

26 January 2017

Health Committee  
Select Committee Services  
Parliament Buildings  
WELLINGTON 6160

By email: [health@parliament.govt.nz](mailto:health@parliament.govt.nz)

## **Health (Fluoridation of Drinking Water) Amendment Bill**

Dear Sir/Madam

The New Zealand Medical Association (NZMA) wishes to provide feedback on the above Bill.

1. The NZMA is New Zealand's largest medical organisation, with more than 5,500 members from all areas of medicine. The NZMA aims to provide leadership of the medical profession, and to promote professional unity and values, and the health of all New Zealanders. Our submission has been informed by feedback from our Advisory Councils and Board.
2. Community water fluoridation is a safe, effective and cost-effective way to provide protection from tooth decay.<sup>1</sup> The NZMA supports the expanded use of community water fluoridation to reduce the burden of oral disease and reduce health inequities in New Zealand.<sup>2</sup>
3. We note that the Bill proposes transferring decision making on the fluoridation of drinking water supplies from territorial local authorities (TLAs) to district health boards (DHBs). While we strongly support relieving TLAs of decision-making responsibilities for fluoridation of drinking water, it is our view that transferring these responsibilities centrally to the Ministry of Health is preferable to transferring them to individual DHBs.
4. Our major concern with shifting the responsibilities to DHBs is that, as with TLAs, they would have to respond to the opponents of fluoridation and potentially face costly legal challenges to their decisions. We note that these risks have been identified in the Regulatory

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<sup>1</sup> Office of the Prime Minister's Chief Science Advisor (Auckland) & The Royal Society of New Zealand (Wellington). Health effects of water fluoridation: A review of the scientific evidence. August 2014.

Available from <http://www.pmcasa.org.nz/wp-content/uploads/Health-effects-of-water-fluoridationAug2014.pdf>

<sup>2</sup> NZMA. Community water fluoridation. Position Statement. February 2015. Available from [https://www.nzma.org.nz/\\_data/assets/pdf\\_file/0008/40013/Community-Water-Fluoridation-Position-Statement.pdf](https://www.nzma.org.nz/_data/assets/pdf_file/0008/40013/Community-Water-Fluoridation-Position-Statement.pdf)

Impact Statement.<sup>3</sup> We also note that, to help manage these risks, the Ministry would develop a regulatory framework to support DHBs to take a structured and nationally consistent approach. Given the low rates of voting in DHB elections, however, there is a risk that anti-fluoridation groups may secure disproportionate representation on DHB boards. Transferring responsibility to DHBs could, therefore, set board member against board member, DHBs against local councils, and open the door to community pressure groups to challenge the decisions. While we consider the DHB option is an advance on the current arrangements through TLAs (as staff such as Medical Officers of Health and Chief Dental Officers have the necessary expertise and a statutory duty to prevent disease and promote public health), we believe a better option would be for central government to assume this responsibility. This would remove the risks of costly legal challenges to DHBs by anti-fluoridation groups.

5. We note that the option to transfer to the Director-General of Health decision making on the fluoridation of drinking water supplies was considered in the Regulatory Impact Statement (Option 5) and in the Cabinet Paper on Decision making on the fluoridation of drinking water supplies,<sup>4</sup> but was not selected primarily due to perceived “limited local input on fluoridation, and limited links between fluoridation decisions and other local health priorities”. It is our view that this assessment is flawed. Existing mechanisms relating to the administration of the drinking water provisions of the Health Act make Medical Officers of Health (and the Drinking Water Assessors they work with) directly accountable to the Director-General of Health. Importantly, Medical Officers of Health and Drinking Water Assessors are responsible for their own localities. As such, they can be expected to take into account local considerations. Moreover, local suppliers, under the Act, are obliged to take all practicable steps to meet the drinking water standards.

6. We submit that setting a minimum fluoride level for existing Drinking Water Standards<sup>5</sup> (while simultaneously ensuring that maximum levels, already stated, are not breached) is preferable to transferring responsibilities to DHBs. This could be achieved by transferring decision making to the Director-General of Health, who would then take advice from local Medical Officers of Health and Drinking Water Assessors.

7. If the Committee does not redraft the proposed legislation to allow centrally mandated community water fluoridation, the NZMA would not oppose the Bill as it stands, as we consider that it does represent an improvement over the status quo. However, we strongly urge the Government to vigorously pursue centrally mandated community water fluoridation.

We hope that our feedback has been helpful. We would like the opportunity for an oral hearing to speak to our submission.

Yours sincerely



Dr Stephen Child  
NZMA Chair

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<sup>3</sup> Available from <https://www.health.govt.nz/about-ministry/legislation-and-regulation/regulatory-impact-statements/transferring-decision-making-fluoridation-drinking-water-local-authorities-district-health-boards>

<sup>4</sup> Available from <https://www.health.govt.nz/system/files/documents/pages/cabinet-paper-decision-making-fluoridation-drinking-water-supplies.pdf>

<sup>5</sup> Available from <http://www.health.govt.nz/system/files/documents/publications/drinking-water-standards-2008-jun14.pdf>