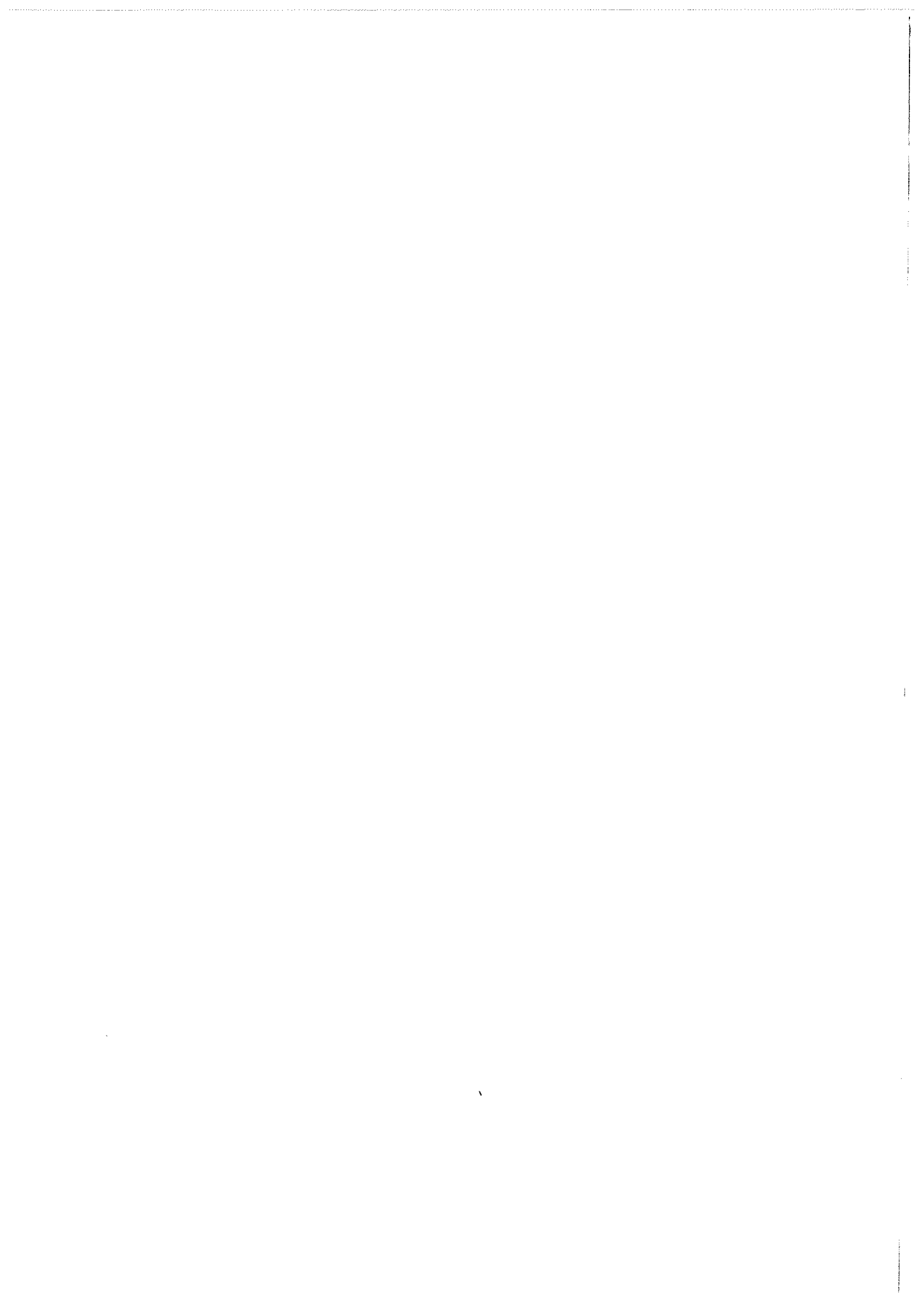
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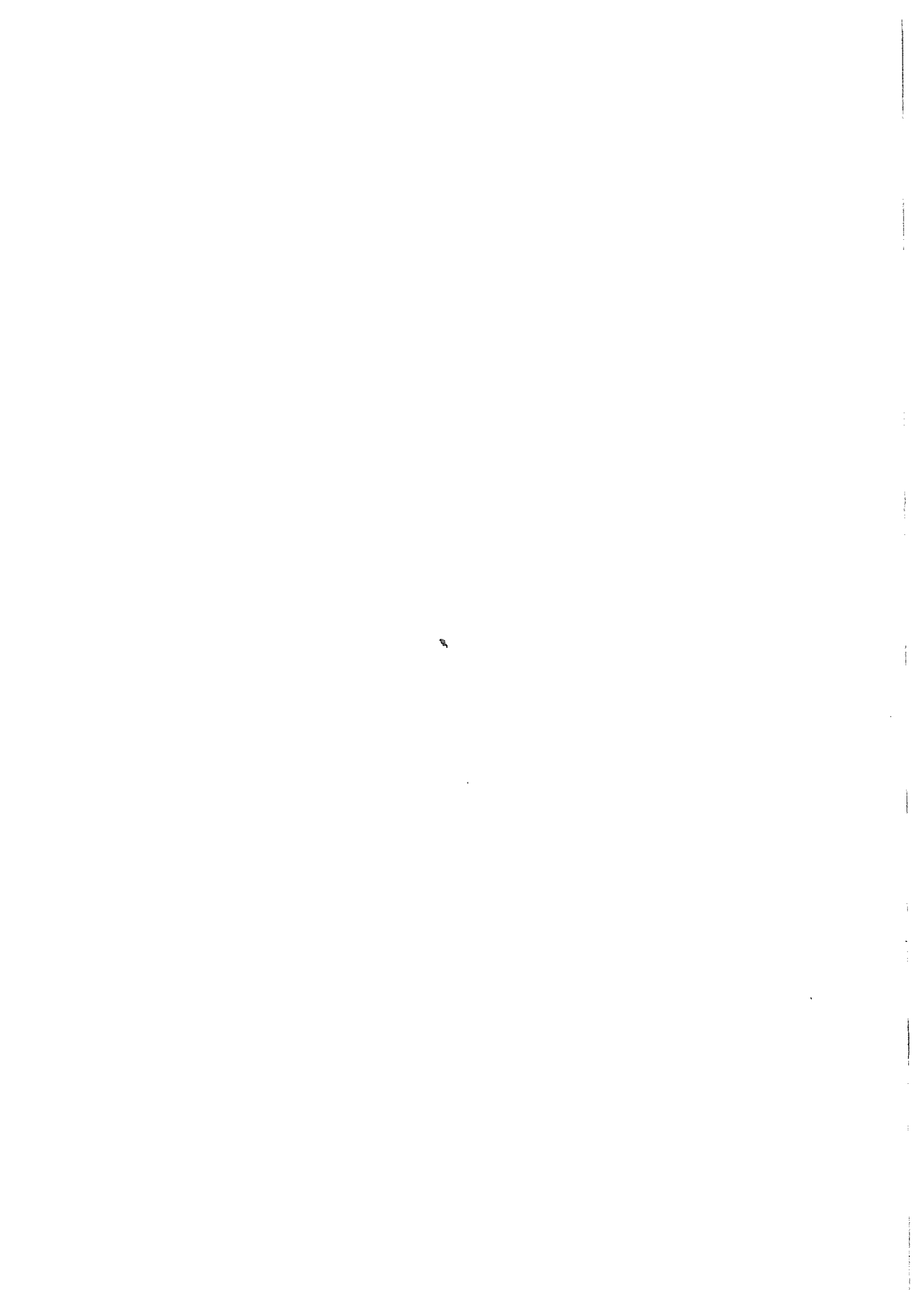
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Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

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

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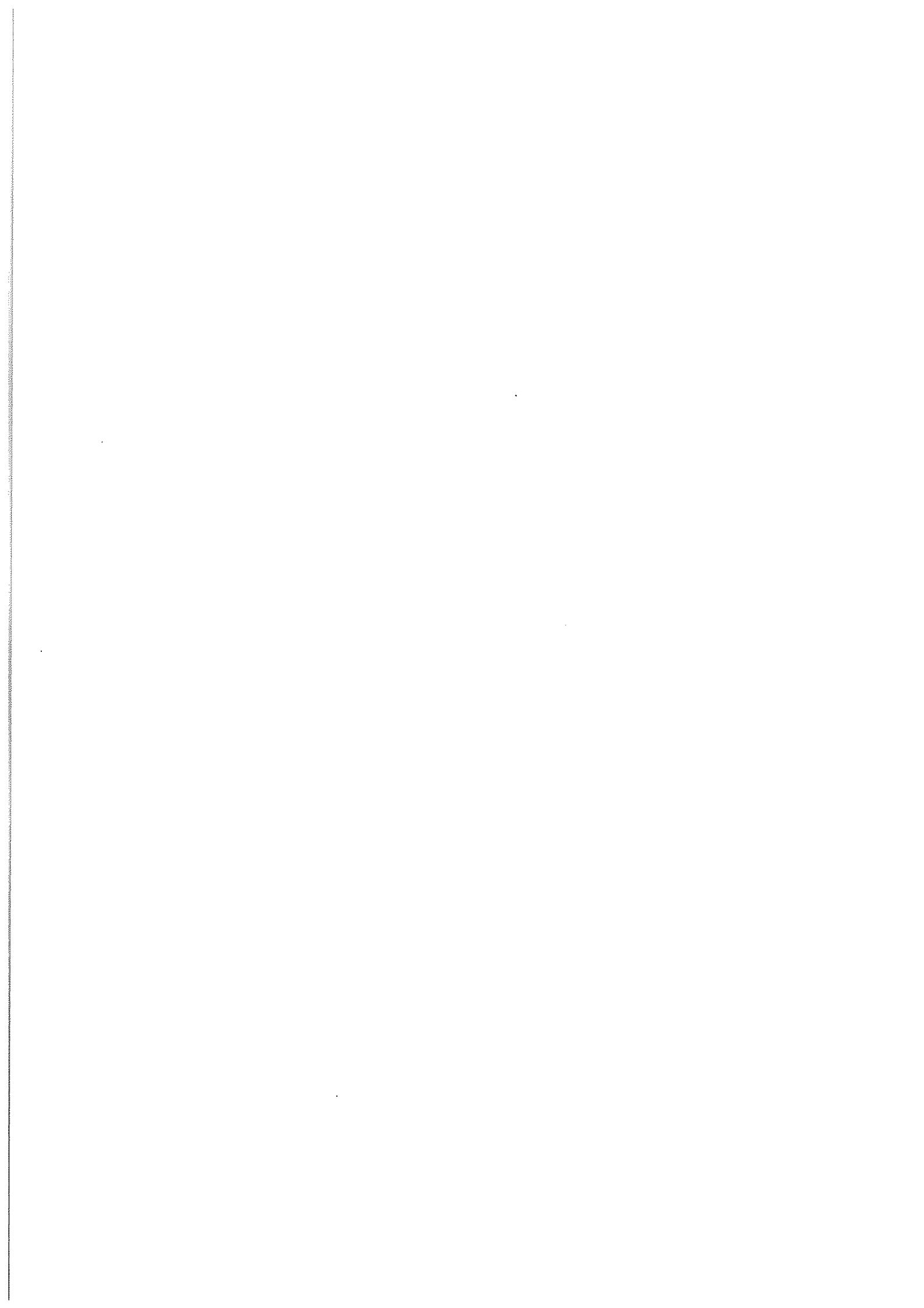
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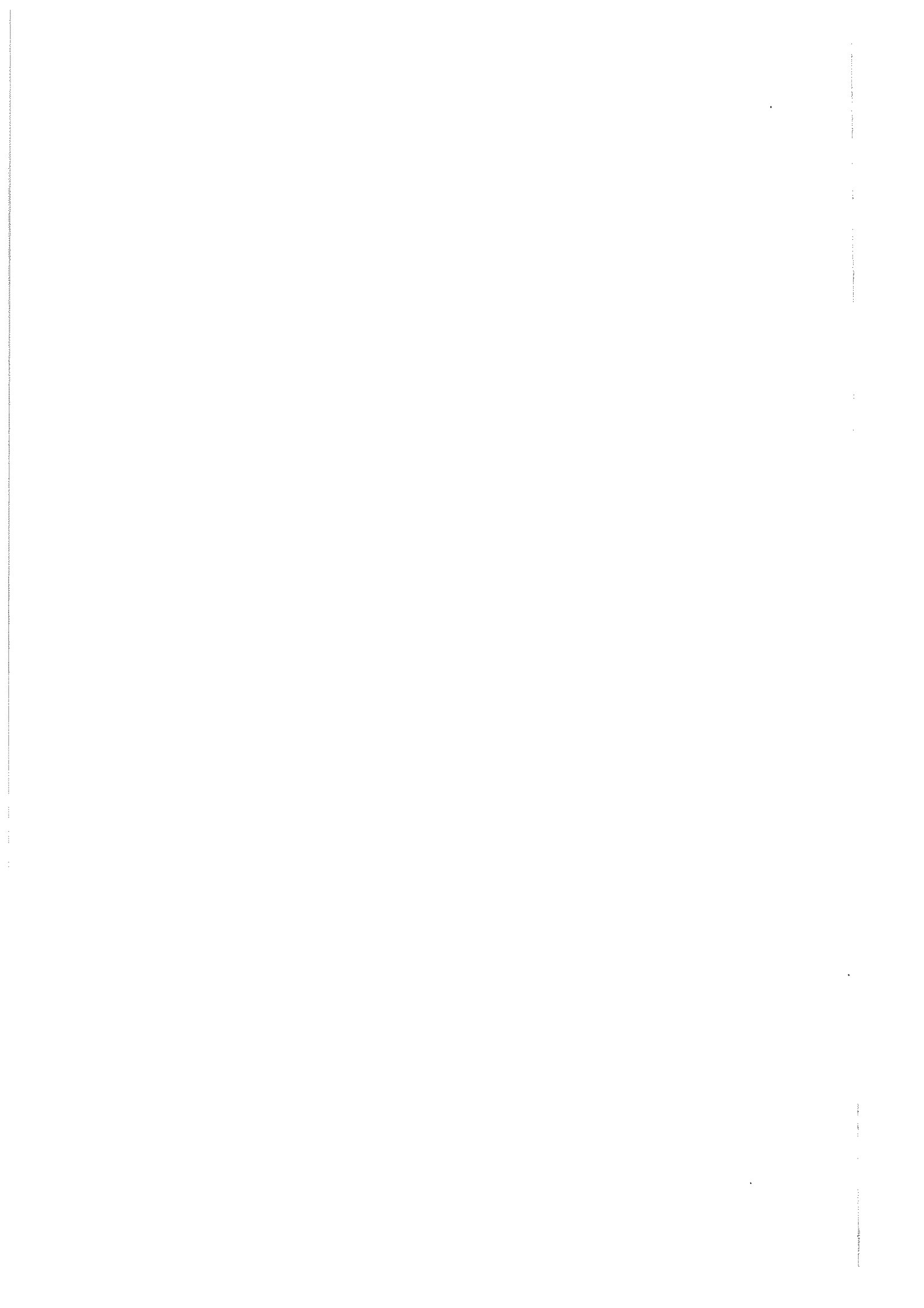
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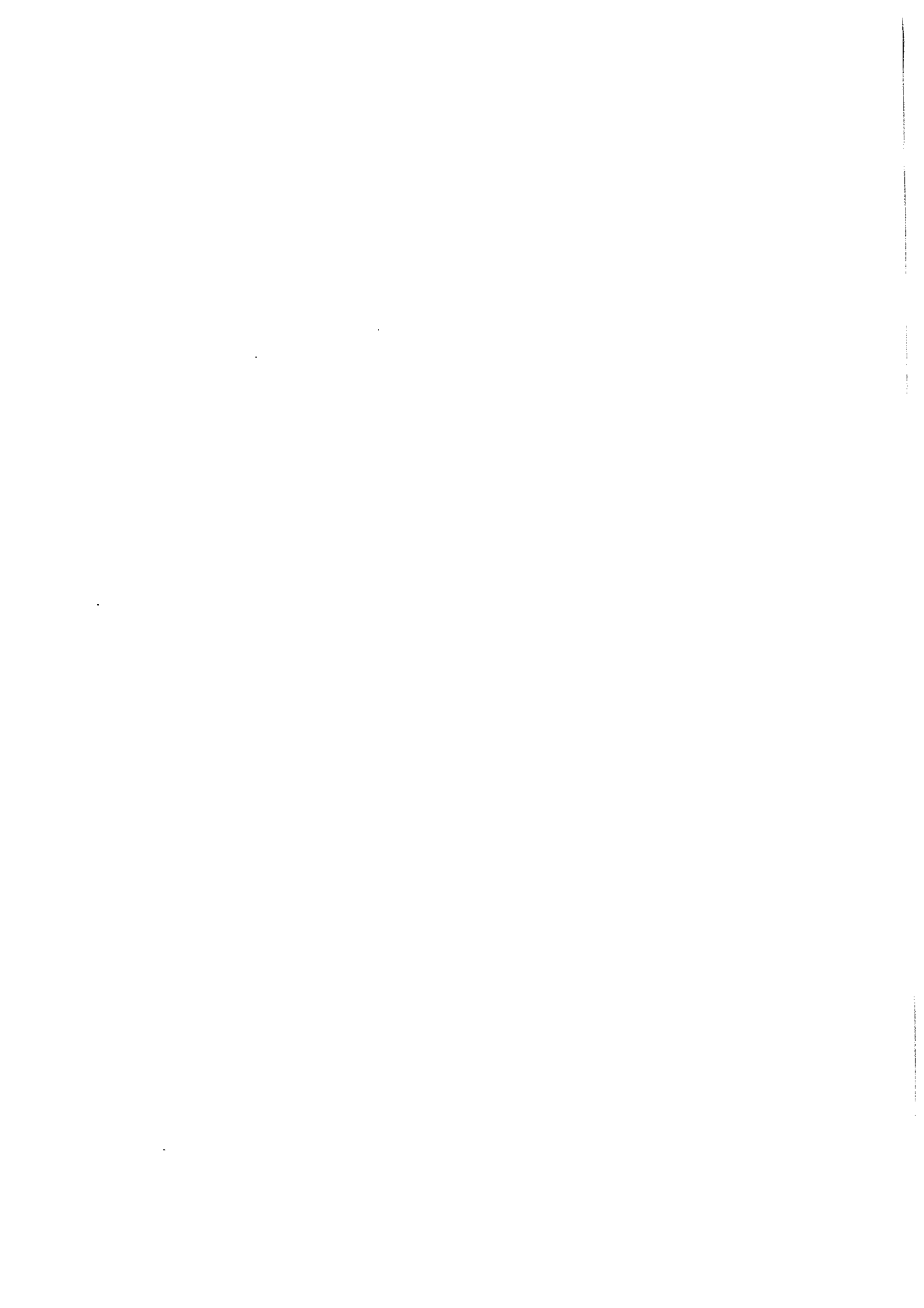
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# Submission to Consultation on Proposed Amendment to Regulations under the

345

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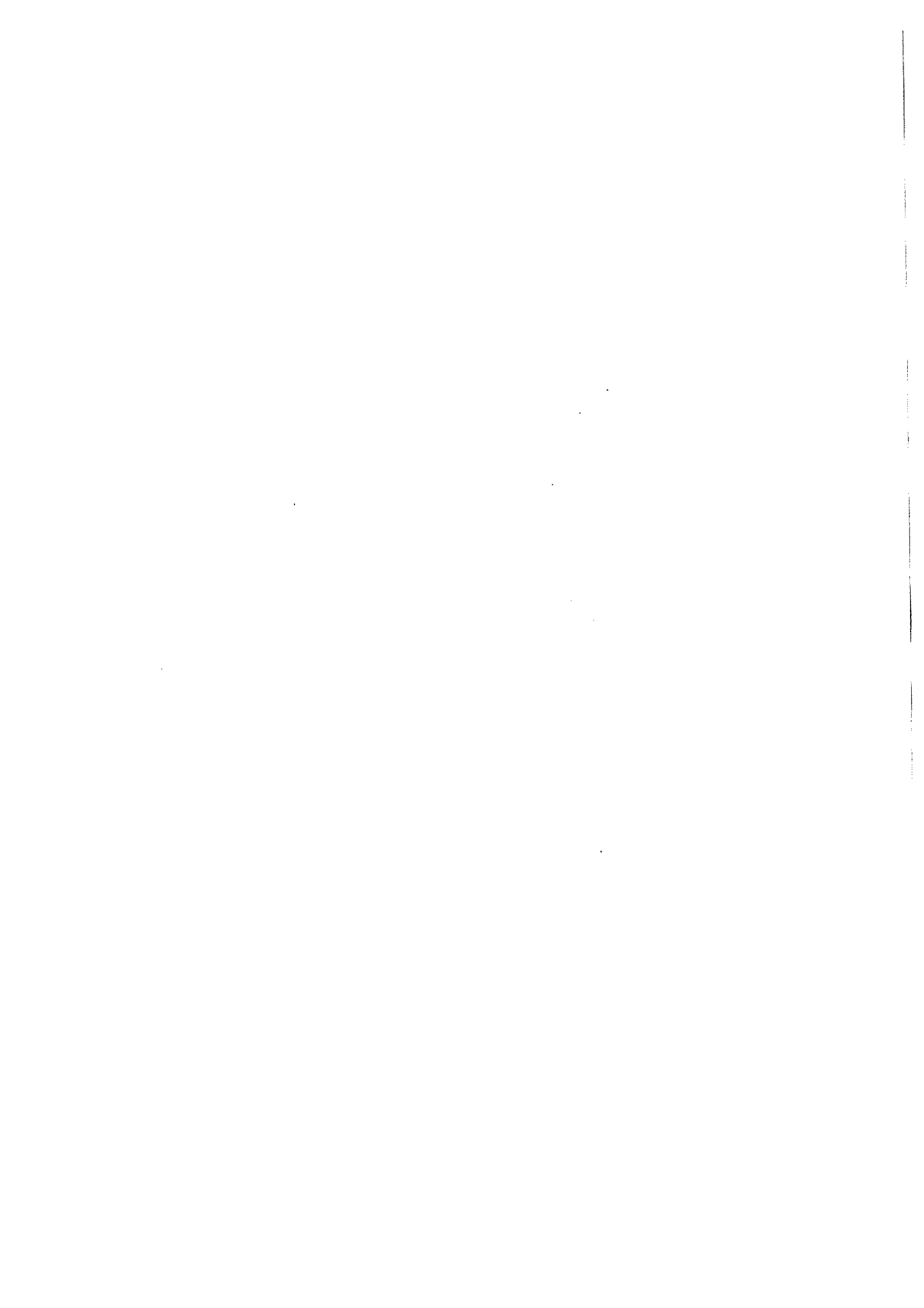
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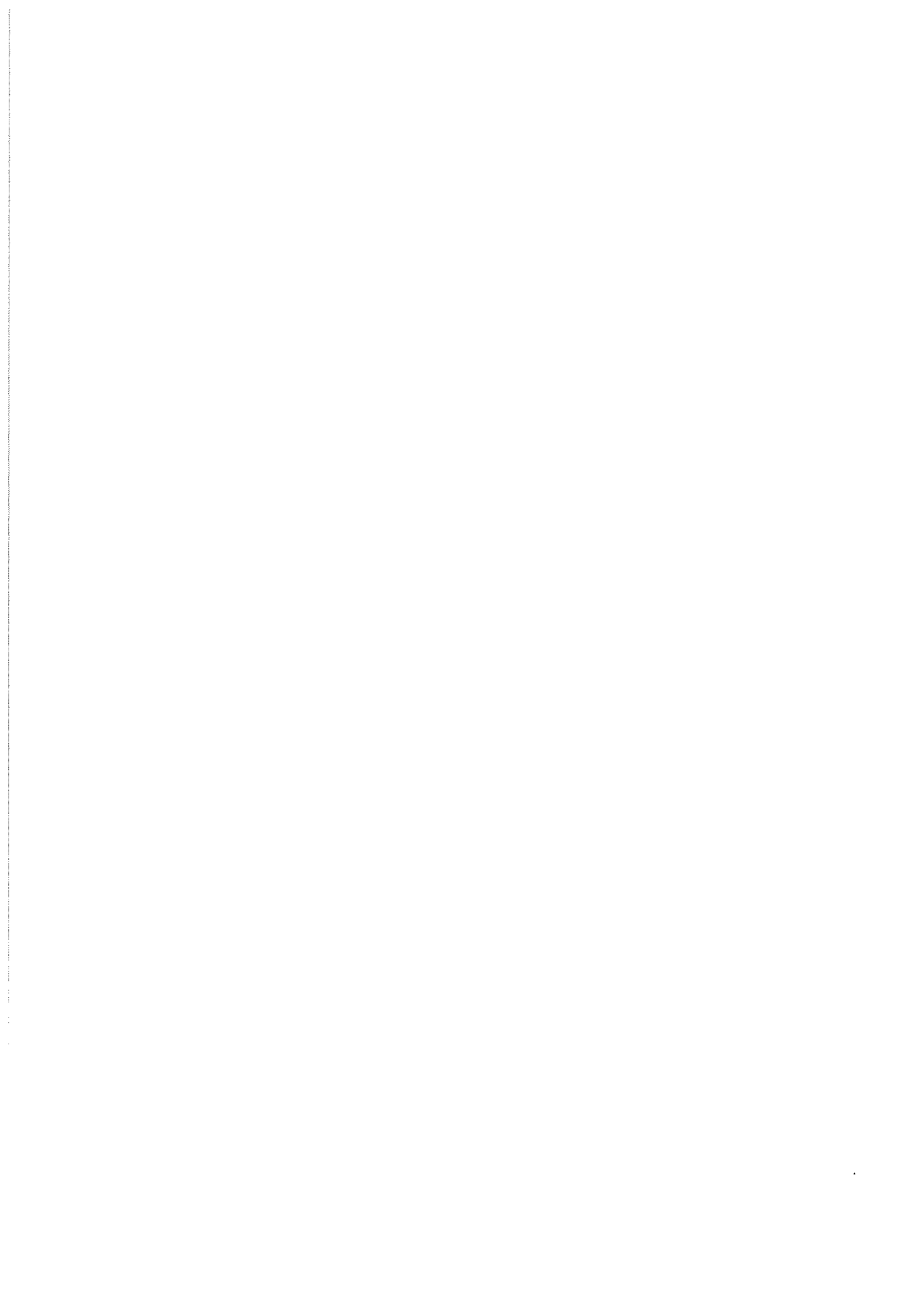
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