



Fluoride should be a choice

askmedsafe@moh.govt.nz

07/01/2015 02:14 p.m.

History:

This message has been replied to.

Email:

Address:

I think people should all have the right to choose and administer fluoride to their family as they see the need.

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

NO. I do not support the proposed amendment because:

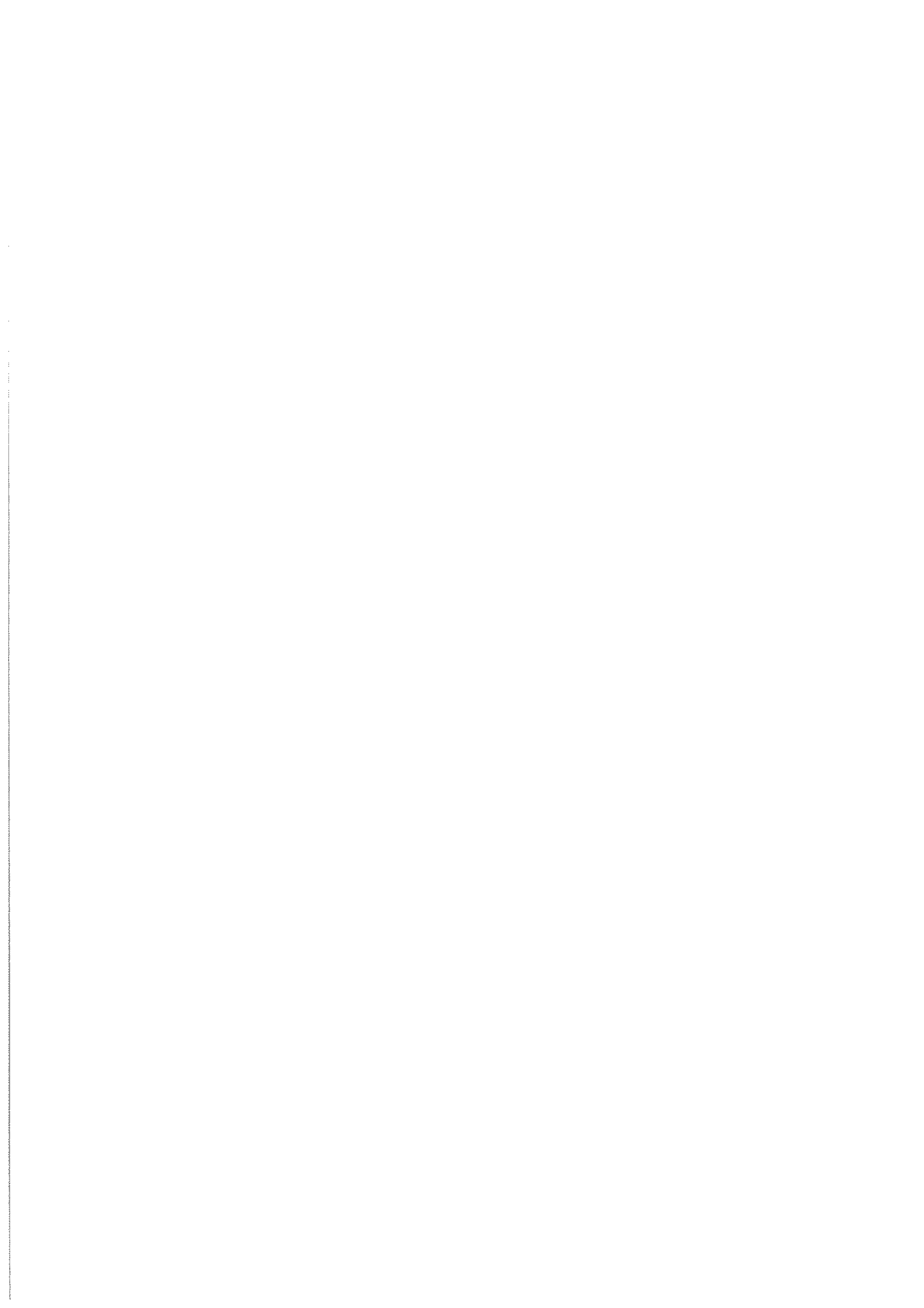
1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals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

Thank you,





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

askmedsafe

07/01/2015 02:15 p.m.

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

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

NO way! 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 of protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines.
5. just because the harm done is not acknowledged by MOH does not mean there is no harm.
6. these compounds are produced as a by product of fertilizer manufacture and contain varying amounts of toxic heavy metals such as arsenic, lead, cadmium etc depending on the nature of the source phosphate rock. i understand these elements are not removed before being sold on for water fluoridation. to suggest that this material is safe to put in our water supply for drinking and food preparation is utter madness.

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. not at all. 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 for prevention of dental caries and to dispose of toxic waste from the fertilizer industry. "*the solution to pollution is dilution*" idea.

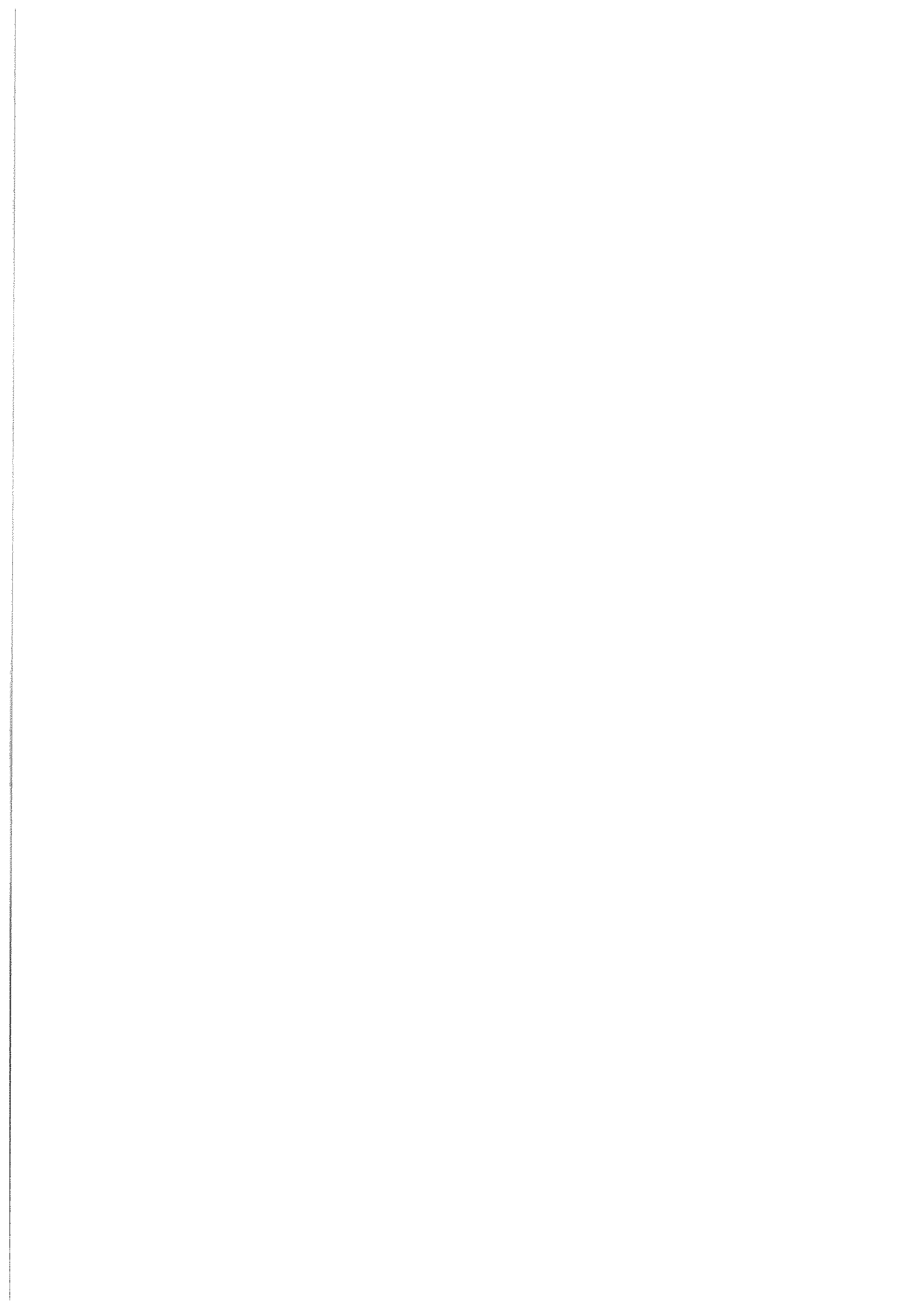
Name:

Email:

Address:

I do wish to speak to my submission and i am hoping common sense will prevail and the rights for people to protect their health can be allowed and not blocked.

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



SUBMISSION FORM

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

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

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Nam

Email

Address

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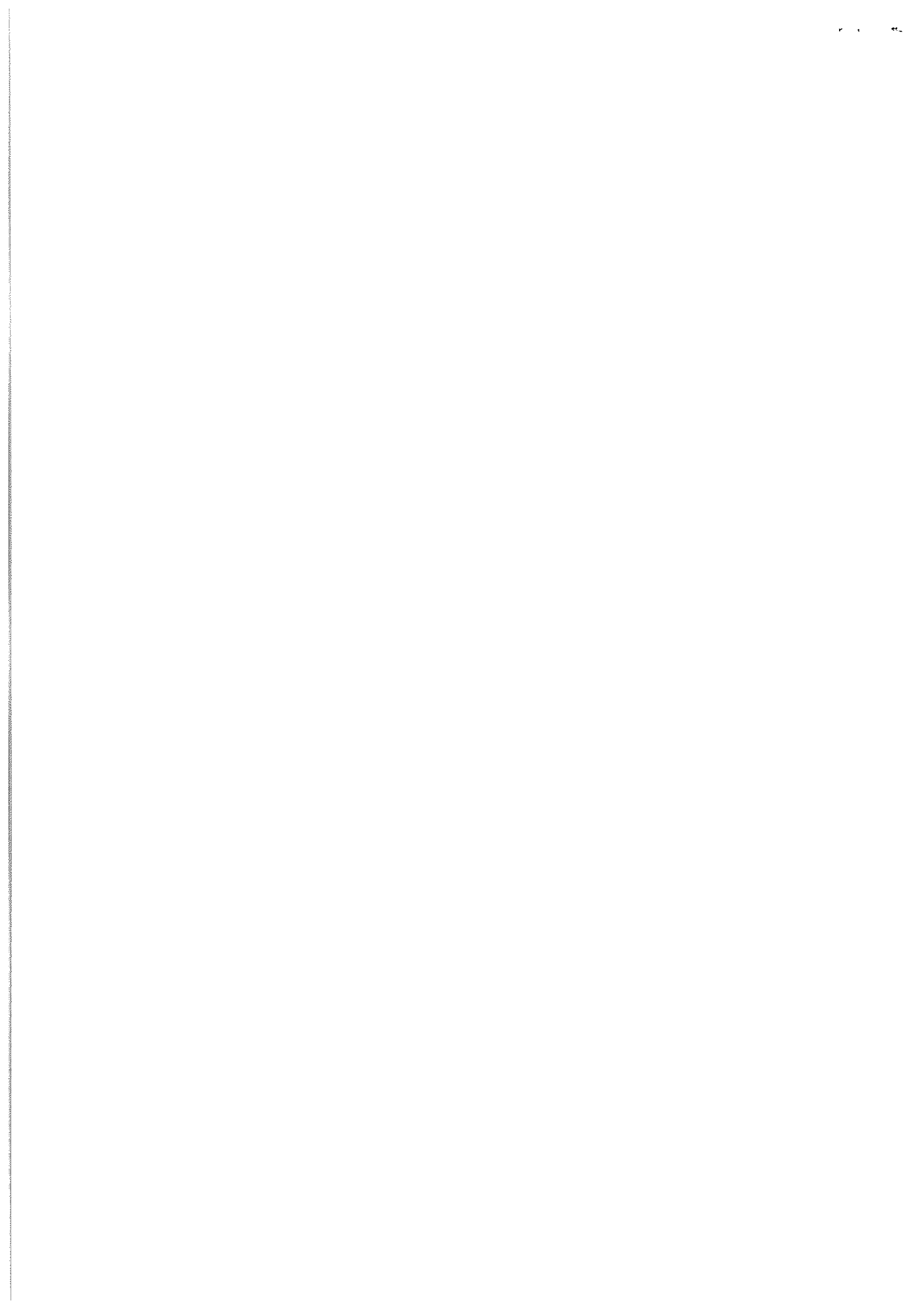
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NO. Fluoride and its compounds are **not** used to 'treat' community water supplies. In community water fluoridation (CWF) the **purpose** of fluoride and its compounds is to **treat people**

I do not wish to speak to my submission.



SUBMISSION FORM

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Email

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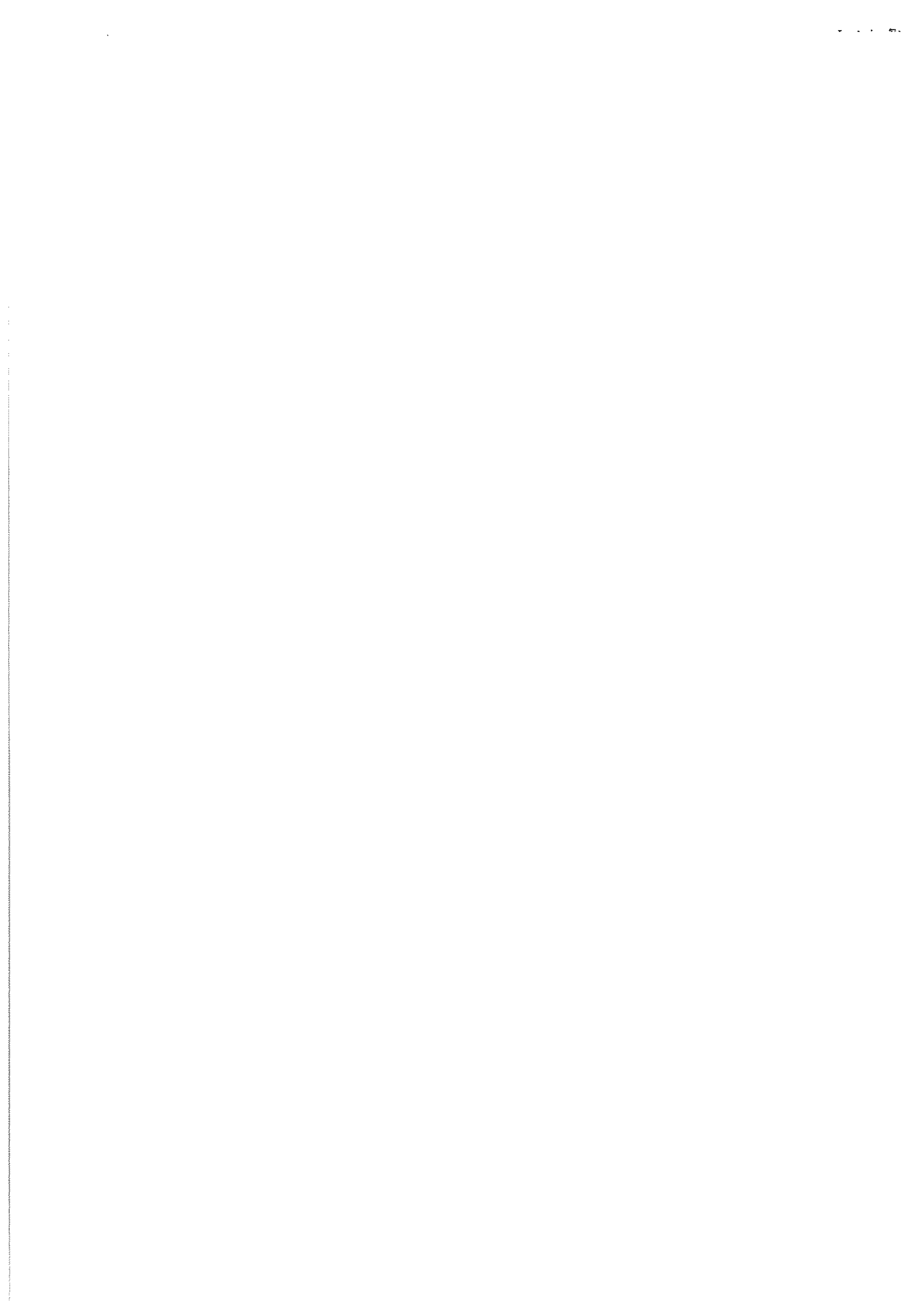
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I do not wish to speak to my submission.



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

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

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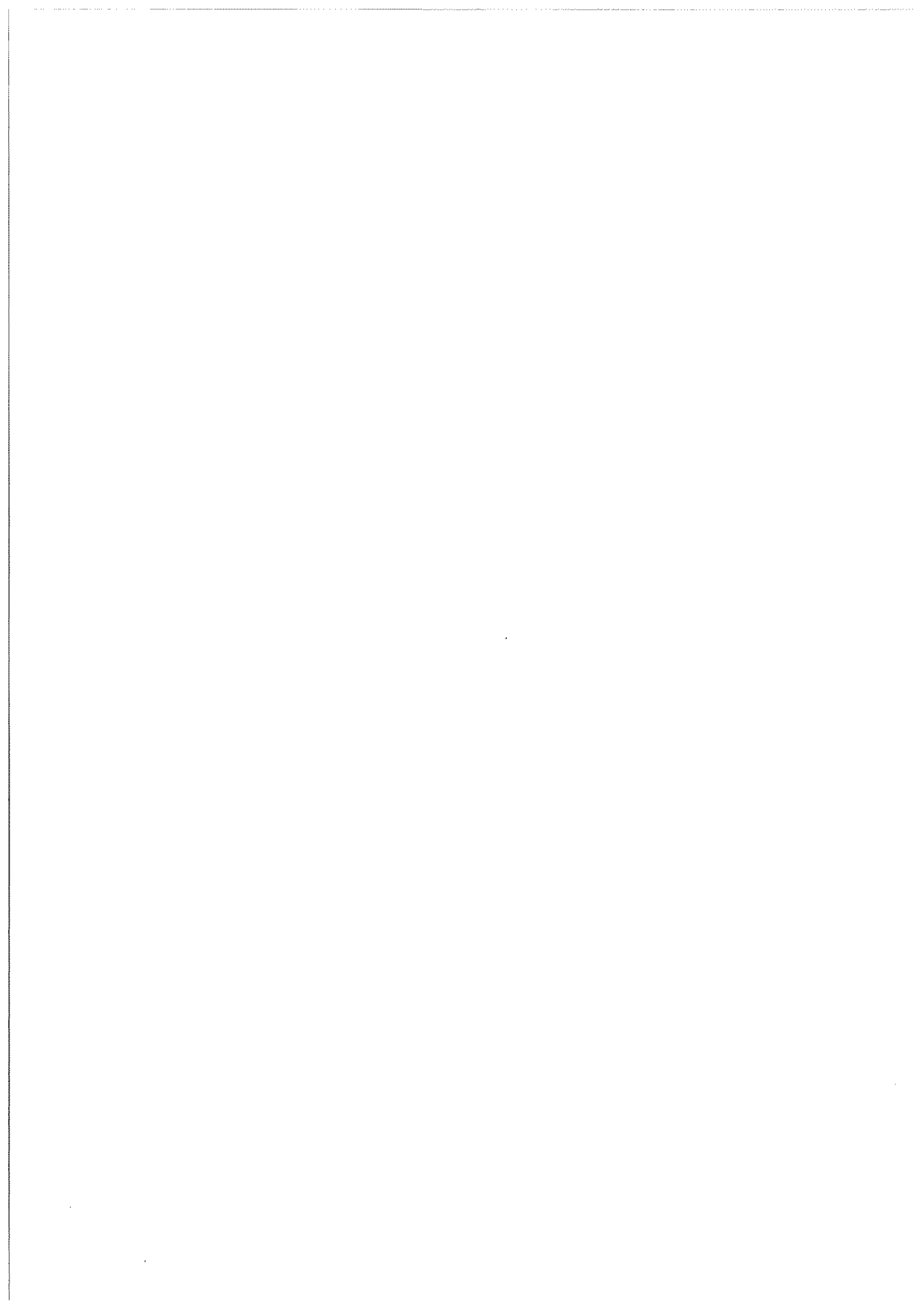
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NO. Fluoride and its compounds are **not** used to ‘treat’ community water supplies. In community water fluoridation (CWF) the **purpose** of fluoride and its compounds is to **treat people**

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





Fluoride

askmedsafe

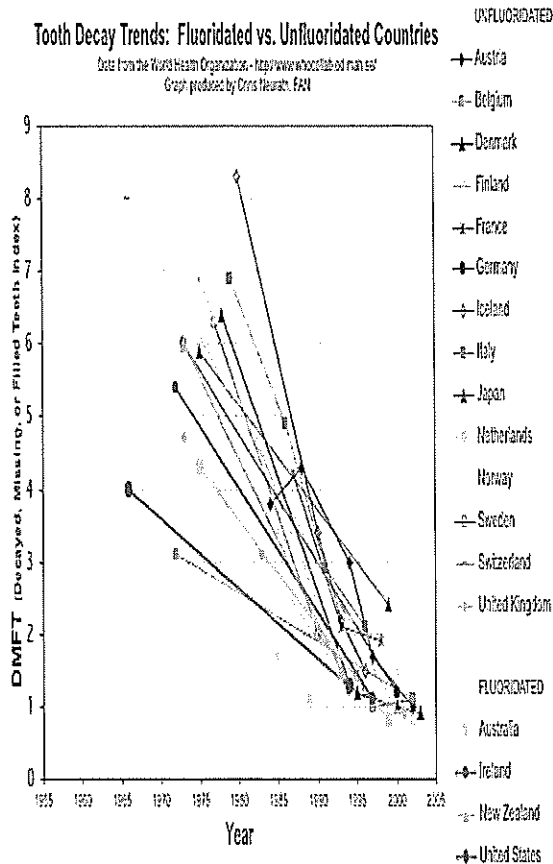
07/01/2015 02:27 p.m.

History: This message has been replied to.

Question 1

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

I do not support the proposed amendment, fluoride is a toxin, the rationale that the health dept uses that in one part per million it is safe is flawed, if people were to only drink the water straight from the tap then sure, it' may be ok, but as fluoride is only able to be removed by reverse osmosis or distillation if water is boiled it becomes dangerous. It also reacts with metal, there has never been a warning to the public against boiling water. By boiling water we are increasing the levels of fluoride in it to above one part per million and if you consider that not everyone, in fact I would go so far as to say very few people empty their electric jug every time they use it the build up of fluoride would become toxic very quickly. Also many mothers of young children boil their children's fruit and veg in very little water so as to evaporate the water and leave all the goodness, unaware that they have also left a high concentration of toxic fluoride. When we shower in the water and the water evaporates from our skin we are left with the toxic fluoride. With the fluoride reacting with metal the pipes and taps that we use in our homes corrodes them, putting higher levels of metals into our water, NPDC (New Plymouth District Council) advised rate payers to run their water for minutes before drinking, especially first thing in the morning because of the contamination with metals. Fluoride is only a topical treatment for the care of teeth, fluorosis is common in people who not only clean their teeth with a toothpaste containing fluoride but swallow the toothpaste as well, this is not a good thing, by putting it in the water people are swallowing it, I don't know anyone who swishes water around their teeth when they drink it, the only time they do is when they spit it out while brushing their teeth. There is no proof that fluoride in the water is of any benefit at all, the WHO uses the following diagram to show the levels of tooth decay trends in countries: fluoridated V non-fluoridated



if you look you will see that all countries whether fluoride had been added to the water on not, declined at approximately the same rate, therefore it must have been something other than fluoride that attributed to this, I would suggest that easier access to toothbrushes, toothpaste and education was the cause.

To put it in a simpler way, the MOH wants fluoride in the water in the guise of protecting teeth, therefore it is a medical reason, therefore it is a medicine and should be listed as such. It is my belief that everyone has the right to refuse treatment and therefore NZ MOH should not be putting toxic fluoride into the water without being requested to do so by individuals, no one has the right to mass medicate.

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?

Hydro-Fluorosilicic Acid: hexafluorosilicate: Sodium fluoride, Sodium Hexafluorosilicate, Sodium Fluorosilicate, Disodium Hexafluorosilicate, Disodium Silicofluoride

From the MSDS sheets for the above.

Hydro-Fluorosilicic Acid:

POTENTIAL HEALTH EFFECTS

Routes Of Exposure: Eyes. Ingestion. Inhalation. Skin. Absorption.

Target Organs: Respiratory System. Kidneys. Liver. Eyes.

Eye Contact: CORROSIVE-Causes severe irritation and burns. Causes: watering. redness. swelling. May

cause: serious eye damage. permanent eye damage. blindness.

Skin Contact: CORROSIVE-Causes severe irritation and burns. Causes: painful irritation. redness. swelling.

severe burns. Effects may be slow to heal.

Skin Absorption: Absorption may cause: shock. hypocalcemia following the extent of the lesions.

Inhalation: CORROSIVE-Causes severe irritation and burns. Causes: spasmodic cough. difficulty breathing.

May cause: chemical pneumonitis. pulmonary edema. Inhalation of high concentrations may cause: hypocalcemia. nervous problems (tetany). cardiac arrhythmia (heart irregularity). Prolonged or repeated contact

may cause: sore throat. nose bleeds. chronic bronchitis.

Ingestion: CORROSIVE-Causes severe irritation and burns. May cause severe burns to the: mouth. throat.

May cause: perforation of the esophagus. perforation of the stomach. throat edema. suffocation. abdominal

cramps. nausea. vomiting (bloody). bloody diarrhea. coughing. difficulty in breathing. convulsions.

Incompatibility..... Metals, glass, alkali, ceramics, and strong concentrated acids.

Strong

concentrated acids will cause the liberation of poisonous hydrogen fluoride. Hydrofluorosilicic acid will attack glass and ceramics. Metals will be corroded and liberate hydrogen gas.

hexafluorosilicate - Sodium Hexafluorosilicate, Sodium Fluorosilicate, Disodium Hexafluorosilicate, Disodium Silicofluoride

Emergency Overview

Sodium Silicofluoride is a white, odorless, crystalline solid. Inhalation and ingestion may cause severe injury or death. Can

permanently damage the eyes. Can irritate skin and respiratory tract. Emergency responders must wear proper personal protective equipment for the incident to which they are responding.

Hazard Statements

DANGER! MAY BE FATAL IF SWALLOWED OR INHALED. CAUSES EYE, SKIN, AND RESPIRATORY TRACT

IRRITATION. Avoid contact with eyes, skin, and clothing. Do not breathe dusts. Do not taste or swallow. Wash thoroughly after handling. Keep container closed. Use with adequate ventilation.

Potential Health Effects: Eyes

Eye contact will cause moderate to severe irritation, pain, reddening, and possible corneal damage.

Depending on the duration of

eye contact, corneal damage may be irreversible.

Potential Health Effects: Skin

Product may act as a corrosive agent to the skin if skin is damp and cause severe irritation and burns.

Repeated or prolonged skin

exposure can cause dermatitis and rash and may cause skin lesions. Depending on the concentration and duration of skin

overexposure, skin absorption may cause symptoms such as those described under "Ingestion".

Potential Health Effects: Ingestion

Can moderately to severely irritate the mouth, throat, and other tissues of the gastrointestinal system and cause pain of the mouth, throat, and stomach followed by profuse vomiting and diarrhea. Symptoms may include hypocalcemia, facial numbness, lethargy, respiratory depression followed by respiratory failure, disconjugate gaze, rapid rhythmic movement of the eyeball, small local

muscle contractions throughout the body, rapid heart rate, ventricular fibrillation, enlarged liver, and cramps of the palms, feet, and

legs. A probable oral lethal dose of 50-500 mg/kg, has been reported for a 150-pound (70-kg) person receiving between 1 teaspoon

and 1 ounce of sodium hexafluorosilicate. Chronic ingestion exposure to this product can cause severe calcification of the ribs,

pelvis, and spinal column ligaments; effects on the enzyme system; stiffness; irritation of the mucous membranes; weight loss; loss

of appetite; anemia; wasting of muscle; and dental effects.

Potential Health Effects: Inhalation

Can moderate to severely irritate the nose, throat, and other tissues of the respiratory system and cause difficulty breathing and

coughing. Acute inhalation overexposure to this product may cause symptoms such as those described under "Ingestion". Chronic

inhalation overexposure to this product can cause symptoms such as those described under "Ingestion" and pulmonary fibrosis.

Sodium fluoride:

Xn Poisonous by ingestion. Dust extremely irritating to eyes. Ingestion causes nausea, vomiting, stomach pains and diarrhoea. Particular care must be exercised when machining and creating dust or particles. Lethal dose about 4g

Class 6.1 Poison

Warning

Toxic if swallowed.

Causes skin irritation

Causes serious eye irritation

Prevention:

P262

Do not breathe dust/fume/gas/mist/vapours/spray.

P264

Wash thoroughly after handling.

P270

Do not eat, drink or smoke when handling this product

Quite frankly the NZ MOH should be charged with attempting murder by putting any of these in our water supply.



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

askmedsafe

07/01/2015 02:30 p.m.

Please respond

History: This message has been replied to.

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

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

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

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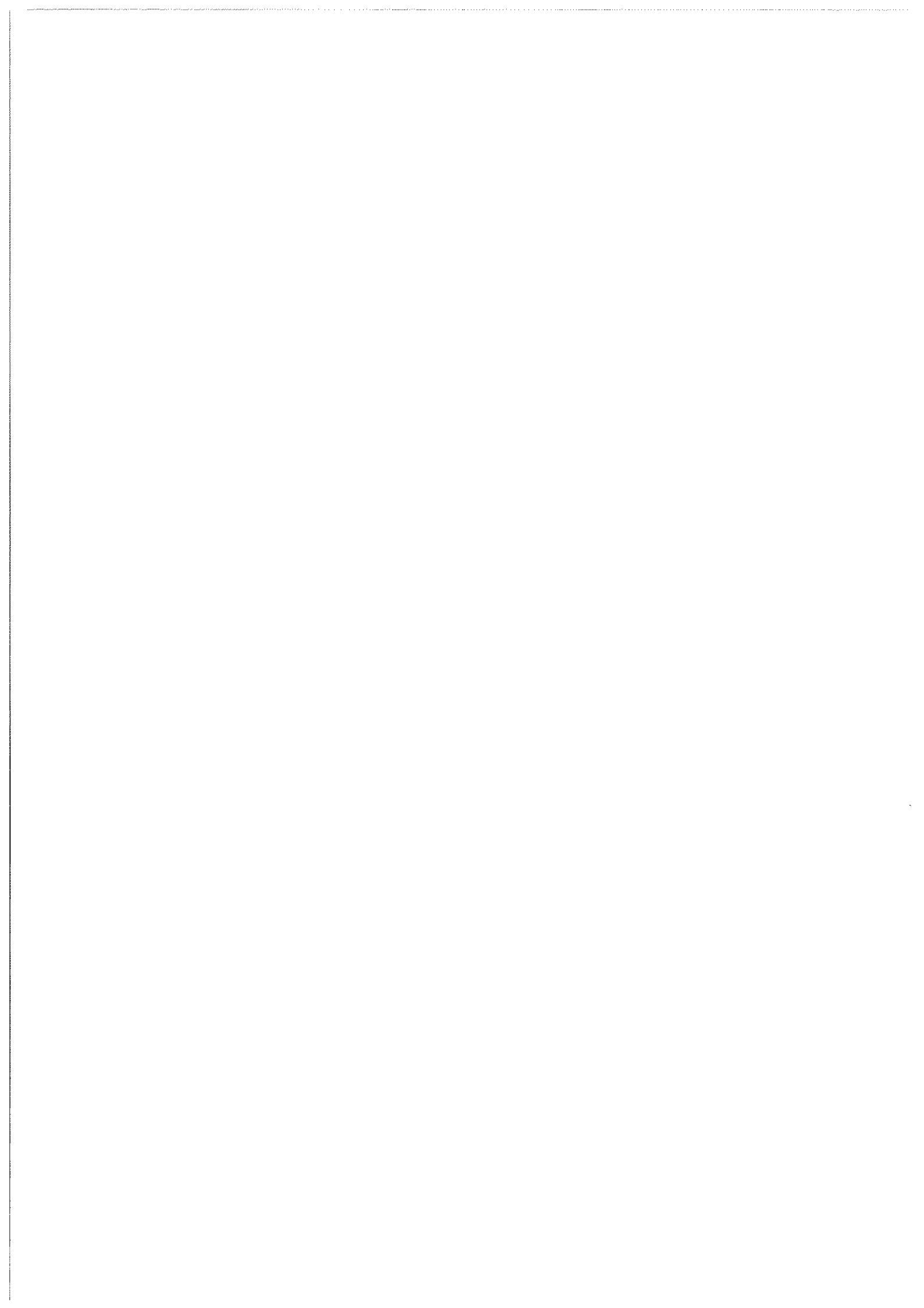
Question 1. *Do you support the proposed amendment? If not why not?*

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**





Re: Exemption of Fluoride

: askmedsafe@moh.govt.nz

07/01/2015 02:30 p.m.

History: This message has been replied to.

SUBMISSION FORM

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

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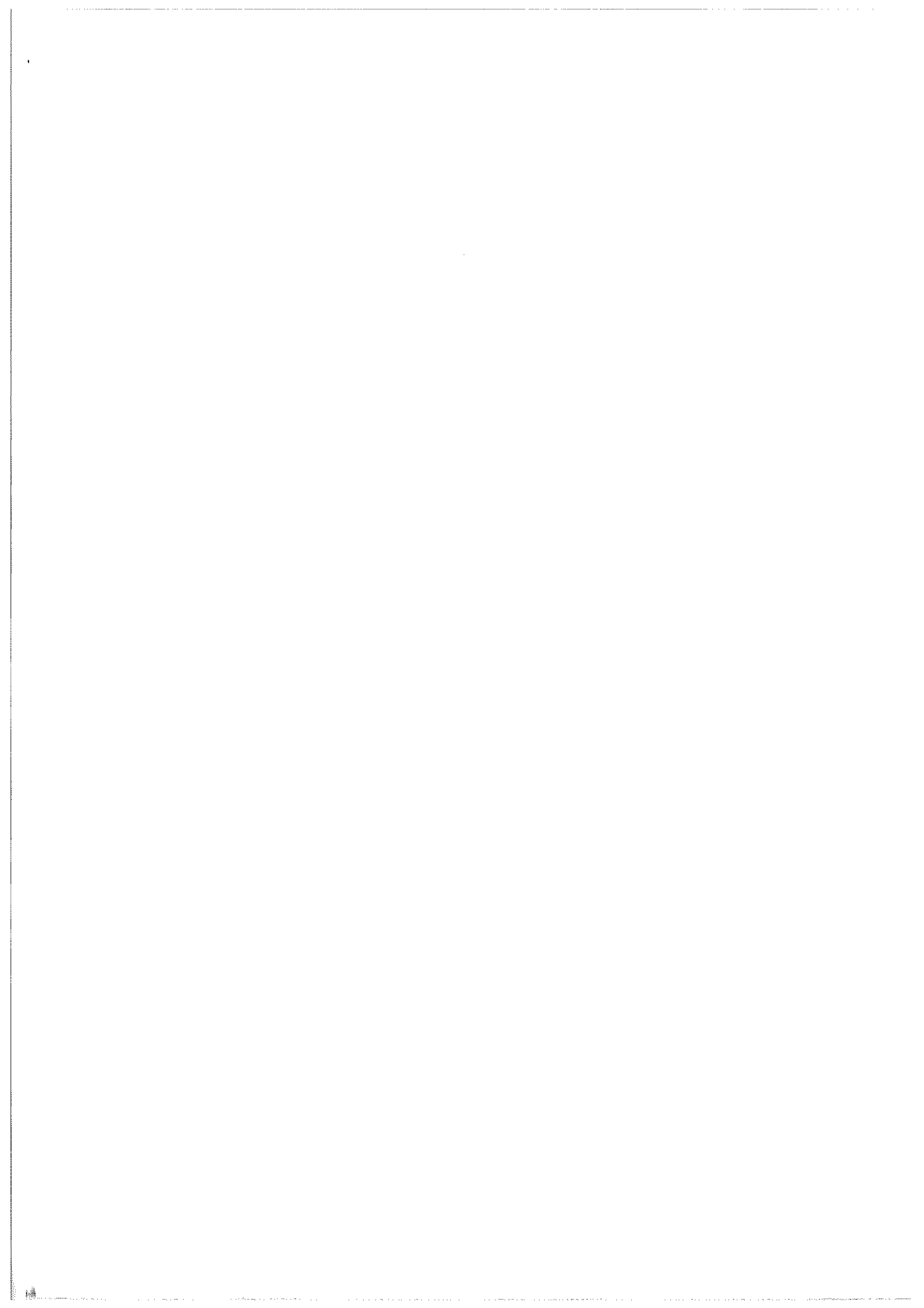
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4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines
5. Over the course of a decade or so working as a GP and then rural hospital specialist, FRNZCGP and FDRHMNZ, I carried out extensive research into the physiological effects of fluorosilicates in the water supply and i am definitely of the opinion that the potential harmful effects of these substances are significant in several organ systems of the body including the brain, bones, and thyroid gland, even in the concentrations proposed, and the beneficial effects on teeth are extremely questionable - furthermore this is recognised by the vast majority of overseas countries.

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:	New Zealand Dental Hygienists' Association
If this submission is made on behalf of an organisation, please name that organisation here:	New Zealand Dental Hygienists' Association
Please provide a brief description of the organisation if applicable:	Professional body operating on the behalf of the New Zealand Dental Hygiene profession.
Address/email:	secretary@nzdha.co.nz NZDHA PO Box 36529, Merivale, Christchurch
Your interest in this topic (for example, local body, consumer, manufacturer, health professional etc):	Prevention of caries in our community with the safe, effective, proven method of water fluoridation.
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.

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

askmedsafe

07/01/2015 02:43 p.m.

Please respond to

History: This message has been replied to.

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

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

Email:

Address:

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

NO. I do not support the proposed amendment because:

1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to “first do no harm”
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Submission to Consultation on Proposed Amendment to Regulations
under the Medicines Act 1981 - Fluoride (2014)

to: askmedsafe

07/01/2015 02:58 p.m.

History:

This message has been replied to.

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

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community water fluoridation

(CWF) the purpose of fluoride and its compounds is to treat people.



Fluoridation water.

ikmedsafe

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

History:

This message has been replied to.

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

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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. The benefit from fluorine to cavities in teeth is from topical application not systemic effects.
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”

There is increasing concern worldwide concerning the effect on the developing brain of fluoride added to water supplies. There has been a meta analysis of data concerning children's IQ and fluoride addition to water supplies done in Harvard, USA. A summary of their comments is below -

To summarize the available literature, we performed a systematic review and meta-analysis of published studies on increased fluoride exposure in drinking water and neurodevelopmental delays. We specifically targeted studies carried out in rural China that have not been widely disseminated, thus complementing the studies that have been included in previous reviews and risk assessment reports...

Findings from our meta-analyses of 27 studies published over 22 years suggest an inverse association between high fluoride exposure and children's intelligence... The results suggest that fluoride may be a developmental neurotoxicant that affects brain development at exposures much below those that can cause toxicity in adults...

Serum-fluoride concentrations associated with high intakes from drinking-water may exceed 1 mg/L, or 50 Smol/L, thus more than 1000-times the levels of some other neurotoxicants that cause neurodevelopmental damage. Supporting the plausibility of our findings, rats exposed to 1 ppm (50 Smol/L) of water-fluoride for one year showed morphological alterations in the brain and increased levels of aluminum in brain tissue compared with controls...

In conclusion, our results support the possibility of adverse effects of fluoride exposures on children's neurodevelopment.

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.

My understanding is that the New Zealand 'Bill of Rights' includes the right to refuse treatment. By adding fluoride to the water supply you are removing this right.

Increasingly around the world it appears that councils and governments are **removing** fluoride from water supplies. Eg Israel, Portland and Texas to name a few recent examples.

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

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MBCHB DCH DGP FRCNZGP

General Practitioner,

1.



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

to: askmedsafe@moh.govt.nz

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

Please respond to:

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Name:

Ema

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 100% 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 and therefore it is a medicine which comes under the Medicine’s act regardless of dosage!!!**

I wish to speak to my submission.

Post to:

Regulations under the Medicines Act 1981 Consultation

Medsafe

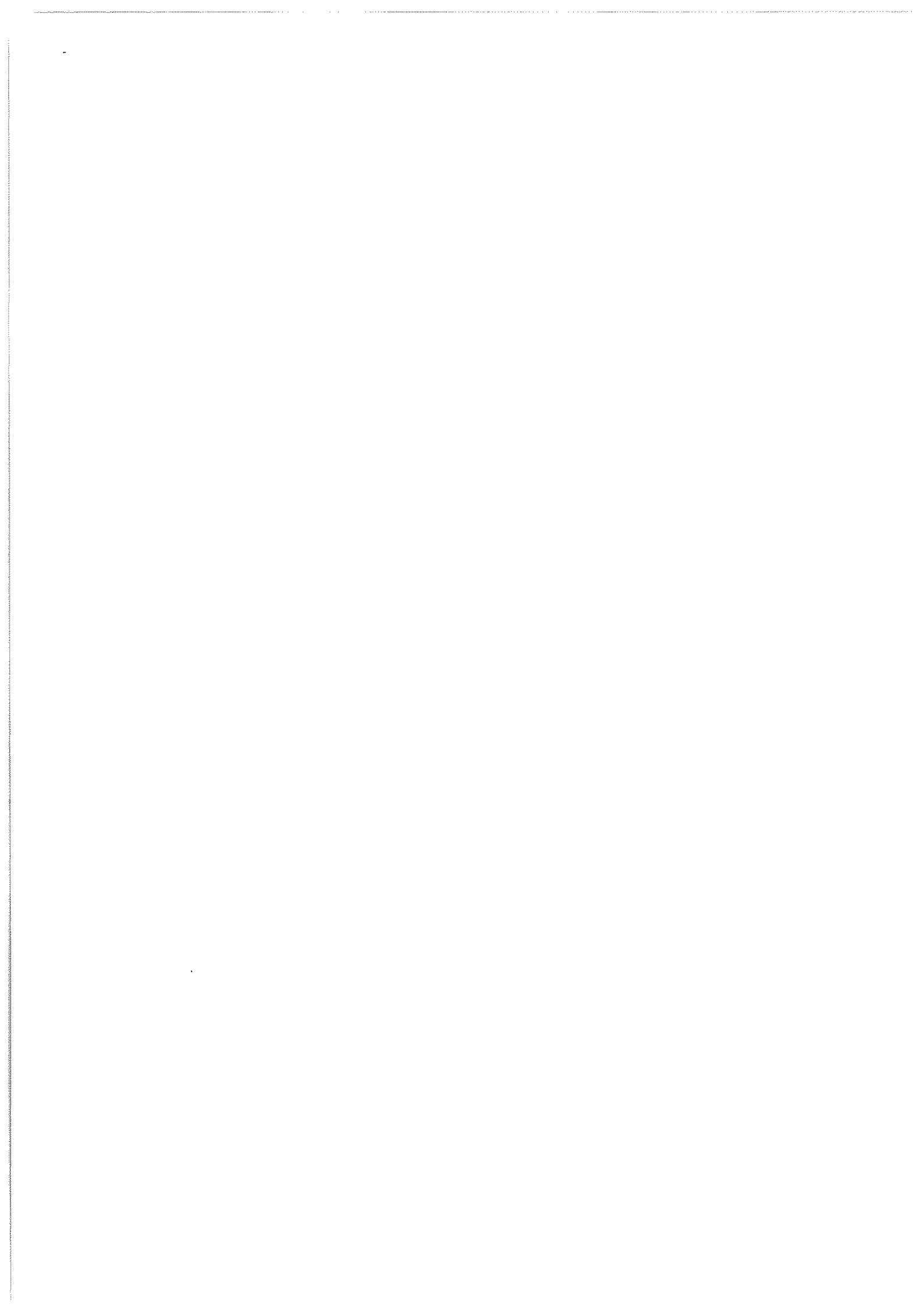
Clinical Leadership Protection & Regulation

Ministry of Health

PO Box 5013

Wellington 6145

Email to: askmedsafe@moh.govt.nz



SUBMISSION FORM

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

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

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

Nam -
Emai:

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

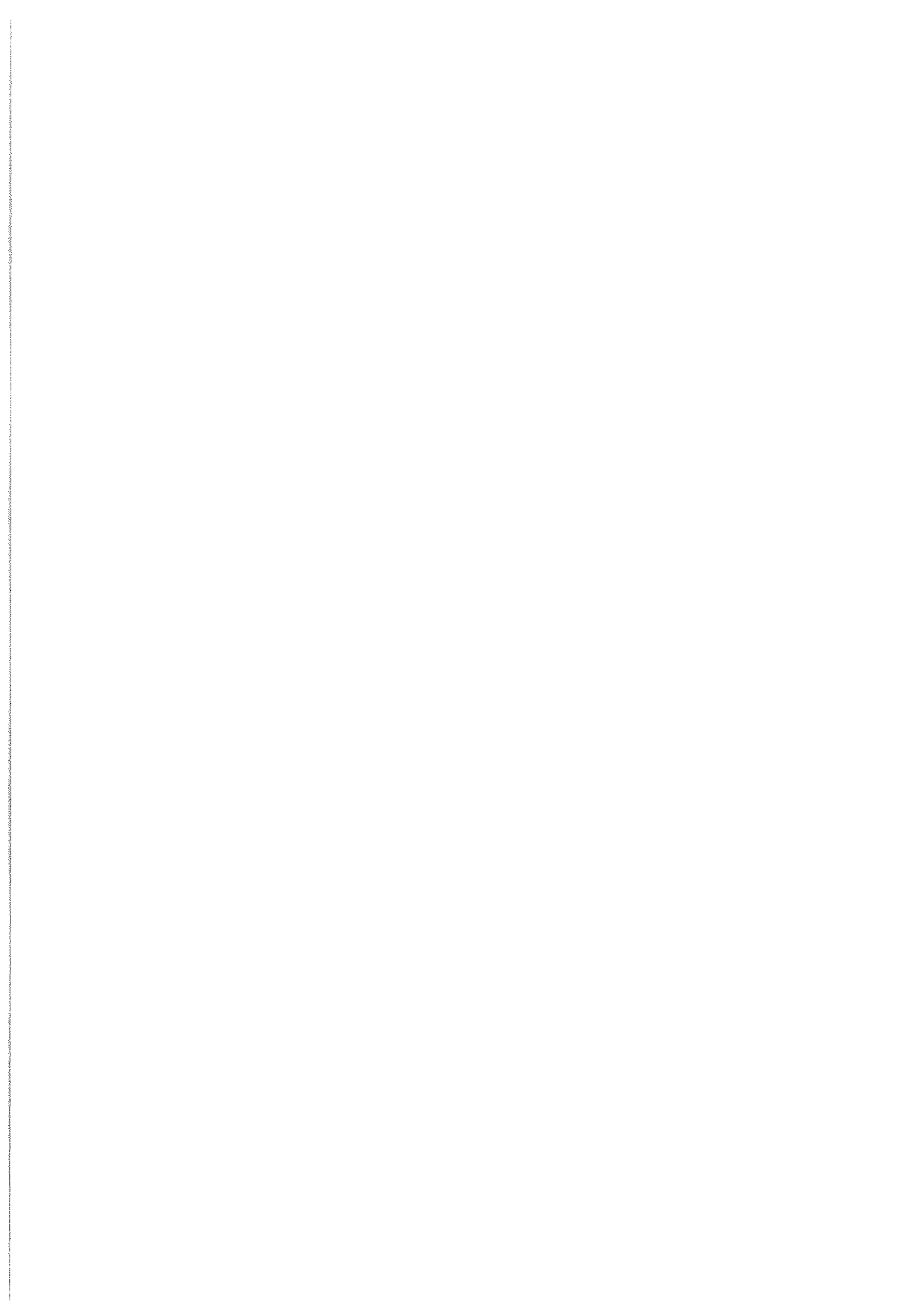
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NO. Fluoride and its compounds are **not** used to ‘**treat**’ community water supplies. In community water fluoridation (CWF) the **purpose** of fluoride and its compounds is to **treat people**

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

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

Email to: askmedsafe@moh.govt.nz



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Name:

Email

Address:

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

NO. I do not support the proposed amendment because:

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

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

Email to: askmedsafe@moh.govt.nz





Water Fluoridation Submission

to: askmedsafe@moh.govt.nz

07/01/2015 03:11 p.m.

Please respond!

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 besides which Fluoride has no natural physiological function. None of us suffer from fluoride deficiency. Thus if it is proposed to add it to the water supply for the treatment of dental caries it is a de facto medicine. No BS about concentrations in the water supply can alter this. In addition the dosage in adding it to public water supply is incalculable as it depends on the body weight of the recipient and the quantity of water taken. That does not take account of absorption through the skin when people bath and shower. If Government really want to prevent rotting teeth then it needs to find a way to stop children from consuming quantities of lollies and fizzy drinks. That is the real problem. Also if fluoride is needed in certain cases research shows that only topical application eg toothpaste is effective. It would be cheaper to give that out to children and teaching them to clean their teeth than to poison the whole population.
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". Also it breaches the right of any individual to withhold consent to any proposed medicine or treatment. A public ballot passed by a small margin does not imply individual consent to the administration of this medicine.
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. First fluoride and then what..... Are we going to see attempts to administer other medicines via the public water supply such as statins (already mooted in one European country)? Is this the beginning of a police state where government can not be held accountable for its actions?

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**. There is a distinct difference between the use of a chemical to purify water eg Chlorine and the addition of fluoride to treat people
I do wish to speak to my submission.



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

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

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

Name:

Email:

Address:

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

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

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

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

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

Email to: askmedsafe@moh.govt.nz



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

to: askmedsafe

07/01/2015 03:36 p.m.

History: This message has been replied to.

To Whom It May Concern;

I do not support the addition of fluoride to our drinking water. My reasons for not supporting fluoridation are:

1. Fluoride is not treating the water in the way chlorine is used.
2. Fluoride is added to water as a way of preventing dental disease, therefore it is added as a medicine.
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicine.
4. Adding fluoride to our drinking water removes the safety precaution of protecting people from harm thereby undermining the right of every New Zealander to be safe from indiscriminate use of medicines.

The purpose of adding fluoride to our water is not to 'treat' the water, it is added to treat people and I do not agree with mass medication and I certainly do not wish myself or my community to be medicated via a means (water) which we can not avoid and to which we have a citizen and human right.

Yours sincerely,







Fluoride exemption submission

fluoride@moht.govt.nz

07/01/2015 03:58 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

Question 1:

I do NOT support the proposed fluoride amendment to the Medicines Act because:

Even low concentrations and low intake levels of fluoride substances are causing double the rate of fluorosis in communities with fluoridated water, compared to communities with no water fluoridation. Fluorosis is the first outward sign of fluoride poisoning. Ingested fluorides cause physiological changes in the human body. Officials who add these synthetic toxic fluoride substances to the water, assure us that physiological changes occur due to fluoride.

All ingested fluoride medicines and substances are illegal in Belgium, including fluoride tablets. The NZ Ministry of Health no longer recommends the use of fluoride tablets, as Dr Robyn Haisman-Welsh advised the public, after New Plymouth City Council ended water fluoridation.

HFA and SSF must be regulated under the Medicines Act. There have never been any safety studies done on HFA, anywhere in the world, ever. If these substances were regulated, then safety studies would be necessary.

Question 2:

It is disappointing that the writers of this submission form failed to understand that fluoride is not added to water to treat the WATER, like chlorine or other additives to make municipal water potable.

If the MoH wants to help reduce dental decay they can pay for school brushing programmes and sugar education campaigns. These have genuine results, unlike fluoridation, which does not reduce dental decay. The NZ MoH school dental statistics show non fluoridated Canterbury has better teeth than fluoridated Auckland, fluoridated Hamilton and fluoridated Dunedin. Non fluoridated Canterbury has better teeth than the whole NZ fluoridated averages, for most of the last decade.

Water fluoridation is an out-dated practice. Attempts to keep it limping along, as the rest of the world discontinues it, are backward and unscientific.

A
to ...





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

A askmedsafe

07/01/2015 04:08 p.m.

History: This message has been replied to.

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

Dear Sir/Madam

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 currently manufactured and supplied/distributed for the purpose of fluoridating community water supplies.

I do not support the proposed amendment because fluoride is not a water treatment chemical like chlorine. Fluoride is added to the water as a treatment for people, therefore it is a medicine. I do not support the ability for "mass medication" of water supplies without consent - it's a violation of everyone's Civil and Political Rights.

Re NZ Bill of Rights Act 1990:

- (10) Right not to be subjected to medical or scientific experimentation.
- (11) Right to refuse to undergo medical treatment.

I believe every New Zealander has the right to clean non-medicated drinking water. Fluoride is a medicine! Changing its classification under the proposed amendment doesn't change what the substance truly is. The health and wellbeing of all New Zealanders needs to be protected from this form of bureaucracy.

The Medicines Act is designed to protect us 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.

I do not wish to speak to my submission.

Yours faithfully

DISCLAIMER: This electronic message together with any attachments is confidential. If you are not the intended recipient, do not copy, disclose or use the contents in any way. Please also advise by return email that you have received the message and then please destroy.



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

askmedsafe

07/01/2015 04:13 p.m.

History: This message has been replied to.

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

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

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

Name

Email:

Address

I am a New Zealand citizen currently resident in Australia. I vote in the Helensville electorate.

I strongly object to fluoride being added to tap water, as it is in most places in New Zealand and Australia. I avoid drinking tap water, but find it difficult to avoid secondary exposure to the useless poison fluoride.

The scientific evidence is clear that ingested fluoride is harmful and without benefit. This amendment seems to be a way to avoid having appropriate consideration of the issue.

I have B.A., M.A., and B.Sc. degrees all from the University of Auckland and have studied the subject of fluoridated drinking water in some detail since meeting Dr. John Colquhoun in the early 1980s.

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.

Sincerely,



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

askmedsafe

07/01/2015 04:24 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?

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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 for Fluoridation

C

to:

askmedsafe

07/01/2015 04:25 p.m.

Hide Details

From:

To: askmedsafe@moh.govt.nz,

History: This message has been replied to.

1 Attachment



Water Fluoridation.doc

Question 1. Do you support the proposed amendment?

If not why not?

NO. I do not support the proposed amendment for many many reasons – some are written below but be aware - this is a short list:

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 it's not a medicine, then what is it and why are you adding it to the water?
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

The chemicals used for artificial fluoridation of water are not the ones occurring naturally in water, however. In the United States, crystals of sodium fluoride or sodium fluorosilicate are usually used or the liquid fluorosilicic acid is added to the water to bring the fluoride content to the prescribed level of 1 ppm. These chemical by-products of fertilizer industries and typically contain other industrial contaminants. If you wish to fluoridate the water (which I disagree with) you would have to use pharmaceutical grade fluoride or naturally occurring Fluoride compounds and certainly not a contaminated source.

There is no evidence that fluoride is essential to human health. To counteract iodine deficiency, which results in the disease goiter, iodine supplementation is practiced in areas with high incidence. While fluorosis caused by the excess of this chemical is prevalent in many areas of the world, there is **no such thing** as fluorine deficiency. Then what is the medical justification for treating a non-existent condition by mandatory supplementation?

People have no choice over their water supply. Water is an essential part of our diet. Many foods and beverages are often fortified with iron, calcium and other essential vitamins important for our overall health. However, in the case of fortified foods, people can choose not to buy that particular product. While they can avoid beverages like tea that typically contains high concentrations of fluoride, there is no escape from this chemical when it is in their drinking water. Water supply artificially laced with fluoride is like pouring unwanted chemicals down their throat.

It's impossible to keep the amount of fluoride consumption within range. Since fluoride is not fully excreted, it can accumulate in the body over time, causing a chemical overload. People who typically consume large quantities of water and other water-based beverages would be at greater risk. For example, athletes generally drink lots of fluids to compensate for water loss during work outs, and people with medical conditions like diabetes and kidney stones are advised to drink plenty of water.

Patients undergoing dialysis are particularly susceptible to F1 toxicity.

Infants fed on formula milk reconstituted with water from domestic supply inadvertently consume more fluoride than their breast-fed counterparts as breast milk contains negligible amounts of this element. The very fact that breast milk is low in fluoride precludes any health benefit the chemical is supposed to have. While fluoride toothpastes carry warnings against using it with young children because of the risk of accidental ingestion, how many parents are sensitized to the risk of mixing infant formula with fluoridated water?

The side effects of long-term consumption of fluoride has not been studied. The crippling effects of fluoride over the threshold limit of 1-1.5 ppm are well known because many countries have this problem. But, how slow poisoning by water with lower levels of fluoride would affect the health of people is far from clear. Osteoporosis, arthritis and even cancer are cited as possible outcomes, but not with enough supporting data. Nevertheless, the line between the beneficial and detrimental levels of fluoride being so fine, there is room for legitimate concern regarding the safety of long-term use.

Informed consent for ongoing experimentation has not been obtained from all individuals within fluoridated communities; nor has consent been obtained from all individuals for the subsequent scientific research being conducted upon them. According to the Universal Declaration on Bioethics and Human Rights, "The interests and welfare of the individual should have priority over the sole interest of science or society" and, "In appropriate cases of research carried out on a group of persons or a community... In no case should a collective community agreement or the consent of a community leader or other authority substitute for an individual's informed consent"

Adding Fluoride to Water Supplies:

British Medical Journal - Ethical implications; Potential harms

"Under the principle of informed consent, anyone can refuse treatment with a drug or other intervention. The Council of Europe Convention on Human Rights and Biomedicine 1997/19 states that health interventions can only be carried out after free and informed consent. The General Medical Council's guidance on consent also stresses patients' autonomy, and their right to decide whether or not to undergo medical intervention even if refusal may result in harm. This is especially important for water fluoridation, as an uncontrollable dose of fluoride would be given for up to a lifetime, regardless of the risk of caries, and many people would not benefit... In the case of fluoridation, people should be aware of the limitations of evidence about its potential harms and that it would be almost impossible to detect small but important risks (especially for chronic conditions) after introducing fluoridation."

You absolutely DO NOT have my informed consent to fluoridate my water supply.

Our public health officials claim water fluoridation is an effective way to prevent the high rates of tooth decay now found in low-income children. There are problems with this idea:

- 1) There are oral health crises in low-income areas that have been fluoridated for decades. Fluoridation has not prevented low-income neighbourhoods from suffering a crisis of tooth decay
- 2) Published studies have repeatedly found that fluoridation does not prevent the type of tooth decay – baby bottle tooth decay (BBTD) – that is one hallmark of the current local oral health crisis. Photos used to emphasize the urgent need for fluoridation are almost always photos of BBTD. Only education can prevent BBTD. Fluoridation will have no effect.
- 3) The poor are most harmed by fluoride, suffering higher rates of dental fluorosis, as well as the other health effects of fluoride, especially diabetes and asthma. Poor diet results in more tooth decay **and** more harm from fluoride.....
- 4) MOH and councils think that just fluoridating the water will prevent children getting tooth decay, but it has not and will not. Parents must be taught that they can not give their children sugary drinks and must be

taught how to feed their children healthy food – this is the answer, NOT fluoridating. How much money has been spent on forcing communities to fluoridate when that money should be spent on educating people as to why their children's teeth are so deteriorated and what we can do to prevent it.

5) some people are reactive to fluoride and can't clear it from their systems – putting it into drinking water will exacerbate health problems including infertility and hypo-thyroidism due to the FI competing with Iodine as well as the more obvious fluorosis issue.

Proven potential for harm - William Marcus, the senior scientist in the Office of Drinking Water at the Environmental Protection Agency, expressed concerns about the "systematic downgrading" of cancers in a 1990 published study and requested that the EPA assemble an independent board of pathologists and others to review the data produced in the study. Marcus has this to say about the study:

"... rats got cancer of the bone and they got a very unusual cancer of the liver. And that was extremely surprising. First of all to produce cancer of the bone in rodents is never seen because the time that you have between birth and death of a rodent is only 3 ½ to four years and it usually takes longer than that to produce a cancer in bone. The cancer of the liver is extremely rare and the fact that it happened meant that it was significant. This doesn't happen. I wrote this memo in which I claimed that I thought fluoride was a carcinogen and that we had as much evidence with the animal studies to show that it was a carcinogen as we had with any of the other compounds [that EPA studied] and therefore should be treated as such."

It is the legal responsibility of public servants to ensure that they do not harm their community – what are you planning to do to ensure that no one is harmed by the inherent toxicity of both fluoride and the contaminants in the water fluoridation compounds? MOH and local councils will be leaving themselves open to being sued for illness outcomes and therefore spending more tax payer dollars on defending an indefensible argument.

Estimates of the ingested dose of fluoride necessary to produce acute toxicity in adults vary from 7 to 70 mg (1 mg/liter = 1 ppm), and the lethal dose ranges from 70 to 140 mg/kg. According to the handbook, *Clinical Toxicology of Commercial Products*, **fluoride is more poisonous than lead** and just slightly less poisonous than **arsenic**. We took lead out of petrol and paint – why do we put something more toxic straight into the drinking water? Not only that, but do you understand the effect of pumping Fluoride and its contaminants into lakes, rivers, seas – is there a short or long term effect on animal and plant life? What is it, and what is the dose at which animals are affected? We drink less than 0.1% of the water that comes out of our taps – if someone wishes to take Fluoride as a supplement, it would be far less wasteful if they did so personally. Any organic farms that use town supply would lose their organic status because they would be using poisonous substances on their soils. Councils could be sued for loss of income.

If there is a mistake made and excess Fluoride is released accidentally in to the water supply, the council may be responsible for deaths in the community. The difference between a 'therapeutic' and a deadly dose is not huge with Fluoride, as it is amongst other things, an enzyme disruptor and our body is functions due to enzyme reactions – stop the enzyme reactions and you stop body function. Fluoride is a known neuro-toxin and also a component of many anti-depressant medicines, therefore there is huge potential for mental disorders arising from water fluoridation and you can't say that water fluoridation is not a medication because it has been shown to affect brain function (negatively).

As there is no proof of no harm done, and lots of proof that harm is done, there is no way that you can make fluoride a water-treatment. It is NOT SAFE, it is NOT EFFECTIVE – please see *John Colquhoun's* (Auckland's Chief Dental officer) article attached for more information on that.

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. Fluoride is incredibly toxic at

low and high doses and should not be added to anyone's water supply.

€

Why I Changed My Mind About Water Fluoridation

John Colquhoun, D.D.S., Ph.D.

*Published in: Perspectives in Biology and Medicine Volume 41, page29-44.
1997*

FORMER ADVOCATE

To explain how I came to change my opinion about water fluoridation, I must go back to when I was an ardent advocate of the procedure. I now realize that I had learned, in my training in dentistry, only one side of the scientific controversy over fluoridation. I had been taught, and believed, that there was really no scientific case against fluoridation, and that only misinformed lay people and a few crackpot professionals were foolish enough to oppose it. I recall how, after I had been elected to a local government in Auckland (New Zealand's largest city, where I practised dentistry for many years and where I eventually became the Principal Dental Officer) I had fiercely — and, I now regret, rather arrogantly — poured scorn on another Council member (a lay person who had heard and accepted the case against fluoridation) and persuaded the Mayor and majority of my fellow councillors to agree to fluoridation of our water supply.

A few years later, when I had become the city's Principal Dental Officer, I published a paper in the *New Zealand Dental Journal* that reported how children's tooth decay had declined in the city following fluoridation of its water, to which I attributed the decline, pointing out that the greatest benefit appeared to be in low-income areas [1]. My duties as a public servant included supervision of the city's school dental clinics, which were part of a national School Dental Service which provided regular six-monthly dental treatment, with strictly enforced uniform diagnostic standards, to almost all (98 percent) school children up to the age of 12 or 13 years. I thus had access to treatment records, and therefore tooth decay rates, of virtually all the city's children. In the study I claimed that such treatment statistics "provide a valid measure of the dental health of our child population" [1]. That claim was accepted by my professional colleagues, and the study is cited in the official history of the New Zealand Dental Association [2].

INFORMATION CONFIDED

I was so articulate and successful in my support of water fluoridation that my public service superiors in our capital city, Wellington, approached me

and asked me to make fluoridation the subject of a world study tour in 1980 — after which I would become their expert on fluoridation and lead a campaign to promote fluoridation in those parts of New Zealand which had resisted having fluoride put into their drinking water.

Before I left on the tour my superiors confided to me that they were worried about some new evidence which had become available: information they had collected on the amount of treatment children were receiving in our school dental clinics seemed to show that tooth decay was declining just as much in places in New Zealand where fluoride had not been added to the water supply. But they felt sure that, when they had collected more detailed information, on *all* children (especially the oldest treated, 12-13 year age group) from *all* fluoridated and *all* nonfluoridated places [3] — information which they would start to collect while I was away on my tour — it would reveal that the teeth were better in the fluoridated places: not the 50 to 60 percent difference which we had always claimed resulted from fluoridation, but a significant difference nonetheless. They thought that the decline in tooth decay in the nonfluoridated places must have resulted from the use of fluoride toothpastes and fluoride supplements, and from fluoride applications to the children's teeth in dental clinics, which we had started at the same time as fluoridation. Being a keen fluoridationist, I readily accepted their explanation. Previously, of course, we had assured the public that the only really effective way to reduce tooth decay was to add fluoride to the water supply.

WORLD STUDY TOUR

My world study tour took me to North America, Britain, Europe, Asia, and Australia [4]. In the United States I discussed fluoridation with Ernest Newbrun in San Francisco, Brian Burt in Ann Arbor, dental scientists and officials like John Small in Bethesda near Washington, DC, and others at the Centers for Disease Control in Atlanta. I then proceeded to Britain, where I met Michael Lennon, John Beale, Andrew Rugg-Gunn, and Neil Jenkins, as well as many other scientists and public health officials in Britain and Europe. Although I visited only pro-fluoridation research centers and scientists, I came across the same situation which concerned my superiors in New Zealand. Tooth decay was declining without water fluoridation. Again I was assured, however, that more extensive and thorough surveys would show that fluoridation was the most effective and efficient way to reduce tooth decay. Such large-scale surveys, on very large numbers of children, were nearing completion in the United States, and the authorities conducting them promised to send me the results.

LESSON FROM HISTORY

I now realize that what my colleagues and I were doing was what the history of science shows all professionals do when their pet theory is confronted by disconcerting new evidence: they bend over backwards to explain away the new evidence. They try very hard to keep their theory intact — especially so if their own professional reputations depend on maintaining that theory. (Some time after I graduated in dentistry almost half a century ago, I also graduated in history studies, my special interest being the history of science — which may partly explain my re-examination of the fluoridation theory ahead of many of my fellow dentists.)

So I returned from my study tour reinforced in my pro-fluoridation beliefs by these reassurances from fluoridationists around the world. I expounded these beliefs to my superiors, and was duly appointed chairman of a national "Fluoridation Promotion Committee." I was instructed to inform the public, and my fellow professionals, that water fluoridation resulted in better children's teeth, when compared with places with no fluoridation.

Surprise: Teeth Better Without Fluoridation?

Before complying, I looked at the new dental statistics that had been collected while I was away for my own Health District, Auckland. These were for all children attending school dental clinics — virtually the entire child population of Auckland. To my surprise, they showed that fewer fillings had been required in the nonfluoridated part of my district than in the fluoridated part. When I obtained the same statistics from the districts to the north and south of mine — that is, from "Greater Auckland," which contains a quarter of New Zealand's population — the picture was the same: tooth decay had declined, but there was virtually no difference in tooth decay rates between the fluoridated and non fluoridated places. In fact, teeth were slightly better in the nonfluoridated areas. I wondered why I had not been sent the statistics for the rest of New Zealand. When I requested them, they were sent to me with a warning that they were not to be made public. Those for 1981 showed that in most Health Districts the percentage of 12- and 13-year-old children who were free of tooth decay - that is, had perfect teeth - was greater in the non-fluoridated part of the district. Eventually the information was published [4].

Over the next few years these treatment statistics, collected for all children, showed that, when similar fluoridated and non-fluoridated areas were compared, child dental health continued to be slightly better in the non-fluoridated areas [5,6]. My professional colleagues, still strongly defensive of fluoridation, now claimed that treatment statistics did not provide a valid measure of child dental health, thus reversing their previous acceptance of such a measure when it had appeared to support fluoridation.

I did not carry out the instruction to tell people that teeth were better in the fluoridated areas. Instead, I wrote to my American colleagues and asked them for the results of the large-scale surveys they had carried out there. I did not receive an answer. Some years later, Dr John Yiamouyiannis obtained the results by then collected by resorting to the U.S. Freedom of Information Act, which compelled the authorities to release them. The surveys showed that there is little or no differences in tooth decay rates between fluoridated and nonfluoridated places throughout America [7]. Another publication using the same database, apparently intended to counter that finding, reported that when a more precise measurement of decay was used, a small benefit from fluoridation was shown (20 percent fewer decayed tooth surfaces, which is really less than one cavity per child) [8]. Serious errors in that report, acknowledged but not corrected, have been pointed out, including a lack of statistical analysis and a failure to report the percentages of decay-free children in the fluoridated and nonfluoridated areas [7].

Other large-scale surveys from United States, from Missouri and Arizona, have since revealed the same picture: no real benefit to teeth from fluoride in drinking water [9, 10]. For example, Professor Steelink in Tucson, AZ, obtained information on the dental status of all schoolchildren – 26,000 of them – as well as information on the fluoride content of Tucson water [10]. He found: "When we plotted the incidence of tooth decay versus fluoride content in a child's neighborhood drinking water, a positive correlation was revealed. In other words, the more fluoride a child drank, the more cavities appeared in the teeth" [11].

From other lands — Australia, Britain, Canada, Sri Lanka, Greece, Malta, Spain, Hungary, and India — a similar situation has been revealed: either little or no relation between water fluoride and tooth decay, or a positive one (more fluoride, more decay) [12-17]. For example, over 30 years Professor Teotia and his team in India have examined the teeth of some 400,000 children. They found that tooth decay increases as fluoride intake increases. Tooth decay, they decided, results from a deficiency of calcium and an excess of fluoride [17].

CAUSE OF DECLINE IN TOOTH DECAY

At first I thought, with my colleagues, that other uses of fluoride must have been the main cause of the decline in tooth decay throughout the western world. But what came to worry me about that argument was the fact that, in the nonfluoridated part of my city, where decay had also declined dramatically, very few children used fluoride toothpaste, many had not received fluoride applications to their teeth, and hardly any had been given fluoride tablets. So I obtained the national figures on tooth decay rates of

five-year-olds from our dental clinics which had served large numbers of these children from the 1930s on [18]. They show that tooth decay had started to decline well before we had started to use fluorides (Fig. 1). Also, the decline has continued after all children had received fluoride all their lives, so the continuing decline could not be because of fluoride. The fewer figures available for older children are consistent with the above pattern of decline [18]. So fluorides, while possibly contributing, could not be the main cause of the reduction in tooth decay.

So what did cause this decline, which we find in most industrialized countries? I do not know the answer for sure, but we do know that after the second world war there was a rise in the standard of living of many people. In my country there has been a tremendous increase in the consumption of fresh fruit and vegetables since the 1930s, assisted by the introduction of household refrigerators [19]. There has also been an eightfold increase in the consumption per head of cheese, which we now know has anti-decay properties [19, 20]. These nutritional changes, accompanied by a continuing decline in tooth decay, started before the introduction of fluorides.

The influence of general nutrition in protection against tooth decay has been well described in the past [21], but is largely ignored by the fluoride enthusiasts, who insist that fluorides have been the main contributor to improved dental health. The increase in tooth decay in third-world countries, much of which has been attributed to worsening nutrition [22], lends support to the argument that improved nutrition in developed countries contributed to improved dental health.

Flawed Studies

The studies showing little if any benefit from fluoridation have been published since 1980. Are there contrary findings? Yes: many more studies, published in dental professional journals, claim that there is a benefit to teeth from water fluoride. An example is a recent study from New Zealand [23], carried out in the southernmost area of the country [23]. Throughout New Zealand there is a range of tooth decay rates, from very high to very low, occurring in both fluoridated and nonfluoridated areas. The same situation exists in other countries.

What the pro-fluoride academics at our dental school did was to select from that southern area four communities: one nonfluoridated, two fluoridated, and another which had stopped fluoridation a few years earlier. Although information on decay rates in all these areas was available to them, from the school dental service, they chose for their study the one non-fluoridated community with the highest decay rate and two fluoridated ones with low decay rates, and compared these with the recently stopped fluoridated one,

which happened to have medium decay rates (both before and after it had stopped fluoridation). The teeth of randomly selected samples of children from each community were examined. The chosen communities, of course, had not been randomly selected. The results, first published with much publicity in the news media, showed over 50 percent less tooth decay in the fluoridated communities, with the recently defluoridated town in a "middle" position (see left side of Fig. 2). When I obtained the decay rates for *all* children in *all* the fluoridated and *all* the nonfluoridated areas in that part of New Zealand, as well as the decay rates for *all* children in the recently defluoridated town, they revealed that there are virtually no differences in tooth decay rates related to fluoridation (see right side of Fig. 2).

When I confronted the authors with this information, they retorted that the results of their study were consistent with other studies. And of course it is true that many similar studies have been published in the dental professional literature. It is easy to see how the consistent results are obtained: an appropriate selection of the communities being compared. There is another factor: most pro-fluoridation studies (including this New Zealand one) were not "blind" — that is, the examiners knew which children received fluoride and which did not. Diagnosis of tooth decay is a very subjective exercise, and most of the examiners were keen fluoridationists, so it is easy to see how their bias could affect their results. It is just not possible to find a blind fluoridation study in which the fluoridated and nonfluoridated populations were similar and chosen randomly.

EARLY FLAWED STUDIES

One of the early fluoridation studies listed in the textbooks is a New Zealand one, the "Hastings Fluoridation Experiment" (the term "experiment" was later dropped because the locals objected to being experimented on) [24]. I obtained the Health Department's fluoridation files under my own country's "Official Information" legislation. They revealed how a fluoridation trial can, in effect, be rigged [25]. The school dentists in the area of the experiment were instructed to change their method of diagnosing tooth decay, so that they recorded much less decay after fluoridation began. Before the experiment they had filled (and classified as "decayed") teeth with any small catch on the surface, before it had penetrated the outer enamel layer. After the experiment began, they filled (and classified as "decayed") only teeth with cavities which penetrated the outer enamel layer. It is easy to see why a sudden drop in the numbers of "decayed and filled" teeth occurred. This change in method of diagnosis was not reported in any of the published accounts of the experiment.

Another city, Napier, which was not fluoridated but had otherwise identical drinking water, was at first included in the experiment as an "ideal control" — to show how tooth decay did not decline the same as in fluoridated Hastings. But when tooth decay actually declined more in the non-fluoridated control city than in the fluoridated one, in spite of the instructions to find fewer cavities in the fluoridated one, the control was dropped and the experiment proceeded with no control. (The claimed excuse was that a previously unknown trace element, molybdenum, had been discovered in some of the soil of the control city, making tooth decay levels there unusually low [26], but this excuse is not supported by available information, from the files or elsewhere, on decay levels throughout New Zealand).

The initial sudden decline in tooth decay in the fluoridated city, plus the continuing decline which we now know was occurring everywhere else in New Zealand, were claimed to prove the success of fluoridation. These revelations from government files were published in the international environmental journal, *The Ecologist*, and presented in 1987 at the 56th Congress of the Australian and New Zealand Association for the Advancement of Science [27].

When I re-examined the classic fluoridation studies, which had been presented to me in the text books during my training, I found, as others had before me, that they also contained serious flaws [28-30]. The earliest set, which purported to show an inverse relationship between tooth decay prevalence and naturally occurring water fluoride concentrations, are flawed mainly by their nonrandom methods of selecting data. The later set, the "fluoridation trials" at Newburgh, Grand Rapids, Evanston, and Brantford, display inadequate baselines, negligible statistical analysis, and especially a failure to recognize large variations in tooth decay prevalence in the control communities. We really cannot know whether or not some of the tooth decay reductions reported in those early studies were due to water fluoride.

I do not believe that the selection and bias that apparently occurred was necessarily deliberate. Enthusiasts for a theory can fool themselves very often, and persuade themselves and others that their activities are genuinely scientific. I am also aware that, after 50 years of widespread acceptance and endorsement of fluoridation, many scholars (including the reviewers of this essay) may find it difficult to accept the claim that the original fluoridation studies were invalid. That is why some of us, who have reached that conclusion, have submitted an invitation to examine and discuss new and old evidence "in the hope that at least some kind of scholarly debate will ensue" [31].

However, whether or not the early studies were valid, new evidence strongly indicates that water fluoridation today is of little if any value. Moreover, it is now widely conceded that the main action of fluoride on teeth is a topical one (at the surface of the teeth), not a systemic one as previously thought, so that there is negligible benefit from swallowing fluoride [32].

Harm from Fluoridation

The other kind of evidence which changed my mind was that of *harm* from fluoridation. We had always assured the public that there was absolutely no possibility of any harm. We admitted that a small percentage of children would have a slight mottling of their teeth, caused by the fluoride, but this disturbance in the formation of tooth enamel would, we asserted, be very mild and was nothing to worry about. It was, we asserted, not really a sign of toxicity (which was how the early literature on clinical effects of fluoride had described it) but was only at most a slight, purely cosmetic change, and no threat to health. In fact, we claimed that only an expert could ever detect it.

HARM TO TEETH

So it came as a shock to me when I discovered that in my own fluoridated city some children had teeth like those in Fig. 3. This kind of mottling answered the description of dental fluorosis (bilateral diffuse opacities along the growth lines of the enamel). Some of the children with these teeth had used fluoride toothpaste and swallowed much of it. But I could not find children with this kind of fluorosis in the nonfluoridated parts of my Health District, except in children who had been given fluoride tablets at the recommended dose of that time.

I published my findings: 25 percent of children had dental fluorosis in fluoridated Auckland and around 3 percent had the severer (discolored or pitted) degree of the condition [33]. At first the authorities vigorously denied that fluoride was causing this unsightly mottling. However, the following year another Auckland study, intended to discount my finding, reported almost identical prevalences and severity, and recommended lowering the water fluoride level to below 1 ppm [34]. Others in New Zealand and the United States have reported similar findings. All these studies were reviewed in the journal of the International Society for Fluoride Research [35]. The same unhappy result of systemic administration of fluoride has been reported in children who received fluoride supplements [36]. As a result, in New Zealand as elsewhere, the doses of fluoride tablets were drastically reduced, and parents were warned to reduce the amount of fluoride toothpaste used by their children, and to caution them not swallow any. Fluoridationists would not at first admit that fluoridated water

contributed to the unsightly mottling — though later, in some countries including New Zealand, they also recommended lowering the level of fluoride in the water. They still insist that the benefit to teeth outweighs any harm.

WEAKENED BONES

Common sense should tell us that if a poison circulating in a child's body can damage the tooth-forming cells, then other harm also is likely. We had always admitted that fluoride in excess can damage bones, as well as teeth.

By 1983 I was thoroughly convinced that fluoridation caused more harm than good. I expressed the opinion that some of these children with dental fluorosis could, just possibly, have also suffered harm to their bones [Letter to Auckland Regional Authority, January 1984]. This opinion brought scorn and derision: there was absolutely no evidence, my dental colleagues asserted, of any other harm from low levels of fluoride intake, other than mottling of the teeth.

Six years later, the first study reporting an association between fluoridated water and hip fractures in the elderly was published [37]. It was a large-scale one. Computerization has made possible the accumulation of vast data banks of information on various diseases. Hip fracture rates have increased dramatically, independently of the increasing age of populations. Seven other studies have now reported this association between low water fluoride levels and hip fractures [38-44]. Have there been contrary findings? Yes; but most of the studies claiming no association are of small numbers of cases, over short periods of time, which one would not expect to show any association [45, 46]. Another, comparing a fluoridated and a nonfluoridated Canadian community, also found an association in males but not in females, which hardly proves there is no difference in all cases [47]. Our fluoridationists claim that the studies which do show such an association are only epidemiological ones, not clinical ones, and so are not conclusive evidence.

But in addition to these epidemiological studies, clinical trials have demonstrated that when fluoride was used in an attempt to treat osteoporosis (in the belief it strengthened bones), it actually caused more hip fractures [48-52]. That is, when fluoride accumulates in bones, it weakens them. We have always known that only around half of any fluoride we swallow is excreted in our urine; the rest accumulates in our bones [53, 54]. But we believed that the accumulation would be insignificant at the low fluoride levels of fluoridated water. However, researchers in Finland during the 1980s reported that people who lived 10 years or more in that country's one fluoridated city, Kuopio, had accumulated extremely high levels of fluoride

in their bones — thousands of parts per million — especially osteoporosis sufferers and people with impaired kidney function [55, 56]. After this research was published, Finland stopped fluoridation altogether. But that information has been ignored by our fluoridationists.

BONE CANCER?

An association with hip fracture is not the only evidence of harm to bones from fluoridation. Five years ago, animal experiments were reported of a fluoride-related incidence of a rare bone cancer, called osteosarcoma, in young male rats [57]. Why only the male animals got the bone cancer is not certain, but another study has reported that fluoride at very low levels can interfere with the male hormone, testosterone [58]. That hormone is involved in bone growth in males but not in females.

This finding was dismissed by fluoridation promoters as only "equivocal evidence," unlikely to be important for humans. But it has now been found that the same rare bone cancer has increased dramatically in young *human* males — teenage boys aged 9 to 19 — in the fluoridated areas of America but not in the nonfluoridated areas [59]. The New Jersey Department of Health reported osteosarcoma rates were three to seven times higher in its fluoridated areas than in its nonfluoridated areas [60].

Once again, our fluoridationists are claiming that this evidence does not "conclusively" demonstrate that fluoride caused the cancers, and they cite small-scale studies indicating no association. One study claimed that fluoride might even be protective against osteosarcoma [61]; yet it included only 42 males in its 130 cases, which meant the cases were not typical of the disease, because osteosarcoma is routinely found to be more common in males. Also, the case-control method used was quite inappropriate, being based on an assumption that if ingested fluoride was the cause, osteosarcoma victims would require higher fluoride exposure than those without the disease. The possibility that such victims might be more susceptible to equal fluoride exposures was ignored. All these counter-claims have been subjected to critical scrutiny which suggests they are flawed [62, 63]. Nonetheless, the pro-fluoride lobbyists continue to insist that water fluoridation should continue because, in their view, the benefits to teeth outweigh the possibility of harm. Many dispute that assessment.

OTHER EVIDENCE OF HARM

There is much more evidence that tooth mottling is not the only harm caused by fluoridated water. Polish researchers, using a new computerized method of X-ray diagnosis, reported that boys with dental fluorosis also exhibit bone structure disturbances [64]. Even more chilling is the evidence from China

that children with dental fluorosis have on average lower intelligence scores [65, 66]. This finding is supported by a recently published animal experiment in America, which showed that fluoride also accumulated in certain areas of the brain, affecting behavior and the ability to learn [67].

Endorsements Not Universal

Concerning the oft-repeated observation that fluoridation has enjoyed overwhelming scientific endorsement, one should remember that even strongly supported theories have eventually been revised or replaced. From the outset, distinguished and reputable scientists opposed fluoridation, in spite of considerable intimidation and pressure [68, 69].

Most of the world has rejected fluoridation. Only America where it originated, and countries under strong American influence persist in the practice. Denmark banned fluoridation when its National Agency for Environmental Protection, after consulting the widest possible range of scientific sources, pointed out that the long-term effects of low fluoride intakes on certain groups in the population (for example, persons with reduced kidney function), were insufficiently known [70]. Sweden also rejected fluoridation on the recommendation of a special Fluoride Commission, which included among its reasons that: "The combined and long-term environmental effects of fluoride are insufficiently known" [71]. Holland banned fluoridation after a group of medical practitioners presented evidence that it caused reversible neuromuscular and gastrointestinal harm to some individuals in the population [72].

Environmental scientists, as well as many others, tend to doubt fluoridation. In the United States, scientists employed by the Environmental Protection Agency have publicly disavowed support for their employer's pro-fluoridation policies [73]. The orthodox medical establishment, rather weak or even ignorant on environmental issues, persist in their support, as do most dentists, who tend to be almost fanatical about the subject. In English-speaking countries, unfortunately, the medical profession and its allied pharmaceutical lobby (the people who sell fluoride) seem to have more political influence than environmentalists.

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Website: shweb.org/ftrc.html

www.oilfreefun.com/2012/11/fluoride-research-implementation.html /



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

: askmedsafe

07/01/2015 04:38 p.m.

History: This message has been replied to.

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

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

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

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

Name: _____

Email: _____

Address: _____

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

NO. I do not support the proposed amendment because:

1. Fluoride has absolutely nothing to do with water treatment.
2. The official position is that fluoride is added to the water because it yeps with the preventive care for dental caries for kids in underprivileged areas (where kids are presumed to not brush their teeths). That argument makes it a medical treatment.
3. Using publicly available statistics providing data on the dental health in nz areas with fluoridation and areas without (<http://www.health.govt.nz/nz-health-statistics/health-statistics-and-data-sets/oral-health-data-and-stats/age-5-and-year-8-oral-health-data-community-oral-health-service>), it would in reality be possible to show that fluoride doesn't significantly benefit oral health and therefore is not a medication. Likewise, it would be possible to argue that fluoride is not presumed to have any health benefit on adults. If that 'does not have a health benefit, therefore not a medication' argument was ever adopted, it remains that there is absolutely no other reason whatsoever to add fluoride to the public water other than its presumed benefit for dental health.
4. 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". Fluoride is known to have adverse effects on health and these adverse effects mean that fluoride use must always remain under the scrutiny of a medical commission. The main reason why a medical commission must be involved is that there the government claims that research shows that fluoride is safe at levels of 0.7 mg/L to 1.0 mg/. However, there is actually no information on the amount of water they presume a person to drink daily. Excessive fluoride can also impair dental health, with fluorosis. But, ingested fluoride can also impact other bodily functions. According to a 2006 report by the National Research Council of the National Academies , fluoride is "an endocrine disruptor in the broad sense of altering normal endocrine function. Too high levels of fluoride seems to be damaging to the thyroid, in particular. As it happens, I started to have thyroid problems short after I started working from home. The main difference was that I went from drinking water from the spring water fountain at work to drinking 1.5+ litres of tap water a day (I was doing sport, at the time, I wasn't even aware that NZ added fluoride to the water). Can the NZ government guarantee that fluoride was not a factor while a thyroid specialist in my home country, Dr Dufrasne, stated that is is unfortunately very likely that too high levels of fluoride contributed to my present condition? Scientific studies showing that there is more to it than a lunatic theory are really not hard to find. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3890436/>, <http://cof-cof.ca/wp-content/uploads/2012/02/Susheela-et-al-Excess-Fluoride-Ingestion-Thyr>

oid-Hormone-Derangements-In-Children-Living-In-Delhi-India-Fluoride-2005-382-151%E2%80%9393161.pdf

5. 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 argument for adding fluoride and its compounds has always been its presumed **benefits to the dental health** of kids in underprivileged areas.



fluoride scam

to: askmedsafe

07/01/2015 04:39 p.m.

History: This message has been replied to.

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

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

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

Name:

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.



Flouride free

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to: askmedsafe

07/01/2015 04:39 p.m.

History:

This message has been replied to.

I do not support the medicating of our water.

Please stop now

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**Fw: Submission Medicines act 1981 - Fluoride (2014)**

askmedsafe

07/01/2015 04:46 p.m.

History: This message has been replied to.

From.**Sent:** Wednesday, January 07, 2015 4:30 PM**To:** askmedsafe@moh.govt.nz**Subject:** Submission Medicines act 1981 - Fluoride (2014)

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.

This email is free from viruses and malware because avast! Antivirus protection is active.



FW: submission for Fluoridation

o: askmedsafe

07/01/2015 05:01 p.m.

History:

This message has been replied to.

Question 1. Do you support the proposed amendment?

If not why not?

NO. I do not support the proposed amendment for many many reasons – some are written below but be aware - this is a short list:

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 it's not a medicine, then what is it and why are you adding it to the water?
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

The chemicals used for artificial fluoridation of water are not the ones occurring naturally in water, however. In the United States, crystals of sodium fluoride or sodium fluorosilicate are usually used or the liquid fluorosilicic acid is added to the water to bring the fluoride content to the prescribed level of 1 ppm. These chemical by-products of fertilizer industries and typically contain other industrial contaminants. If you wish to fluoridate the water (which I disagree with) you would have to use pharmaceutical grade fluoride or naturally occurring Fluoride compounds and certainly not a contaminated source.

There is no evidence that fluoride is essential to human health. To counteract iodine deficiency, which results in the disease goiter, iodine supplementation is practiced in areas with high incidence. While fluorosis caused by the excess of this chemical is prevalent in many areas of the world, there is **no such thing** as fluorine deficiency. Then what is the medical justification for treating a non-existent condition by mandatory supplementation?

People have no choice over their water supply. Water is an essential part of our diet. Many foods and beverages are often fortified with iron, calcium and other essential vitamins important for our overall health. However, in the case of fortified foods, people can choose not to buy that particular product. While they can avoid beverages like tea that typically contains high concentrations of fluoride, there is no escape from this chemical when it is in their drinking water. Water supply artificially laced with fluoride is like pouring unwanted chemicals down their throat.

It's impossible to keep the amount of fluoride consumption within range. Since fluoride is not fully excreted, it can accumulate in the body over time, causing a chemical overload. People who typically consume large quantities of water and other water-based beverages would be at greater risk. For example, athletes generally drink lots of fluids to compensate for water loss during work outs, and people with medical conditions like diabetes and kidney stones are advised to drink plenty of water. Patients undergoing dialysis are particularly susceptible to FI toxicity.

Infants fed on formula milk reconstituted with water from domestic supply inadvertently consume more fluoride than their breast-fed counterparts as breast milk contains negligible amounts of this element. The very fact that breast milk is low in fluoride precludes any health benefit the chemical is supposed to have. While fluoride toothpastes carry warnings against using it with young children because of the risk of accidental ingestion, how many parents are sensitized to the risk of mixing infant formula with fluoridated water?

The side effects of long-term consumption of fluoride has not been studied. The crippling effects of fluoride over the threshold limit of 1-1.5 ppm are well known because many countries have this problem. But, how slow poisoning by water with lower levels of fluoride would affect the health of people is far from clear. Osteoporosis, arthritis and even cancer are cited as possible outcomes, but not with enough supporting data. Nevertheless, the line between the beneficial and detrimental levels of fluoride being so fine, there is room for legitimate concern regarding the safety of long-term use.

Informed consent for ongoing experimentation has not been obtained from all individuals within fluoridated communities; nor has consent been obtained from all individuals for the subsequent scientific research being conducted upon them. According to the Universal Declaration on Bioethics and Human Rights, "The interests and welfare of the individual should have priority over the sole interest of science or society" and, "In appropriate cases of research carried out on a group of persons or a community... In no case should a collective community agreement or the consent of a community leader or other authority substitute for an individual's informed consent"

Adding Fluoride to Water Supplies:

British Medical Journal - Ethical implications; Potential harms

"Under the principle of informed consent, anyone can refuse treatment with a drug or other intervention. The Council of Europe Convention on Human Rights and Biomedicine 1997/19 states that health interventions can only be carried out after free and informed consent. The General Medical Council's guidance on consent also stresses patients' autonomy, and their right to decide whether or not to undergo medical intervention even if refusal may result in harm. This is especially important for water fluoridation, as an uncontrollable dose of fluoride would be given for up to a lifetime, regardless of the risk of caries, and many people would not benefit... In the case of fluoridation, people should be aware of the limitations of evidence about its potential harms and that it would be almost impossible to detect small but important risks (especially for chronic conditions) after introducing fluoridation."

You absolutely DO NOT have my informed consent to fluoridate my water supply.

Our public health officials claim water fluoridation is an effective way to prevent the high rates of tooth decay now found in low-income children. There are problems with this idea:

- 1) There are oral health crises in low-income areas that have been fluoridated for decades. Fluoridation has not prevented low-income neighbourhoods from suffering a crisis of tooth decay
- 2) Published studies have repeatedly found that fluoridation does not prevent the type of tooth decay – baby bottle tooth decay (BBTD) – that is one hallmark of the current local oral health crisis. Photos used to emphasize the urgent need for fluoridation are almost always photos of BBTD. Only education can prevent BBTD. Fluoridation will have no effect.
- 3) The poor are most harmed by fluoride, suffering higher rates of dental fluorosis, as well as the other health effects of fluoride, especially diabetes and asthma. Poor diet results in more tooth decay **and** more harm from fluoride.....

4) MOH and councils think that just fluoridating the water will prevent children getting tooth decay, but it has not and will not. Parents must be taught that they can not give their children sugary drinks and must be taught how to feed their children healthy food – this is the answer, NOT fluoridating. How much money has been spent on forcing communities to fluoridate when that money should be spent on educating people as to why their childrens teeth are so deteriorated and what we can do to prevent it.

5) some people are reactive to fluoride and can't clear it from their systems – putting it into drinking water will exacerbate health problems including infertility and hypo-thyroidism due to the FI competing with Iodine as well as the more obvious fluorosis issue.

Proven potential for harm - William Marcus, the senior scientist in the Office of Drinking Water at the Environmental Protection Agency, expressed concerns about the "systematic downgrading" of cancers in a 1990 published study and requested that the EPA assemble an independent board of pathologists and others to review the data produced in the study. Marcus has this to say about the study:

"... rats got cancer of the bone and they got a very unusual cancer of the liver. And that was extremely surprising. First of all to produce cancer of the bone in rodents is never seen because the time that you have between birth and death of a rodent is only 3 ½ to four years and it usually takes longer than that to produce a cancer in bone. The cancer of the liver is extremely rare ---and the fact that it happened meant that it was significant. This doesn't happen. I wrote this memo in which I claimed that I thought fluoride was a carcinogen and that we had as much evidence with the animal studies to show that it was a carcinogen as we had with any of the other compounds [that EPA studied] and therefore should be treated as such."

It is the legal responsibility of public servants to ensure that they do not harm their community – what are you planning to do to ensure that no one is harmed by the inherent toxicity of both fluoride and the contaminants in the water fluoridation compounds? MOH and local councils will be leaving themselves open to being sued for illness outcomes and therefore spending more tax payer dollars on defending an indefensible argument.

Estimates of the ingested dose of fluoride necessary to produce acute toxicity in adults vary from 7 to 70 mg (1 mg/liter = 1 ppm), and the lethal dose ranges from 70 to 140 mg/kg. According to the handbook, Clinical Toxicology of Commercial Products, **fluoride is more poisonous than lead** and just slightly less poisonous than **arsenic**. We took lead out of petrol and paint – why do we put something more toxic straight into the drinking water? Not only that, but do you understand the effect of pumping Fluoride and its contaminants into lakes, rivers, seas – is there a short or long term effect on animal and plant life? What is it, and what is the dose at which animals are affected? We drink less than 0.1% of the water that comes out of our taps – if someone wishes to take Fluoride as a supplement, it would be far less wasteful if they did so personally. Any organic farms that use town supply would lose their organic status because they would be using poisonous substances on their soils. Councils could be sued for loss of income.

If there is a mistake made and excess Fluoride is released accidentally in to the water supply, the council may be responsible for deaths in the community. The difference between a 'therapeutic' and a deadly dose is not huge with Fluoride, as it is amongst other things, an enzyme disruptor and our body is functions due to enzyme reactions – stop the enzyme reactions and you stop body function. Fluoride is a known neuro-toxin and also a component of many anti-depressant medicines, therefore there is huge potential for mental disorders arising from water fluoridation and you can't say that water fluoridation is not a medication because it has been shown to affect

brain function (negatively).

As there is no proof of no harm done, and lots of proof that harm is done, there is no way that you can make fluoride a water-treatment. It is NOT SAFE, it is NOT EFFECTIVE – please see *John Colquhoun's* (Auckland's Chief Dental officer) article attached for more information on that.

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. Fluoride is incredibly toxic at low and high doses and should not be added to anyone's water supply.



John Colquhoun - Water Fluoridation.doc

878



Fluoride

to: askmedsafe

07/01/2015 05:04 p.m.

please respond to

History:

This message has been replied to.

To whom it may concern,

Please Do Not spoil my drinking water with fluoride! I am TOTALLY opposed to this and consider it utterly wrong for you to do so for a great many reasons. I believe we have too many poisons in our food and drink and wish people would educate themselves correctly to ensure better health.

Please include this in your considerations regarding this issue.

Kind regards,

Sent from Samsung tablet



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

to: askmedsafe

07/01/2015 05:07 p.m.

History:

This message has been replied to.

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

“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?*

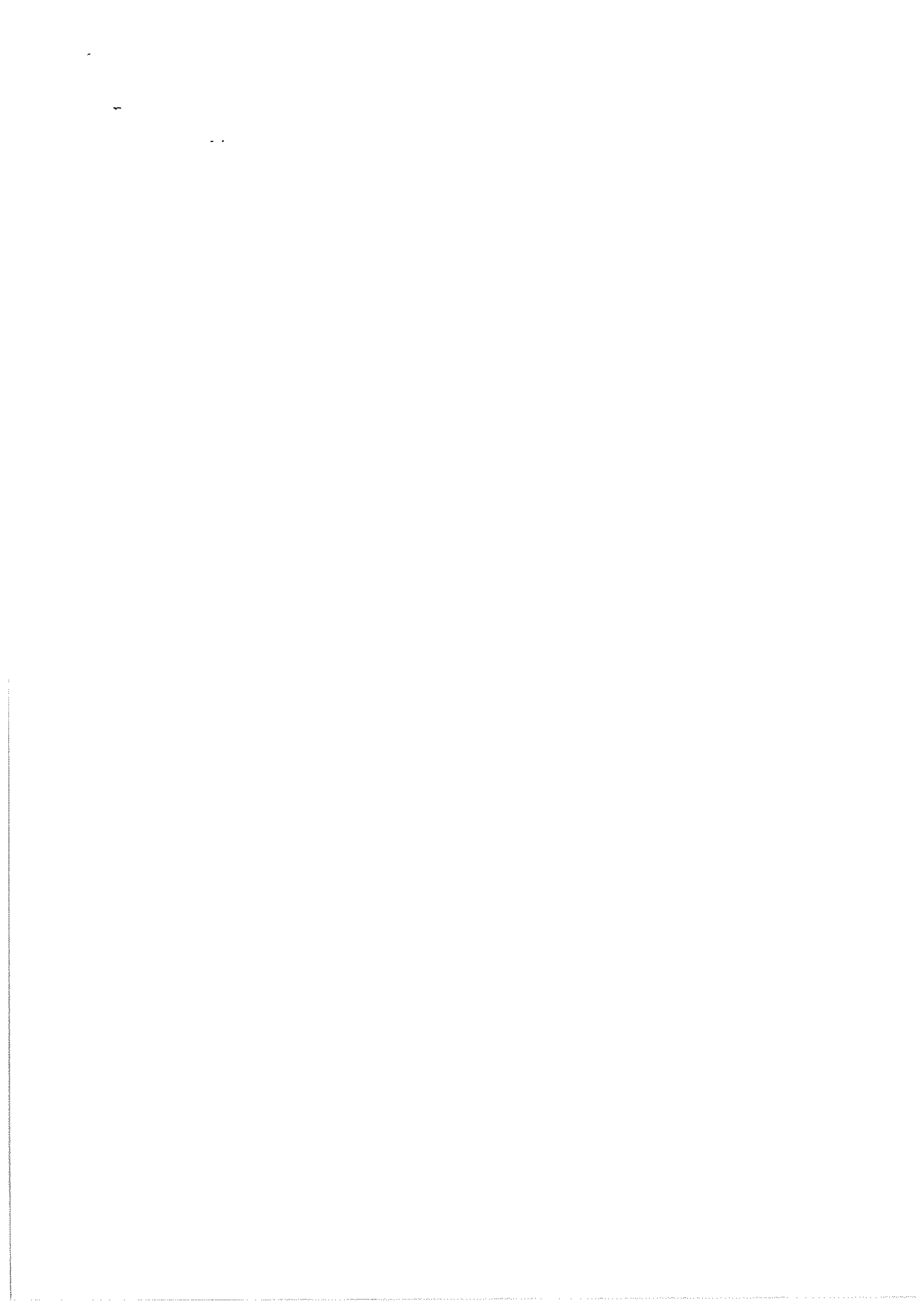
NO. Fluoride and its compounds are **not** used to ‘**treat**’ community water supplies. In community water fluoridation (CWF) the **purpose** of fluoride and its compounds is to **treat people**

I do not wish to speak to my submission.

Regards

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;



**FLOURIDE IS A MEDICATION**

askmedsafe

07/01/2015 05:26 p.m.

History: This message has been replied to.

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”
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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.



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):	Naturopath who has studied the effect on fluoride and also work for a company who is the only toothpaste manufacturer of toothpaste in the country.
<i>Question 1</i> <i>Do you support the proposed amendment?</i> <i>If not, why not?</i>	No. It should be illegal to medicate the population without their universal consent
<i>Question 2</i> <i>Are there other fluoride-containing compounds used to treat community water</i>	No fluoride or other chemical or material should be added into the water to treat any condition for the general population

<p><i>supplies that should be specifically named in the regulation? If so, what are they?</i></p>	<p>Including:</p> <ol style="list-style-type: none"> 1. Fluorosilicic acid: a water-based solution. Fluorosilicic acid is also referred to as hydrofluorosilicate, FSA, or HFS. 2. Sodium fluorosilicate: a dry additive, dissolved into a solution before being added to water. 3. Sodium fluoride: a dry additive, typically used in small water systems, dissolved into a solution before being added to water.
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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.

Compulsory Water Fluoridation

I acknowledge that the fluoride debate is a very emotional one with distinctive camps of pro and anti fluoride. This submission is written as a reality check for those who are making the decision regarding mandatory addition of fluoride in our drinking water. It is designed for you to question what has been considered the gospel facts about fluoride.

For those making this decision, you must also realize that you too will be exposed to this substance...along with everyone else. So are your children and your children's children. Therefore it is only right to question the therapeutic need, the moral and ethical nature, safety and true cost (both physical, environmental and financial) of putting fluoride in our water.

In the 1930's to the 1950's Sodium fluoride was an effective medicine given to patients with a hyperactive thyroid. Today this prescription medicine is added into our water supply so everyone is exposed.

Currently for those wishing to avoid water fluoridation for their own personal reasons; it is now difficult to escape, but still possible. Options are limited and can be expensive. For example a health conscious mother who has been advised # to avoid fluoride for her infant and wishes to make a bottle of formula with non-fluoride water for her infant. (Tap water is 250 times higher in fluoride then breast milk). Her options currently are:

1. tank supply (in rural districts) which rely on rain water or well water
2. purchasing bottled water
3. use of expensive reverse osmosis or deionizing filter system that removes fluoride from water

It is commonly known that an infant exposed to any toxic material will be more effected more so than an adult. But the long term effect from fluoride exposure is making an impact on our population today with many struggling with weight issues, bone cancer, arthritis, reduced fertility rates, lower IQ's and even dementia. Is this the future that you would like for you, your children or grandchildren (if you are lucky to have them?).

History of fluoridation

The first fluoride studies started in the 1945 with Grand Rapids, MI, USA, as the first experimental city to fluoridated the water supply. This was followed by Newburgh. Over the next three years 87 additional cities were fluoridated *including* the control city of Maskegon. Therefore wiping out the most scientifically objective test of safety and "benefit" before the test was half over! Fluoridation has since been criticized for the poor methodology and poor choice of control communities and invalid use of statistical methods. (De Stefano 1954, Sutton 1959, 1960, 1996; Ziegelbecker 1970). Water fluoridation is based on poor science.

Eventually the results of the New Burgh and Grand Rapids experiments were partially published and have been ignored since. The data showed no measurable decrease in tooth decay, a higher rate of tooth mottling and *twice* the rate of skeletal deformities. Also heart disease doubled in Grand Rapids after the first five years of the fluoridation experiment.

Most regions of New Zealand and Australia (apart from Queensland) treat the general water supply with fluoride (hydrofluosilic acid or sodium fluoride). Fluoridation in both countries has been with us since the mid 1950's. In contrast since 1950, Spain, Greece, Egypt, Luxemburg, Italy, Norway, Denmark, Belgium and India refused to fluoridate their populations due to scientific evidence.

Safety evidence from New Zealand for New Zealand?

Fluoridation once given has been in the past poorly monitored. There has never been comprehensive data of fluoride levels in the bones, blood and urine of the people in countries where fluoridation occurs. However those with kidney problems have shown cumulative fluoride levels that are associated with harm to bone (Connett 2004). Where is the evidence for New Zealand?

The bottom line is that whenever promoters are asked to support their position with scientific research, they quote endorsements from each other instead. It must be remembered that the York University Systematic review of water fluoridation also known as the York Review (2000, abridged version BMJ), showed that after studying every published epidemiological study since the beginnings of fluoridation found no evidence of safety and no evidence of significant benefits and, most importantly, all such research was of such poor scientific standard as to be unreliable as to results.

As there has been a fifty year delay still in evaluating the fluoridation of municipal water supply. So it seems strange that government officials are still defending fluoridated waters' credibility.

Public safety

Lately, the quintessential mantra from the TTGA, and the Australian and New Zealand Food Safety Authority, has been "public safety" of therapeutic products. Yet fluoride* is a classic example of product given for a therapeutic reason. Given their concerns regarding public safety, it could appear with possible introduction of mandatory fluoridation of water fifty years on, it would conceivable that there had been independent scientific research or independent reports to include fluoridation effects on the population. These, one would assume, if they existed, be sourced from reliable independent sources, and not just repeating information passed on from the pro-fluoride position of US Public Health System and American Dental Association (ADA).

The health benefits of fluoride for it to even be considered must be:

1. Fluoride (in the form of hydrofluorosilic acid or sodium fluoride) is it an essential substance maintaining good health - not just teeth
2. That the population is still showing signs of fluoride deficiency
3. There are no signs of fluoride toxicity in the general population
4. That sodium monofluorophosphate (or hydrofluorosilic acid) has an unquestionable safety record

* drug (drug) : 1. a chemical substance that affects the processes of the mind or body. 2. any chemical compound used in the diagnosis, treatment, or prevention of disease or other abnormal condition. Sourced from <http://medical-dictionary.thefreedictionary.com/drug>

5. Fluoride (in the form of hydrofluorosilic acid or sodium fluoride), is delivered in the correct nutrient form and is utilized by the body

6. That there are long term health benefits to the entire populace, (including those who are the most susceptible i.e. infants on bottled formula, those with health conditions, such as kidney problems, diabetes etc) supporting fluoridation
7. Fluoride (in the form of hydrofluorosilicic acid or sodium fluoride) does not have accumulative effects within the body
8. That there is unquestionable evidence (historical data) to show that fluoride has a positive impact on dental health without any damaging effects
9. That fluoride does not interfere with the body's absorption of other minerals and nutrients (for example iodine, calcium etc).
10. The ethical question of informed consent of the entire population has agreement prior to medication with fluoride, (or artificial adjustment of fluoride levels) of all water supplies
11. That there is cheap or free alternative non-fluoride supply of water for those wishing to express their right not to ingest fluoride, (which the availability of the non-fluoridated bottle water now currently supplies)
12. That the government has extra allocated budget required for compensatory packages or increased cost of medical expenses. (If they are proven to be incorrect about the safety of fluoridation of all water supplies)
13. That there is minimal environmental impact

If there was a slight hesitation or negative evidence in regards to any of the above points then mandatory water fluoridation water should *NOT* be considered. This is a public safety issue and has an impact on a number of generations yet to come.

An ethical informed choice

A growing number of doctors and researchers are expressing concern over public exposure to the chemical, which has led some cities to vote against water fluoridation. Jonathon Wright, M.D., medical researcher of the Tahoma Clinic in Kent Washington says that, "When folks are fully informed (about fluoride), they usually turn it down."

The US FDA now has toothpaste labeled indicating that the fluoride in toothpaste if swallowed is toxic. Labels read "if swallowed more than a pea size amount to contact their poisons control centre". Luckily there is choice and fluoride free toothpaste is available!

Surely, New Zealand's citizens have some moral right to be able to choose about any drug's consumption (including fluoride). There is an unethical stance considering that this substance is known to be toxic. Currently prescription medications are given to patients with informed consent prior to consumption. If this right is taken away, questions would have to be raised about the individual's legal right to sue the authorities who make it mandatory.

Pro-fluoride supporters seem to only relate to one possible positive aspect of fluoride: that is fighting dental decay. However, fluoride has known systemic effects on the whole body from the endocrine, reproductive, musculoskeletal and nervous systems and this is rarely commented upon.

Safety - Where is the research?

1. The US National Cancer Institute endorsed fluoridation as safe for 25 years, until they had to admit before a Congressional Inquiry that they had never conducted a single piece of research to support that endorsement!
2. The American Medical Association (AMA) in 1965 refused to support fluoridation as safe, as it had conducted no research.
3. Those who support fluoridation, like the Centers for Disease Control, (CDC), ADA, US Public Health System, have never supported their view in public when challenged by opponents. The US Environmental Protection Agency, (EPA) which has been a main supporter of fluoridation admitted in 2002 that no human health studies had ever been completed on the Silicofluorides used in water fluoridation, and in 2003 called for promoters such as the CDC and ADA to present their evidence at its scientific forum: all federal agency supporters of fluoridation declined to appear– the very organizations quoted as endorsing fluoridation.
4. Sweden discontinued fluoridation in 1969, after 10 years of study. The Swedish government asked WHO to provide evidence of WHO's claim that fluoridation was safe. No evidence was ever produced, and the Swedish parliament declared fluoridation illegal in 1971. In fact, outside the U.S., a number of scientific groups and individuals have decided fluoridation is not safe:
5. In France, the Chief Council of Public Health rejected fluoridation in 1980 because of concerns about whether it harms human health.
6. The Minister for the Environment in Denmark recommended in 1977 that fluoridation not be allowed primarily because no adequate studies had been carried out on its long-term effects on human organ systems other than teeth and because not enough studies had been done on the effects of fluoride discharges on freshwater ecosystems.
7. In 1978, the West German Association of Gas & Water Experts rejected fluoridation for legal reasons and because "the so-called optimal fluoride concentration of 1 mg per L is close to the dose at which long-term damage [to the human body] is to be expected."

Fluoride deficiency signs in the population?

Sources of fluoride are everywhere! They include: tea, seafood, processed foods, soft drinks, toothpaste, fluoride tablets, mouth washes, insecticide sprays, Teflon pans, fertiliser production, car emissions and even some medications such as Paxil and Prozac, fluoroquinolone antibiotics! In fact in the last 50 years, fluoride intake has increased in the general population and there has never been recorded an individual suffering fluoride deficiency in New Zealand.

Dr Terry Cutress in New Zealand (pro-fluoride) admits we get 3 mg/day from food alone. In New Zealand and Australia fluoride consumption is on the increase, not the decrease, and there is **no evidence in either population** that there is a fluoride deficiency.

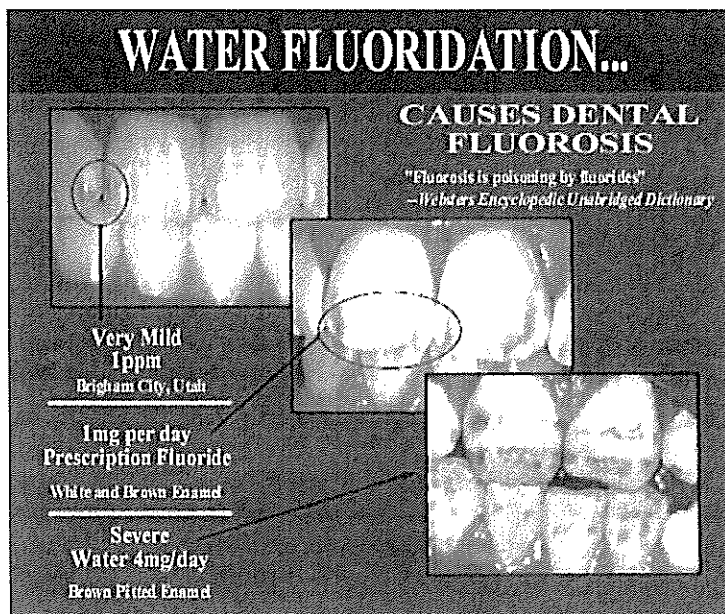
Fluoride is not considered an essential mineral. The only believed deficiency sign is dental caries and possibly a higher incidence of bone fractures. So given that New Zealand have had fluoridation in our water supplies for the last 50 years, we would assume that there has been a decrease in dental caries and bone fractures (hip fractures in the elderly) and osteoporosis. However, in communities in Canada, East Germany and Finland where

fluoridation of the water supply has been stopped, tooth decay has decreased (Maupome 2001; Kunzel and Fischer 1997, 2000, Kunzel 2000 and Seppa 2000). Eleven of nineteen studies that have been carried out since 1990 on hip fractures in the elderly found a positive correlation with fluoridated water and the rate of hip fractures. In one study (Li 2001) showed a dose-related increases with hip fractures as the fluoride concentration rose from 1 ppm to 8 ppm.

The reality is that tooth decay is in decline in both fluoridated and non-fluoridated areas of New Zealand. This may be attributed to other aspects such as better diet and improved oral hygiene.

Signs of toxic levels

Fluoride is a certified poison. It has been used to kill rats and cockroaches. At a single dose of 2.5-5 g it can kill a man, and it is estimated 5 mg would kill a 10 kg child. However, it is the cumulative effect that is worrying many people. The doses of fluoride tend to be small, and we do not become ill immediately, but over time it is harming our bodies. Only 50% of all fluoride ingested each day is excreted through the kidneys. So for some, the young, the elderly, and those with impaired kidney function there are at greater risk for the cumulative effect of fluoride. Fluoride which is not eliminated is stored in the bones, pineal gland and other tissues.



Essential for healthy teeth?

The reasons we fluoride our water supplies is for strong healthy teeth. But extensive literature has shown beyond a reasonable doubt that fluoride interferes with tooth formation and can cause permanent discolouration and disintegration of the teeth, known as dental fluorosis. Dental fluorosis means that a child has been overdosed with fluoride.

There seems to be a growing number of studies that have shown that fluoride in water does not seem to have positive effect on

dental health. A German study by Meyer-lueckel randomly selected 6-9 year old children from 3 Iranian communities; they were unable to find a correlation between the fluoride content of water (0.2 ppm, 0.3 ppm, and 1.3 ppm) and the children's cavity experience. (Meyer-Lueckel H, et al. 2006).

Dr. Segretto found a 35% higher incidence of fluorosis in children who drank water with fluorine concentration of 1-1.4 ppm compared with those whose water was at 0.3ppm. is study was published in the Journal of the American Dental Association. Many defenders of fluoride say that it is just cosmetic...but when fluoride has a permanent malformation and destroys the very teeth it was supposed to keep healthy!!! How can an additive which only alleged purpose is to benefit teeth, destroy teeth?? Those that promote fluoride the most – the Dental associations and dentists, will actually be the ones who benefit from those with

suffering from dental fluorosis, as the sufferers will see them for cosmetic dentistry to restore the damage! (The ADA is a trade union, a lobby whose purpose is furthering the economic advancement of the dental profession. Surely, no group would inflict this on to a population for this gain, but it does raise the question!)

On Thursday 8 February 2007 Fox news covered a report by the National Research council on fluorination levels in drinking water, "*Fluoride in drinking: A scientific review of EPA's standards has raised concerns that feeding infants fluoride-fortified liquid or powdered baby formula mixed with fluorinated tap water results in babies getting too much of a good thing during the crucial time in tooth development*".

A recent report on fluorination levels in the water by the American National Research Council warned that feeding infants baby formula mixed with fluorinated tap water resulted in babies getting too much fluoride during tooth development. 2) Fluoridated drinking water contains up to 200 times more fluoride than breast milk (1000 ppb in fluoridated tap water vs. 5-10 ppb in breast milk).

Because of the risk for dental fluorosis, (yellowing of teeth, white spots, pitting or mottling of tooth enamel), and the lack of demonstrable benefit from ingesting fluoride before teeth erupt, the American Dental Association and a growing number of dental researchers recommend that children under 12 months of age should not consume fluoridated water, while babies under 6 months of age should not receive any fluoride products.

Dental fluorosis is the first signs of chronic over-exposure to fluoride. Although seen by many as just a cosmetic problem, symptoms are more systematic. A article in Scientific American January 2008 reports "that some recent studies suggest that over-consumption of fluoride can raise the risks of disorders affecting teeth, bones, the brain and thyroid gland"....."....attitudes towards fluoridation may be starting to shift..."

In 2006 the American Dental Association (ADA) released new guidelines that dramatically reduce the recommended fluoride exposure for infants and children. Though not ready to condemn fluoride entirely for its role in enamel fluorosis, the ADA has issued an "interim" advisory on fluoride intake until more research can be done. This is a promising step for the ADA, which has resolutely promoted the fluoridation of water in the past.

While it's commendable that the Association is alerting parents to the risks of fluorosis, a primarily cosmetic condition, it would be even better to issue a similar moratorium on account of the recent research tying fluoridated water to bone cancer in boys.

It has been experts have recommended to limit fluoride exposure for:

For Infants

Especially if liquid or powdered concentrate infant formula is the primary source of nutrition, mix with water. Therefore, surely parents should have the right to water that is fluoride free. (After all, we pay water rates for the privilege of clean, healthy water straight from the tap!)

Young Children:

Experts warn parents to stay away from fluoride toothpaste before two years. (Young children don't learn to voluntary spit until the age of 6 or 7 years of age so they will swallow toothpaste, and if this toothpaste is fluoridated they will be ingesting large quantities.) No fluoride mouth rinses or supplements unless prescribed by a dentist..

Fluoride's effect on the body

Paul Connett PhD suggests that the damage to the teeth indicates what is happening to the rest of the body, especially the bones. In India, China and Africa, skeletal fluorosis, a fluoride-induced bone and joint disease, mimics symptoms of arthritis. (Sigh 1963; France 1975; Tertian 1976; Curnow 1981; Czerwinski 1988; DHHS 1991). With the increase of people with arthritic type symptoms both in New Zealand, it is plausible that this is due to increased fluoride exposure. With the increased burden of medical costs to each nation that this disease currently causes, is it really worth? Can we afford it? (The economic cost of arthritis in New Zealand in 2005 \$563.5 million (A report by Access Economics Pty Limited for Arthritis New Zealand was published *Officially launched at Parliament on 3 October 2005*).

Fluoride was used successfully as thyroid medication for those with hyperthyroidism. The importance of fluoride from water supplies in suppressing normal thyroid function is not explored. Where is the supporting research in New Zealand that shows that fluoridated water has not affected thyroid function in our general population? If this has not been done surely we are subjecting ourselves to the possibility of too much risk?

Drinking Ourselves to Death, Gill and MacMillen (Dublin), he has this comment: Hong Kong has had fluoridated water since 1961. The population there has much iodine in their diet from seafood, however hypothyroidism is endemic in this population. He gives a reference, J.D. Robinson et al. Existence of Iodine Deficiency in Hong Kong. *European Journal of Clinical Nutrition* 1996,50:8. These authors say that fluoride in drinking water in Hong Kong reacts with iodine, making it unavailable, and increasing the rates of hypothyroidism.

So it appears that fluoride interacts with iodine blocking its uptake in the body. There are a growing number of people suffering from low thyroid function in New Zealand especially in woman over 40 years. It is often unsuspected and goes under treated, but symptoms such as obesity, diabetes, low energy levels, depression. Fertility problems are growing in our populations and all these symptoms could be linked to lowered thyroid function.....and fluoridated water?

In the human body iodine is stored in primarily in the thyroid; with secondary sites include in women breast tissue and in men the prostate. Signs of iodine deficiency can include breast lumps, polycystic ovaries, infertility. But the impact maybe more sinister, as New Zealand has a growing number of people with breast and prostate cancer. Question: Could fluoride be a contributing factor?

When the body has a good supply of iodine the body can deal with other toxins especially heavy metals, such as cadmium, lead, mercury and aluminum better. When the body does not have adequate supply then it will absorb these heavy metals more readily.

"One concern that has not been fully investigated is the link between fluoride and effects on the central nervous system (CNS).... Many years of ubiquitous fluoride exposure have not resulted in obvious CNS problems such as seizures, lethargy, salivation, tremors, paralysis, or sensory deficits. Still unexplored, however, is the possibility that fluoride exposure is linked with subtle brain dysfunction". Fluoride's Neurological Effects: studies show there may be grave implications for Alzheimer's, Dementia, Attention Deficit Disorder, and reduced IQ in children. Neurotoxicity of fluoride, *Fluoride*, 1996, 29:2, 57-58 (Editorial by AWB and JC).

In recent years there has been a huge increase in our older generations with memory problems, dementia and Alzheimer's; to the point it is almost becoming an epidemic. These

are our citizens that have been exposed to the effects of water fluoridation the longest. Fluoride is accumulative, so this is another contributing factor to why our elders are being effected. Heavy metals such as aluminum have long since be linked to memory disorders. With more and more elderly being effected, can as nation we afford the burdening cost?

Is all fluoride the same?

It has been widely rumored that governments who wish to fluoridate water supplies are not doing it for the benefit of the people, but in league with large corporations wishing to rid themselves of a toxic waste, and make a profit from it. Sodium fluoride is waste product that is difficult to expose of.

Ionic fluoride is not the same as the organic fluoride that contributes to bone and tooth health. Organic fluoride is present in a great many foods and, as it is protein bound, is poorly absorbed. Ionic fluoride is, in contrast, rapidly and completely absorbed in the stomach.

1. "Natural" fluoride is calcium fluoride which, at 1ppm, dissociates to form free calcium and fluoride ions. The same is true of sodium fluoride, on which all research was done. The substances used today are silicofluorides. The only scientific reference the Ministry of Health cites, claiming silicofluorides dissociate completely by a 2-stage process to form free fluoride ions, in fact says they do not. One of the two methods of analysis showed only an 87% dissociation.
2. It is well established that the presence of calcium or magnesium "buffers" the effects of fluoride, safeguarding the human body to some extent. In fact calcium is given as an antidote to acute fluoride poisoning. Waters with "natural" fluoride levels usually have high calcium and/or magnesium levels, whereas artificially fluoridated water generally does not. Consequently this natural protection is not available in artificially fluoridated water.
3. We are aware of no studies to show directly whether the dissociation equilibrium of silicofluorides changes in the acidic stomach conditions, or the enzymatic conditions in the intestines. There is evidence that any fluoride ion will form both hydrofluoric acid (HF) and the equally toxic HF_2^- in acid solutions such as the stomach. This would be expected to cause stomach ulcers, as evidenced in some early research.
4. The US EPA acknowledges that no human safety testing has been done on silicofluorides. However Masters and Coplan demonstrated in 1999 that silicofluorides cause a higher uptake of dietary lead than sodium fluoride, proving that there is a different effect between different forms of fluoride, contrary to proponents' claims.

Health and safety issues

It is also generally known that those employed at our water treatment plants who to put the fluoride into our water supplies have a greater risk of health issues and thyroid cancer. Surely, these people also have some rights to protection against this chemical. The simple answer is to stop putting into the water then they would not be exposed to it.

In Conclusion

Information is freely available for individuals to research and make up their own views on fluoride. If they choose to use fluoride to prevent tooth decay, topical applications or supplements can be cheaply used. With the ADA back pedaling on their stance of fluoride,

and with all the overwhelming evidence in reputable scientific journals, we do need to seriously reconsider the whole fluoride debate.

The largest populations subject to compulsory fluoridation are England and its former colonies, such as Ireland, Canada, Australia, New Zealand, and the United States. U.S. citizens consume nearly half of the world's fluoridated water. Europe's population is less than two percent fluoridated, and many places have stopped fluoridating their water supplies, while others have successfully resisted having fluoride added to their water, including American and Canadian cities. EPA scientists spoke out against fluoridation in the late 1990s.

Once fluoride is introduced it is hard to stop. Which political group is going to be strong enough to admit that there has been a mistake? Politicians upsetting the pharmaceutical companies because of contracts of fluoride supply, glossing over "arrangements" that are worth multi-millions of dollars. But is this the worst that can happen? As the decision makers, if you say "yes" to fluoridated water? Remember you will be also subjected to the same long terms effects of fluoride. Can you take this risk? Are you willing to risk your children, and your children's children? The worst is that fluoride appears to have effects are trans-generational.

The medical cost and individual physical pain that this can cause is huge, and it is possible the impact can minor to life threatening. If fluoride was a natural therapeutic product, such as a herb, with the evidential studies on it, it would be banned.

Today, with information via internet freely available to everyone regarding the effects of fluoridation, more and more people will demand from the decision makers why it become mandatory in the first place and perhaps seek even compensation from the pain and suffering that this drug has caused. The evidence that fluoridation has caused increase in hip fractures, arthritis, disorders of the thyroid, lowered IQ levels in children, lower fertility and damages the very teeth that fluoride is supposed to protect. Surely there is enough evidence to vote against water fluoridation. The fact is that water fluoridation not just malicious, but also illogical. The sole purpose is for healthy teeth, and this has been proven not to be the case.

For those who still want fluoride - let those individuals choose and buy the supplements. It couldn't be simpler and would save the governments millions of dollars!

Can you look in the mirror and comfortably say "Yes to yourself" with these questions?

1. Is water fluoridation ethical?
2. Are you happy to expose your family to this drug?
3. That water fluoridation does not and will not contribute to any long term health conditions?
4. That water fluoridation water has been based clear concise unaltered, unhampered scientific fact?
5. That this drug is safe for everyone to consume, no matter what level they are individually taking and it is effective for everyone?

To sum up with a quote from Einstein's nephew, Dr. E.H Bronner, a research chemist, from a letter to The Catholic Mirror Springfield MA January 1952 : " Let me warn: fluoridation of drinking water is criminal insanity, sure national suicide. Don't do it. Even in small quantities sodium fluoride is a deadly poison to which no effective antidote has been

found..... Sodium fluoride is entirely different from organic calcium-fluoro-phosphate needed by our bodies and provided by nature."

If you have the slightest doubt about the effects of fluoride; please, please have the courage to vote "NO" to water fluoridation.

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<http://www.magicfoundation.org/clinhypop.html>

Thyroid Federation International <http://www.thyroid-fed.org/>

THYROID HORMONE DISORDER/Hypothyroidism Symptom Sources:
The Thyroid Society <http://www.the-thyroid-society.org/>

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About the use of fluorinated pharmaceuticals...

2002

"The technique uses fluorine, the element best known for fighting cavities that also plays a pivotal role in modern medicine. Some 30 percent to 50 percent of all pharmaceuticals now contain fluorine, Dobier told UPI, because it helps boost their effectiveness."

"New, clean, cheap way to help make drugs"
UPI Science News - September 5, 2002
<http://www.upi.com/print.cfm?StoryID=20020905-021658-2397r>

1998

"According to a recent book, by 1990 around 220 fluorinated drugs were on the market, representing 8 per cent of launched synthetic drugs, and at the time of its publication, around 1500 were under development." - Dr. Basil Wakefield, Ultrafine

More: Fluorinated Pharmaceuticals
<http://www.iptonline.com/articles/public/IPTFOUR74NP.pdf>

"It's a very hot field right now," said Dr. Hammond. "Of the top 700 drugs right now, 48 are active because of fluorine."

"Better chemistry, better living - UMass professor is working to make medicines more effective"
<http://www.s-t.com/daily/09-96/09-17-96/c01li769.htm>

"History of Fluoride in Medications"
by Peter Meiers

Canada: Resources & Facts
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http://www.cdma-acfpp.org/en/resource_facts.html

Canada: Adverse Drug Reactions Database
<http://www.cbc.ca/news/adr/database/database.jsp>

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(British Medical Journal Article)
<http://bmj.bmjournals.com/cgi/reprint/328/7442/727-a.pdf>

The Top 200 Drugs in 2003
<http://www.rxlist.com/top200.htm>

The Top 200 Drugs of 2002
http://www.mosbysdrugconsult.com/DrugConsult/Top_200/

The Top 200 Drugs of 2000
<http://www.uspharmd.com/top200.htm>

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 of the public and consumer of fluoridated water.
<p>Question 1</p> <p><i>Do you support the proposed amendment? If not, why not?</i></p>	<p>I strongly oppose the proposed amendment.</p> <p>The background section itself states that: <i>“the addition of fluoride compounds to community drinking water supplies [is] for the purpose of preventing and reducing tooth decay”</i></p> <p>There is absolutely no ambiguity that fluoride is medicine because it is added to the drinking water supply in order to treat a medical condition in people (tooth decay).</p> <p>Substances like chlorine treat the water to make it safe to drink. Substances like fluoride do not treat the water – they treat people, and are therefore medicines.</p> <p>Water supplies are not being “treated” but</p>

	<p>used as means of delivering the fluoride medicines to the people, in order to treat the people against the medical condition of tooth decay.</p> <p>It would be absolutely outrageous and completely unacceptable to exempt a medicine from the law for the purpose of preserving the status quo.</p> <p>Especially given that (as the background states) <i>"there is no universal acceptance of the positive health effects of the addition of fluoride to drinking water supplies."</i></p> <p>The law is there to protect the public from the potential dangers of questionable medical practices, not to protect the questionable medical practices and industries from being challenged.</p> <p>As a concerned member of the public I will welcome the opportunity to speak in support of my submission.</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>No. It is important to have clarity in the language:</p> <p>Fluoride-containing compounds are used to treat people, not water supplies. Water supplies are not being "treated" but used as means of delivering the fluoride medicines to the people, in order to treat the people against the medical condition of tooth decay.</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:

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

to: askmedsafe

07/01/2015 05:31 p.m.

History:

This message has been replied to.

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

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

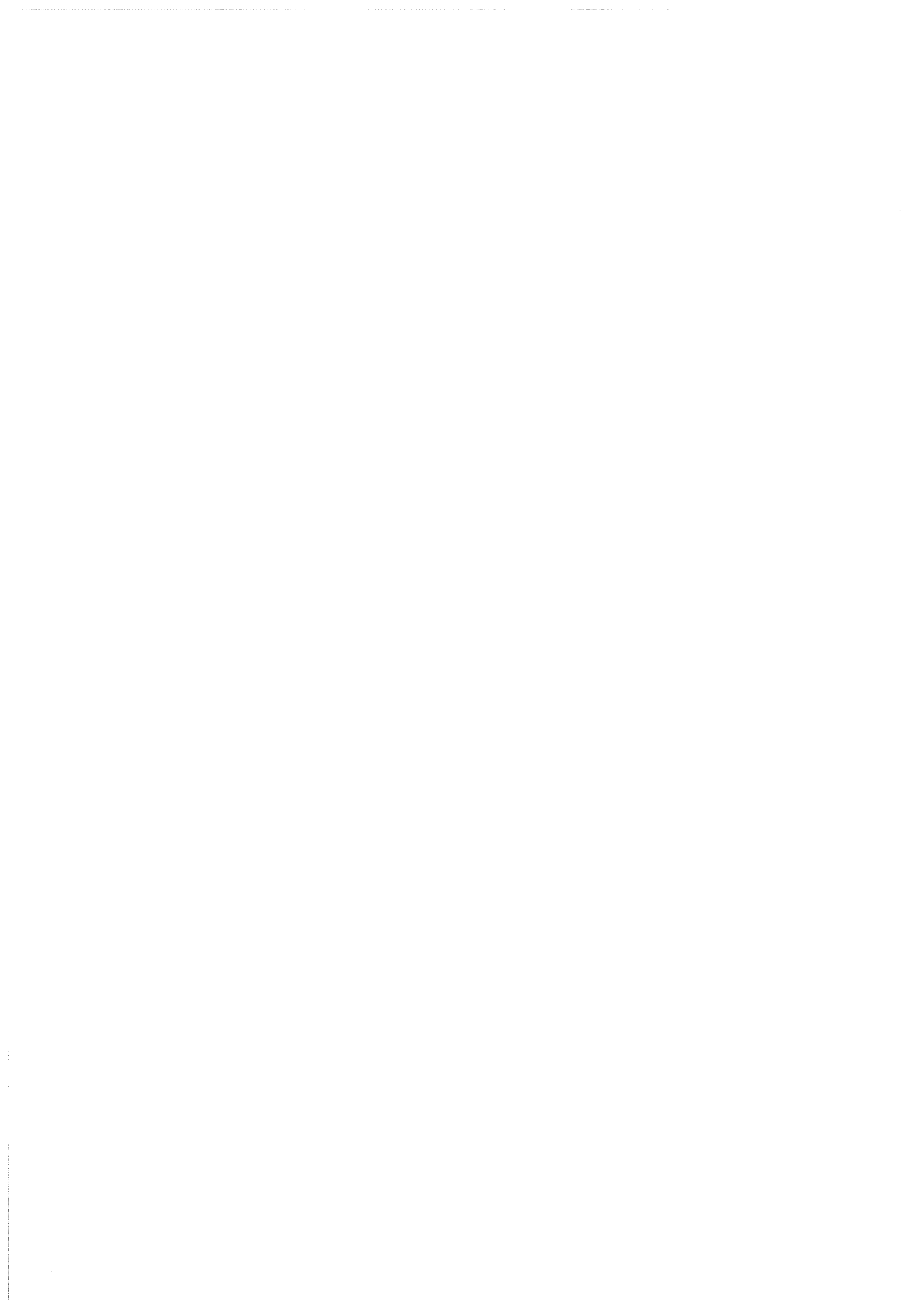
NO. I do not support the proposed amendment because:

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

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.





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

From: askmedsafe

Date: 07/01/2015 05:40 p.m.

History: This message has been replied to.

07.01.2015

SUBMISSION FORM

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

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

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

Name

Email:

Address:

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

NO. I do not support the proposed amendment because:

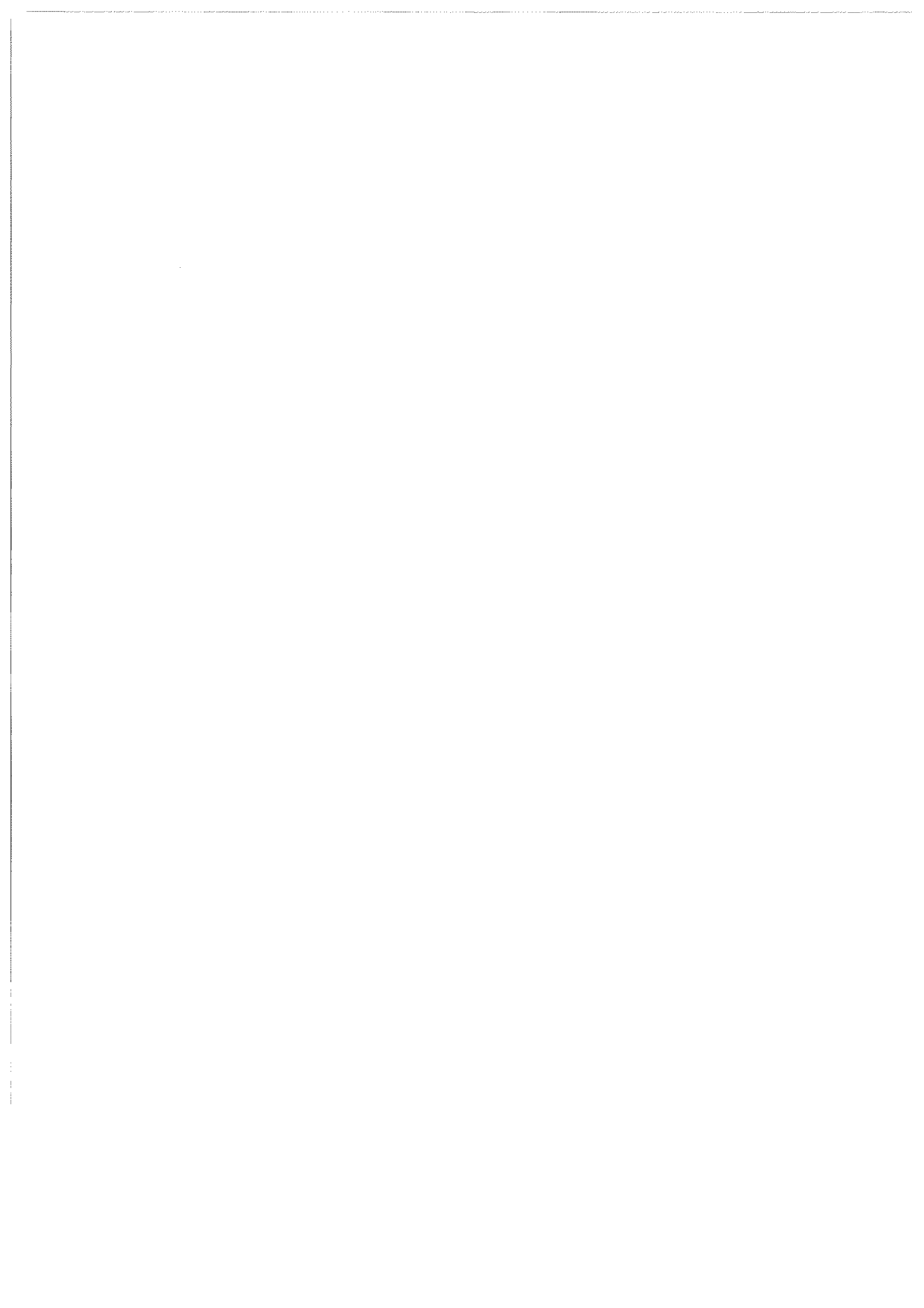
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Question 2. *Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?*

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





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

skmedsafe

07/01/2015 05:56 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?*

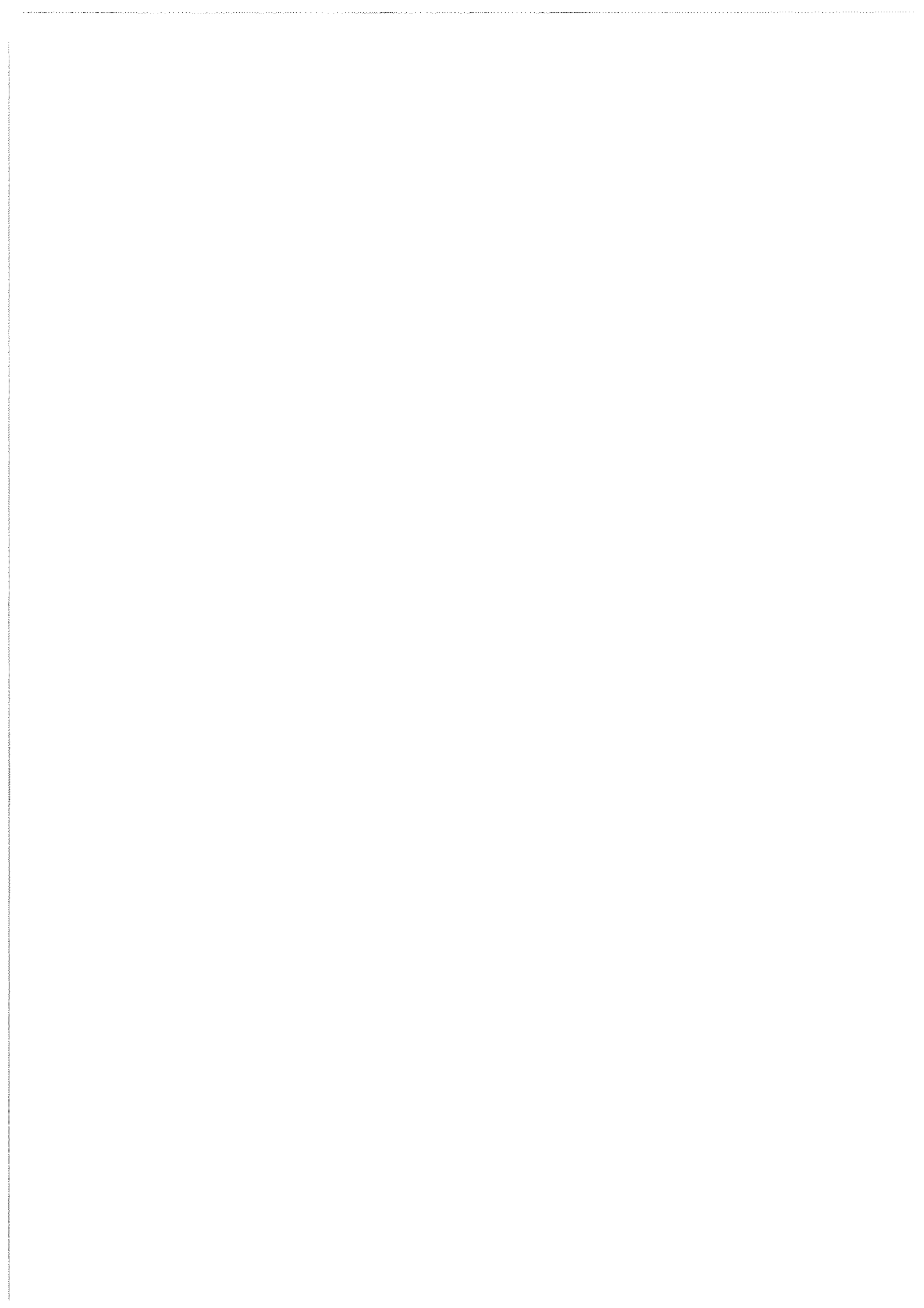
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1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of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



Question 1

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

I do not support the proposed amendment because:

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

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

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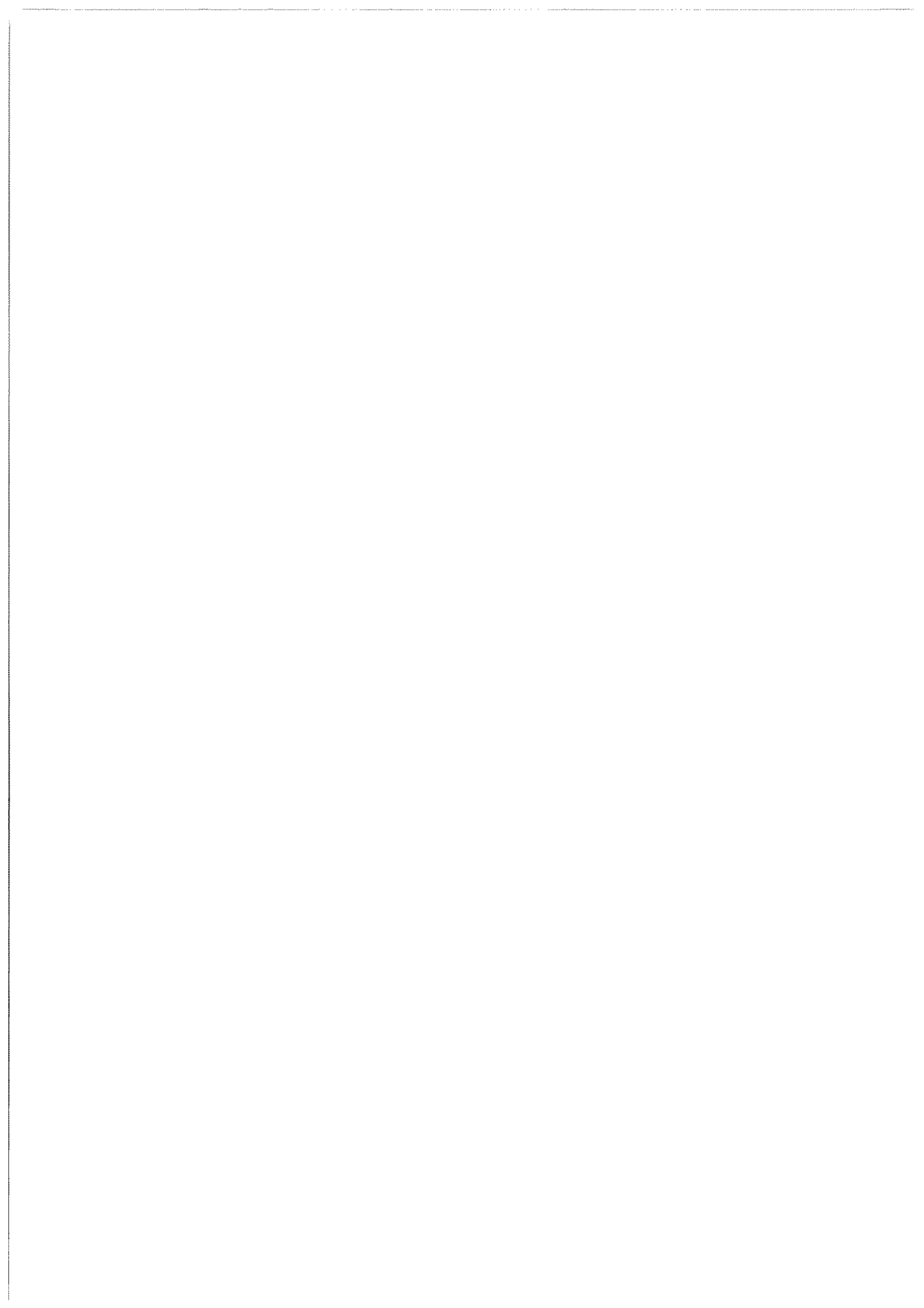
I do wish to speak to my submission.

With kind regards,

SUBMISSION FORM

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

Name:	T
If this submission is made on behalf of an organisation, please name that organisation here:	
Please provide a brief description of the organisation if applicable:	
Address/email:	t
Your interest in this topic (for example, local body, consumer, manufacturer, health professional etc):	My health, as a consumer, resident in NZ
<p>Question 1</p> <p><i>Do you support the proposed amendment? If not, why not?</i></p>	<p>NO. I do not support the proposed amendment because:</p> <ol style="list-style-type: none"> 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





Submission on Regulations under the Medicines Act 1981 Consultation

skmedsafe

07/01/2015 06:05 p.m.

History:

This message has been replied to.

DEMOCRATS FOR SOCIAL CREDIT (Western Region) c/-

"The National Party seeks a safe, prosperous, and successful New Zealand...achieved by building a society based on the following values [including] Individual freedom of choice..." (Source: National Party policy)

In 2014 Social Credit made submissions to the Draft Annual Plans of 65 local bodies. The main focus was on the need for Reserve Bank nil-interest credit lines to fund essential public infrastructures, as provided for in various pieces of financial legislation. Potable water is one of the chief responsibilities of local government. Medicating its citizens is not. In our submissions we urged councils to discontinue the fluoridation of their water supplies, where currently implemented and to resist pressures to do so where still fluoride free.

Some of the replies received revealed resignation to the practice of fluoridation. Others assured us there was no intention to fluoridate, in spite of pressures from local District Health Board officials and the Ministry of Health. One Maori comment reminded us that water is a taonga and should not be used irresponsibly, while environmentalists in our party are adamantly opposed to adding fluoride compounds to water anywhere. Along with these comments is the long-held Social Credit policy opposing mass medication, let alone respecting individual rights as to choice.

Some of our members wonder why the Ministry resists methods of supplying fluoridation other than via water supplies. If the Ministry is genuine in its desire to see all New Zealand children receiving the alleged benefits of fluorides it could, for instance, negotiate with Fonterra for fluorides to be added in carefully prescribed amounts to the school milk, plus arrange for such milk to be available in dairies and supermarkets. This would not only allow choice but would ensure that children in Tuatapere and Tolaga Bay, Wanganui and Wairoa - anywhere - have access to a substance purported to be necessary for dental health. The main consideration is that the right to choose is maintained.

We wish to have the opportunity to speak to this submission.

....., J.A., Dip.Soc.Sci.[Econ.]

Western Region President, Democrats for Social Credit (www.democrats.org.nz)





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

to: askmedsafe@moh.govt.nz

07/01/2015 06:21 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:

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

Sent from Yahoo Mail on Android





fluoride

; : askmedsafe

Sent by: ; ..

Please respond to

07/01/2015 06:25 p.m.

History: This message has been replied to.

Hi,

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

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

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

Name:

Email:

Address.

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

NO. I do not support the proposed amendment because:

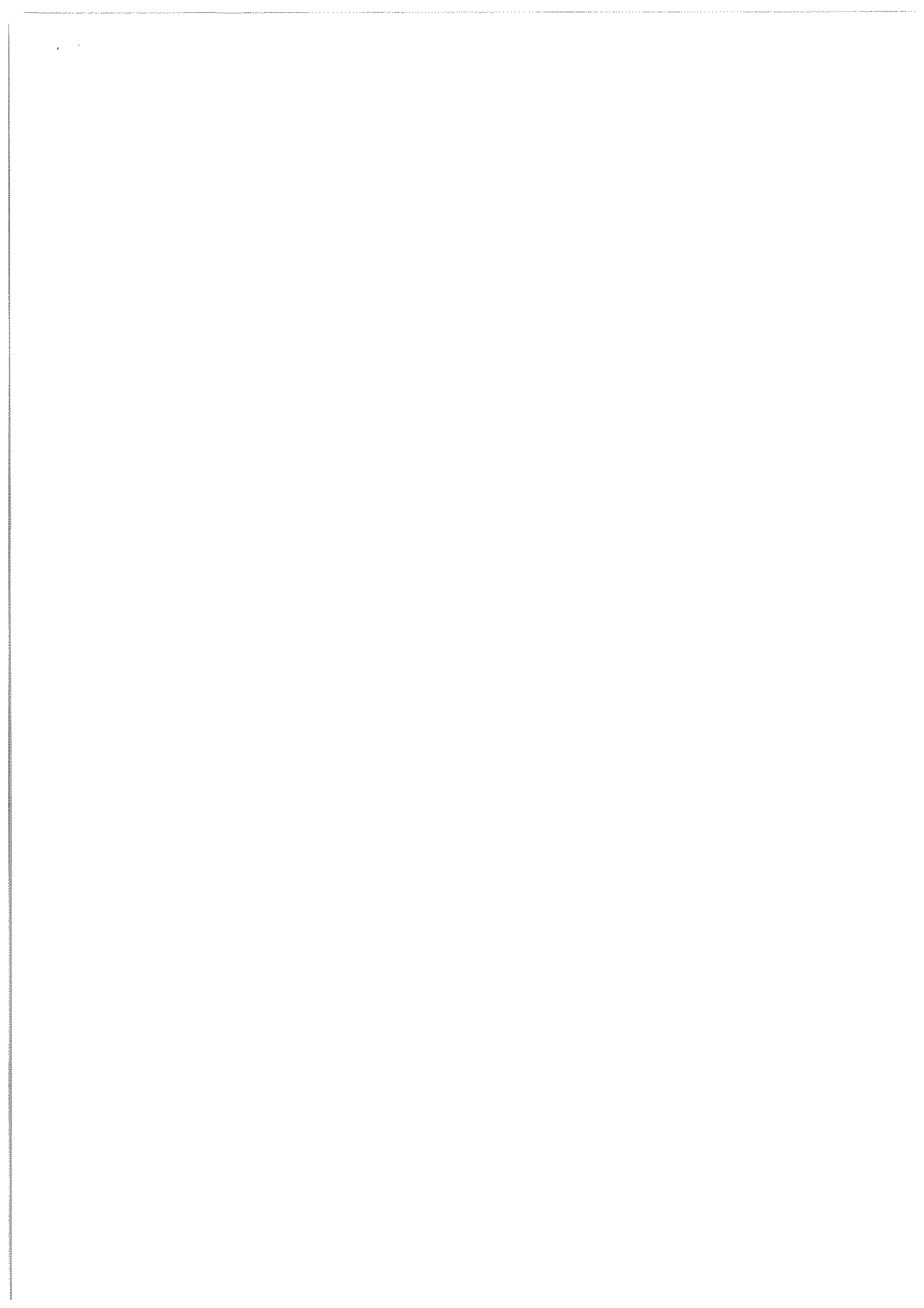
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NO. Fluoride and its compounds are not used to 'treat' community water supplies. In community water fluoridation (CWF) the purpose of fluoride and its compounds is to treat people

I do not wish to speak to my submission.

Regards-



SUBMISSION FORM

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

Name:	/
If this submission is made on behalf of an organisation, please name that organisation here:	
Please provide a brief description of the organisation if applicable:	
Address/email:	
Your interest in this topic (for example, local body, consumer, manufacturer, health professional etc):	Cosumer
<p>Question 1</p> <p><i>Do you support the proposed amendment? If not, why not?</i></p>	<p>NO. I do not support the proposed amendment because:</p> <ol style="list-style-type: none"> 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

	<p>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</p>
<p>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></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>

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flouride

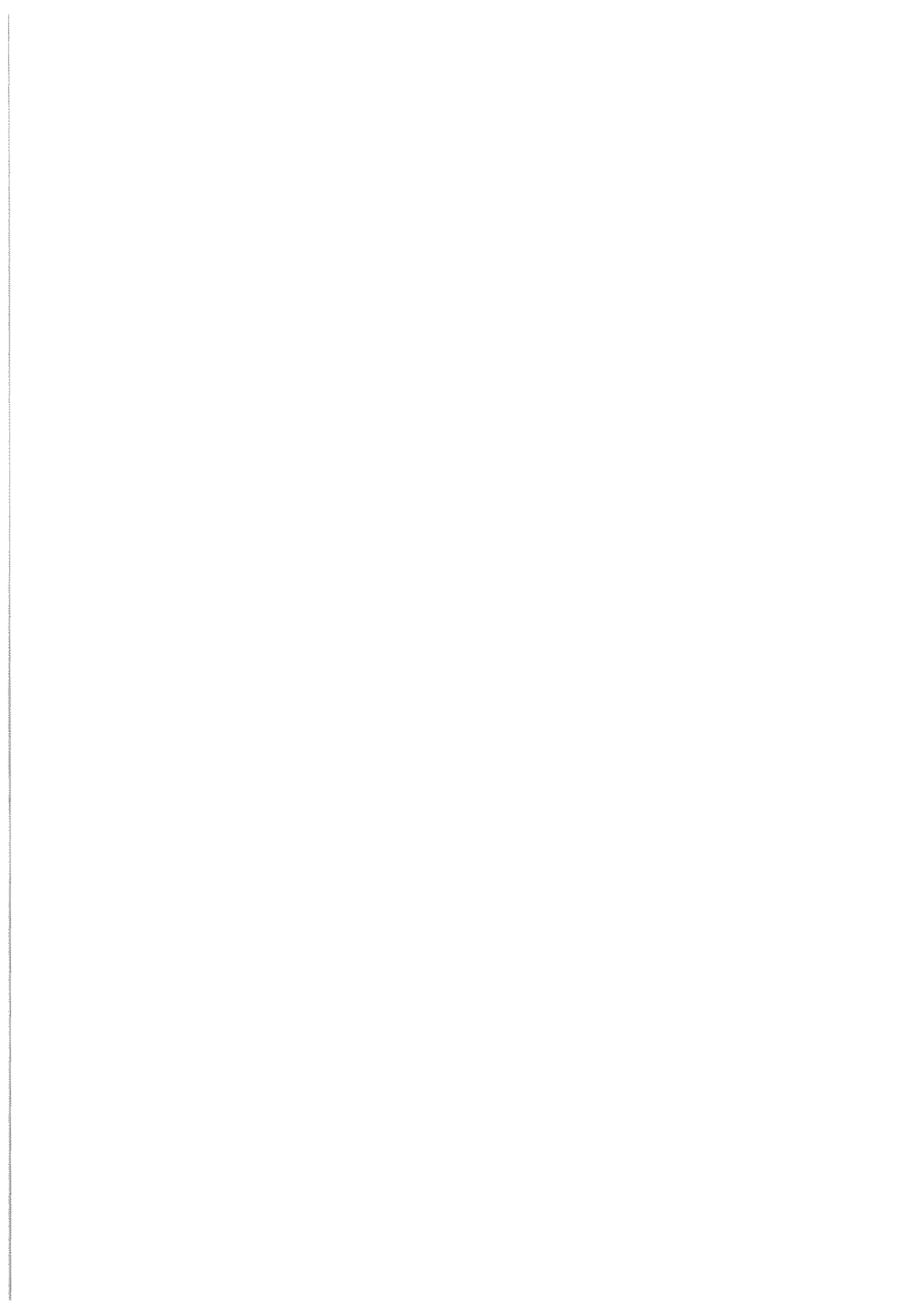
askmedsafe

07/01/2015 06:38 p.m.

History: This message has been replied to.

Dear Minister,
I submit that the addition of flouride to the drinking water should not go ahead as it is a medicine.
People should be free to choose what medicines they take and if it is added to the drinking water they have no choice.
Yours,

--
Please note in your address book our new email addresses





I do Not support Fluoride in the water supply

askmedsafe@moh.govt.nz

07/01/2015 06:53 p.m.

Cc:

History:

This message has been replied to.

Name:

Email:

Address:

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

NO. I do not support the proposed amendment because:

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

Discontinuation argument: For the discontinuation of Fluoride in the water In WELLINGTON where all the ministers of the crown sit in silence while THE New Zealand water supply is deliberately poisoned and polluted By Fluoride in the name of Childrens teeth. Heart warming sentiments .

MINISTRY OF HEALTH please note : you are a disgrace to public health
Medsafe : you are a disgrace to public health and to the Environment

Economic Argument: population Wellington 380.000 persons infected by deliberate poisoning

Total water supplied 400 litres per person per day

Total water drank/ consumed per person per day = 2.5 litres per day
this means water poured down the drain = 397.50 litres per day

Percentage wise. The above figures are 0.625% goes on teeth and 99.375% down the drain to pollute the environment .. we are a clean green New Zealand.... Yeah right

Which means \$195,000 rate payers money of which only \$1,200.00 goes on teeth and

\$193,800 goes down the drain

105 kilos of Sodium Fluoride gets dumped every day

In the Clean Green Capital of New Zealand

40,000 kilos per year in WELLINGTON ALONE

IN The Clean Green Capital of New Zealand

Calcium Fluoride occurs naturally in Water

Local Councils In New Zealand like Wellington And Auckland

Dump Silico fluorides in our water these Silico Fluorides or Sodium Fluorides are NOT "CALCIUM FLUORIDE" They are NON biodegradable hazardous wastes taken from pollution scrubbers of industries.

If not dumped in your public Drinking water supplies they would be have to be neutralized at the highest rated Hazard waste facility at a a minim cost of US\$1.40 per gallon according to Anne Shattock of the Weston A Price Foundation magazine Summer 2001

- Silico Fluorides or Sodium Fluorides are 85 times more toxic than Calcium Fluoride
- Silico Fluorides or Sodium Fluorides are 85 times more toxic than Calcium Fluoride

WHY

they contain the health giving ingredients below

Arsenic Cadmium Lead Uranium Aluminum

We are drinking the above Poisons

Ask yourself , would you like these ingredients in your food items from the supermarkets and shops.

Yet you/we allow these poisonous ingredients in your drinking water under the guise of

"IT'S GOOD FOR OUR CHILDRENS TEETH"

MAY I ASK HOW MANY : MOTHERS FATHERS GRANDPARENTS would allow this to happen

ALL OF YOU

Yet we allow our politicians and **MOTHERS, FATHERS, GRANDPARENTS,** care givers, **Doctors, Dentists*, Med safe, Pet owners, Hospitals, Food manufacturers**

to put this **CRAP** in our Water

(****Dentists considered Mercury to be safe**) Dental associations are a trade group heavily influenced by chemical companies and drug companies

In case the reader has not got the full impact of the above.
your Local Councils buys this Dangerous CRAP and dumps it in our Drinking water.

Health providers Politicians doctors Medsafe Minister of Health have chosen to ignore that Silico Fluorides or Sodium Fluorides are used in Herbicides, insecticides ,rodenticides, and fungicides known to cause havoc within the human body as they do not pass through the body

The results of this are Known to cause

Known to cause

- Alzheimers
- Cancer
- Depression
- Genetic damage
- Sickle Cell Anemia
- abdominal pains

neurological
impairment
Lowered IQ in

Downs
Syndrome

Chronic fatigue

Children	SIDS	Muscle Spasms
Osteosclerosis	immune system Suppression	Eczema
Osteoporosis	Dental Fluorosis	Hair Loss
Spondylaxis	Fatigue	High blood Lead levels
Goitre	Bloody vomit	Learning Disabilities
Chromosomal aberration	Skin Rashes	Thyroid Dysfunction
Dizziness	Gastroenteritis	Lead Uptake
Joint Pain	Muscular Aches	Bone fractures
Hypersensitivity	Headaches	Urinary tract infections
**Ref Hollingsworth Elaine, Chapter 9	Take control Of your Health	

UNITED NATIONS HUMAN RIGHT TO SAFE WATER
our National Government MINISTRY OF HEALTH and Medsafe are in direct breach
of this charter

http://www.un.org/waterforlifedecade/human_right_to_water.shtml

Safe. The water required for each personal or domestic use must be safe, therefore free from micro-organisms, chemical substances and radiological hazards that constitute a threat to a person's health. Measures of drinking-water safety are usually defined by national and/or local standards for drinking-water quality. The World Health Organization (WHO) Guidelines for drinking-water quality provide a basis for the

development of national standards that, if properly implemented, will ensure the safety of drinking-water.



Fluoridation

askmedsafe

07/01/2015 07:04 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.

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



Fluoride

o: askmedsafe@moh.govt.nz

07/01/2015 07:14 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:

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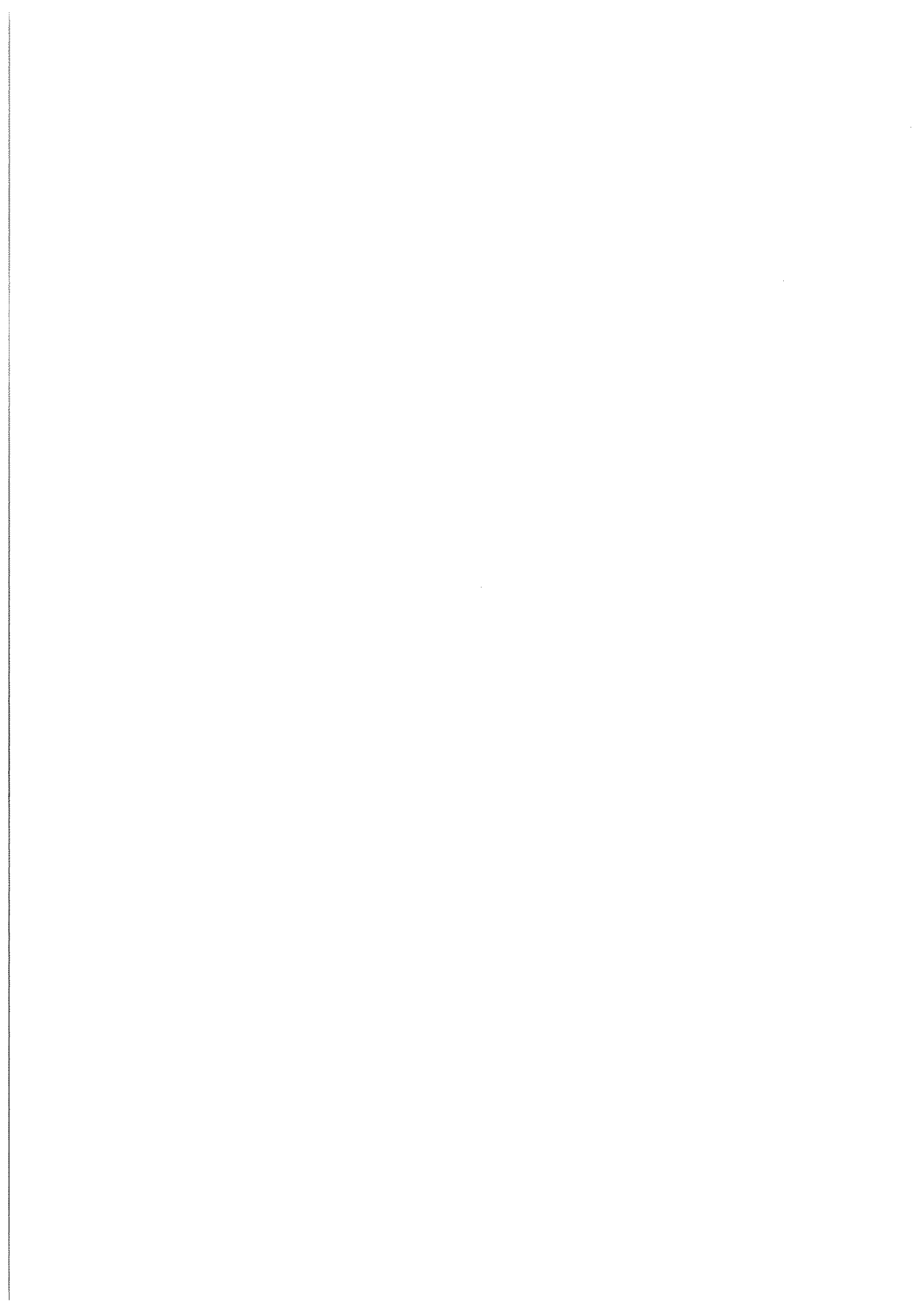
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Sent from





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

); askmedsafe

07/01/2015 07:42 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:
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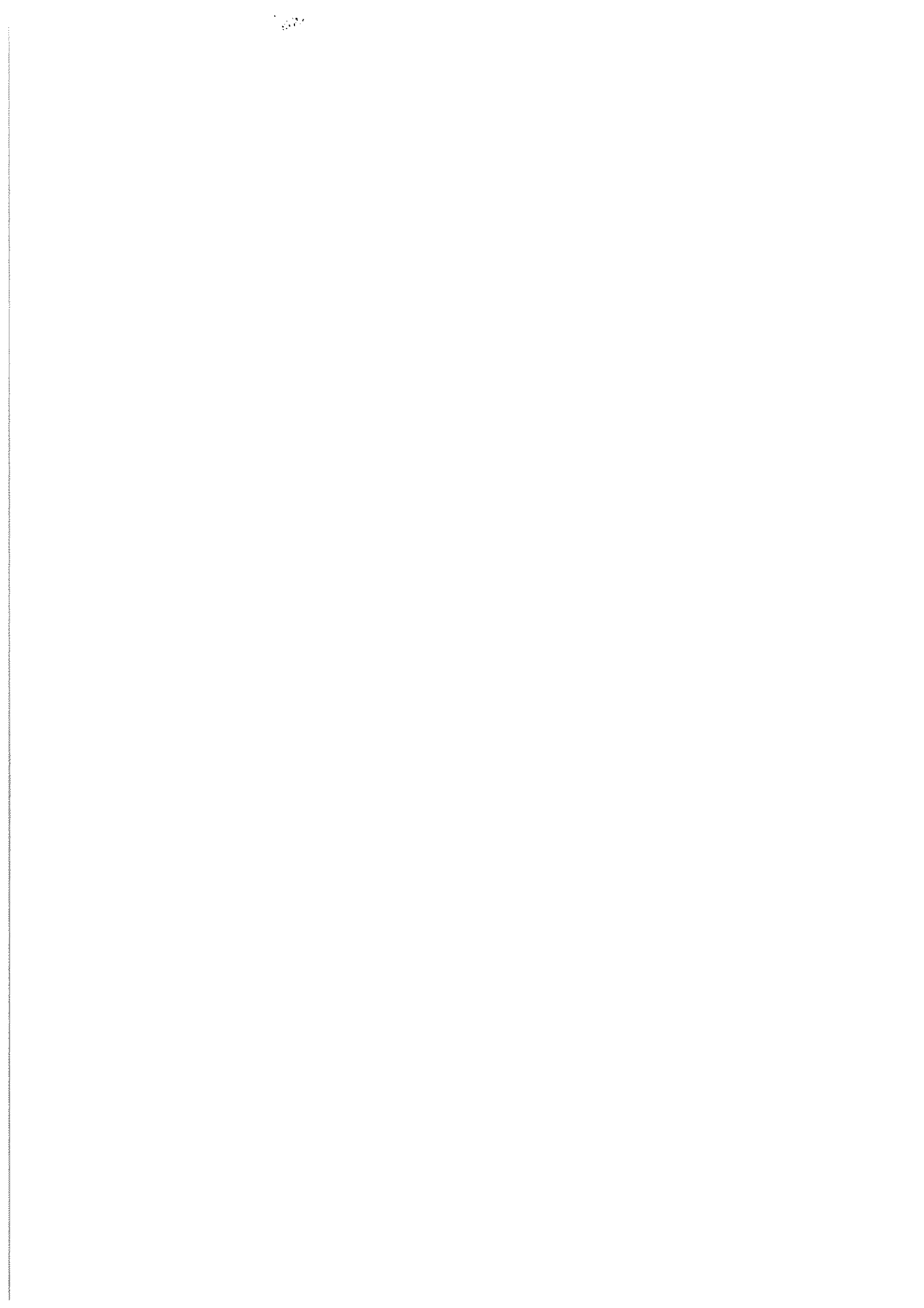
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NO. Fluoride and its compounds are **not** used to 'treat' community water supplies. In community water fluoridation (CWF) the **purpose** of fluoride and its compounds is to **treat people**

I do not wish to speak to my submission.

This email has been checked for viruses by Avast antivirus software.
www.avast.com





No to Fluoride

askmedsafe@moh.govt.nz

07/01/2015 07:53 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

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Email:

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

: askmedsafe

07/01/2015 08:01 p.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

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Name:

Emai

Address:

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

to: askmedsafe@moh.govt.nz

07/01/2015 08:06 p.m.

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

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I do not wish to speak to my submission.

If the concentrations that are used to fluoridate the water are not enough to provide a therapeutic purpose then there is no need to add them.

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

regards



fluoride

... askmedsafe

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

History:

This message has been replied to.

SUBMISSION FORM

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

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