



Sent by:

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

15/12/2014 06:15 a.m.

Subject: Submission to Consultation on Proposed Amendment to Regulations under the 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

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 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

PS. On a personal note, I find adding this poison (google fluoride, poison) to water supplies a most barbaric, inhuman act. The damages done by fluoride is well documented. It is certainly not for the sake of people’s health that this poison is added to water. Vitamin C would have been a better addition, if that was the case.

Even if fluoride was safe, it is compulsory medication of the whole population. You have no

right to do that. What is next? Statin drugs to lower cholesterol?



Sent by: _____

15/12/2014 08:43 a.m.

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

Subject: Submission on treatment of Fluoride in Water supplies under the Medicines Act

Question 1

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

Yes. It appears a sensible response to the outcome of the High Court case.

There have been many examinations of the fluoride question. Medicines Act processes are not needed to ensure appropriate use of the material in public water supplies. Medicines Act implementation effort should be focused on issues which have not been adequately examined, such as some "natural" remedies.

Question 2

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

I have no information on this matter.



Sent by:

15/12/2014 10:11 a.m.

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

Subject: Re: 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

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?

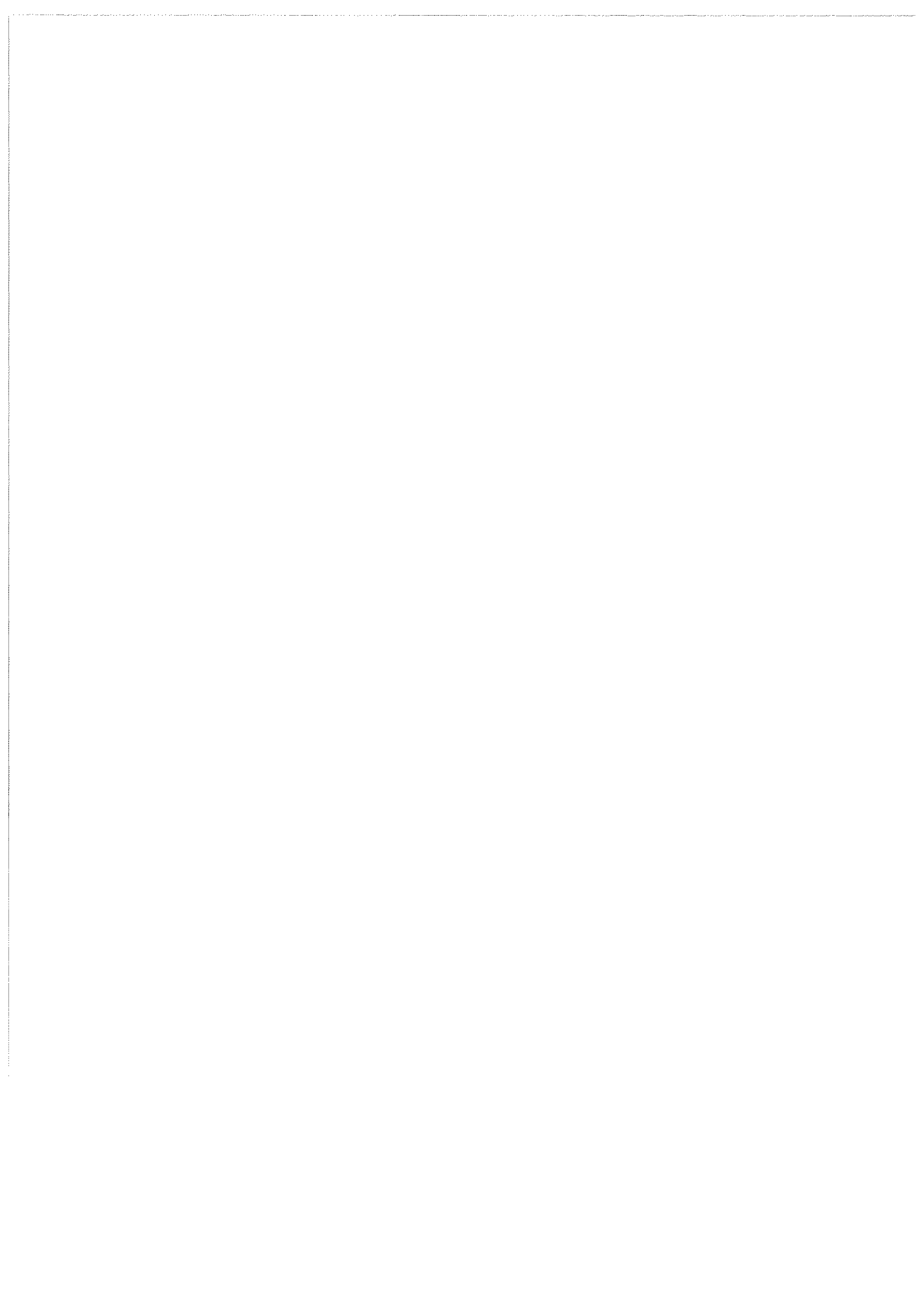
NO. I do not support the proposed amendment because:

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. This is made abundantly clear to us by local Councils as to WHY this is added to our water - as a treatment of dental decay and disease.
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to "first do no harm"
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines

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

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

I do not wish to speak to my submission.





Sent by:

15/12/2014 10:57 a.m.

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

cc:

bcc:

Subject: Submission to Consultation on Proposed Amendment to Regulations under the 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

Sincerely,
'



Sent by:

15/12/2014 11:12 a.m.

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

Subject: Flouride Free Submission

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

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

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

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

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

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



Sent by:

15/12/2014 12:09 p.m.

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

cc:

bcc:

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

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

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

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

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

Name

Email

Address

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

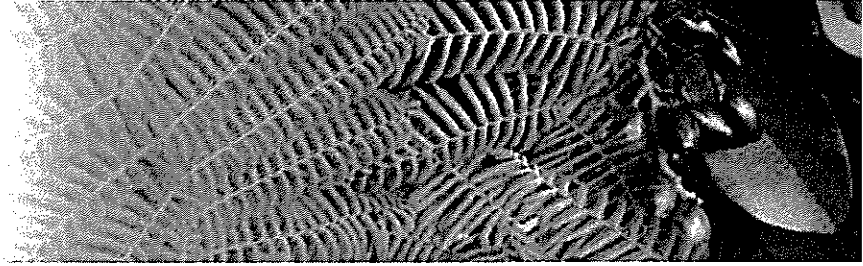
NO. I do not support the proposed amendment because:

1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to "first do no harm"
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines
5. The fluoride used is a form not scientifically proven to assist in dental caries (sodium fluoride is different from calcium fluoride)
6. The sodium fluoride used was derived in Taranaki from by-products of pesticides.
7. Increasing evidence is showing that sodium fluoride, at the levels it is added to water, is not safe for human consumption.

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

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





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Sent by:

To: askmedsafe@moh.govt, askmedsafe@moh.govt.nz,
cc:

15/12/2014 12:34 p.m.

bcc:

Subject: Submission re Medicines Act 1981 - Flouride (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

Please note the following items relevant to scientific research backing up my submission:

Fluoride - Dangers of Fluoridation | Mercola.com

fluoride.mercola.com/

- [Cached](#)
- [Similar](#)

Learn about the **dangers of fluoride** and why the practice of water fluoridation should be ended now.

[The Toxic Import from China - 10 Facts About Fluoride You ...](#)

- **Scientists, Doctors and Researchers warn of fluoridated ...**

www.nofluoride.com/

- [Cached](#)
- [Similar](#)

Fluoride is a corrosive poison that will produce serious effects on a ... testified before the U.S. Senate on June 29, 2000 about the *dangers* of water *fluoridation*.

- **Fluoride Action Network | 50 Reasons to Oppose Fluoridation**

fluoridealert.org/articles/50-reasons/

- [Cached](#)
- [Similar](#)

by P Connett - [Cited by 5](#) - [Related articles](#)

Since swallowing *fluoride* is unnecessary, and potentially *dangerous*, there is no justification for forcing people (against their will) to ingest *fluoride* through their ...

- **Top 10 Dangers of Fluoride - Cheeseslave**

www.cheeseslave.com/top-10-dangers-of-fluoride/

- [Cached](#)
- [Similar](#)

Dec 26, 2011 - Are you aware of the health *dangers of fluoride*? Did you know that fluoride can damage fertility, destroy bones and cause early puberty in ...

- **Is Fluoride Dangerous? | Campaign for Dental Health**

www.ilikemyteeth.org/fluoridation/dangers-of-fluoride/

- [Cached](#)
- [Similar](#)

There are many opponents with anti-*fluoride* arguments and many misrepresent

what the research shows. Does *fluoride* cause cancer? Find out more!

- **[Water fluoridation controversy - Wikipedia, the free ...](http://en.wikipedia.org/wiki/Water_fluoridation_controversy)**
[en.wikipedia.org/wiki/Water *fluoridation*_controversy](http://en.wikipedia.org/wiki/Water_fluoridation_controversy)

- [Cached](#)
- [Similar](#)

The water *fluoridation* controversy arises from political, moral, ethical, and safety concerns regarding the *fluoridation* of public water supplies. While some ...

- **[10 Fluoride Facts You Should Know - HowStuffWorks](http://health.howstuffworks.com/wellness/oral-care/.../10-fluoride-facts.htm)**
health.howstuffworks.com/wellness/oral-care/.../10-fluoride-facts.htm

- [Cached](#)
- [Similar](#)

But that doesn't stop vocal groups from claiming that even if fluoride does have useful properties, the *dangers of fluoridation* (or over-fluoridation) are far too risky ...

- **[The Dangers of Fluoride and Fluoridation](http://www.mbschachter.com/dangers_of_fluoride_and_fluorida.htm)**
www.mbschachter.com/dangers_of_fluoride_and_fluorida.htm

- [Cached](#)
- [Similar](#)

Most Americans are unaware of the dangers of ingesting fluoride. Most dentists, physicians and scientists are unaware of the *dangers of fluoride* and water ...

- **[ADA study confirms dangers of fluoridated water, especially ...](http://www.naturalnews.com/030123_fluoride_babies.html)**
www.naturalnews.com/030123_fluoride_babies.html

- [Cached](#)
- [Similar](#)

Oct 21, 2010 - (NaturalNews) Advocates of *fluoridated* water insist that the chemical additive is good for teeth, but actual science routinely shows otherwise, ...

- **[Fluoride and Fluoridated Water's Link to Thyroid Disease](http://thyroid.about.com/cs/toxicchemicalsan/a/flouride.htm)**
thyroid.about.com/cs/toxicchemicalsan/a/flouride.htm

- [Cached](#)
- [Similar](#)

Aug 18, 2014 - FFluoride and the Thyroid: The Controversy - a look at the controversy over *fluoride* and *fluoridation* of water, and the health effects on the ...

Sincerely,

--

"Each time a man stands up for an ideal, or acts to improve the lot of others, or strikes out against injustice, he sends forth a tiny ripple of hope, and crossing each other from a million different centers of energy and daring, those ripples build a current which can sweep down the mightiest walls of oppression and resistance."

Robert F. Kennedy
Capetown, June 6th 1966

1957

2 95

Pacific still means peace,

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):	Concerned individual
<p>Question 1</p> <p><i>Do you support the proposed amendment? If not, why not?</i></p>	No, if fluoride is added to the water for medical purposes, as it is purported to in this Act, then it should be labelled as a medicine.
<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>	

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

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

If information from your submission is requested under the Act, the Ministry of Health will release your submission to the person who requested it. However, if you are an individual, rather than an organisation, the Ministry will remove your personal details from the submission if you check the following box:

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

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



Sent hv:

15/12/2014 01:59 p.m.

To: askmedsafe@moh.govt.nz,

cc:

bcc:

Subject: Fluoridation Submission - Kane Titchener

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

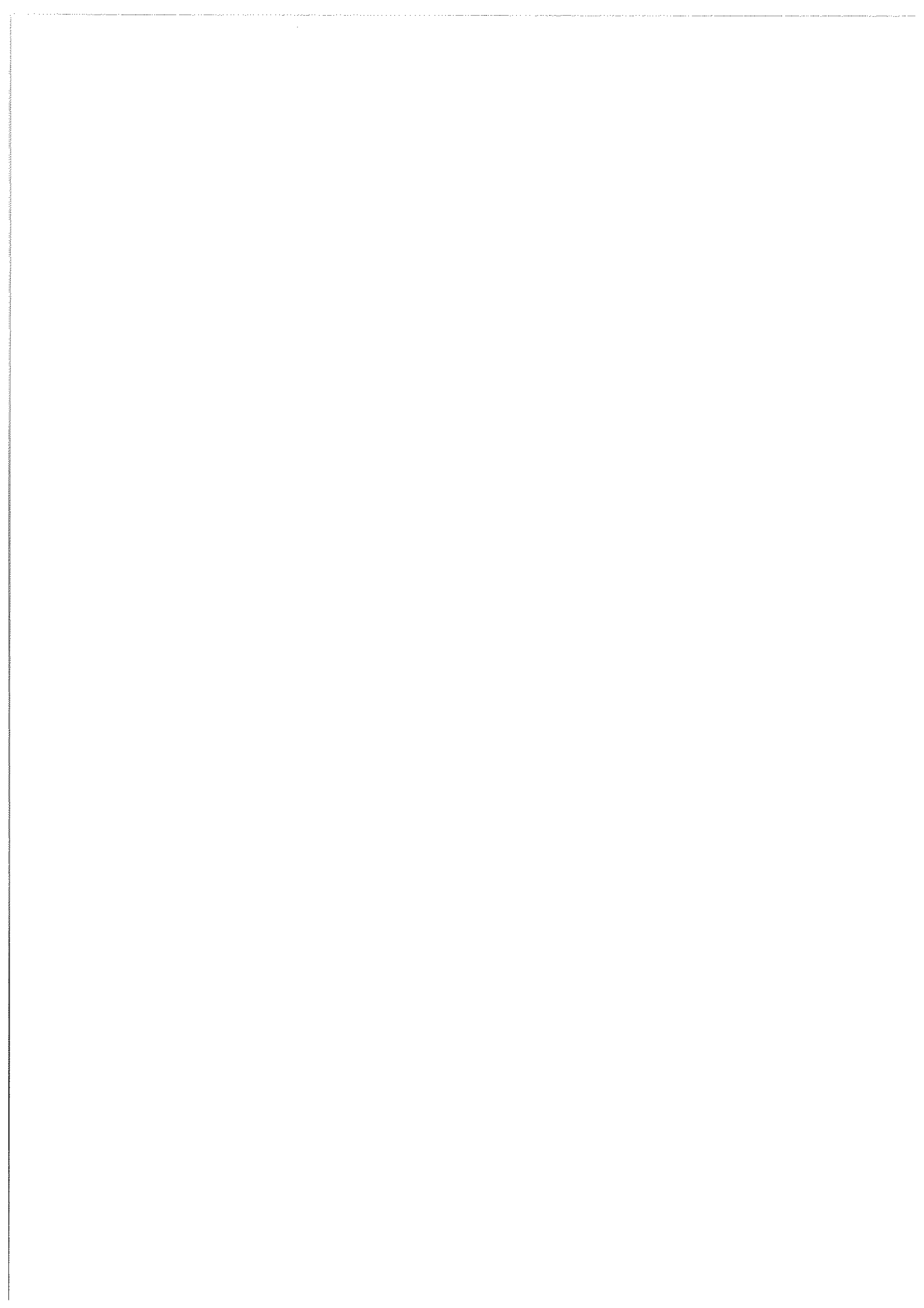
Question 2. *Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?*

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.

Please advise that you have received my email.

Yours Sincerely,



SUBMISSION FORM

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

Name:	
If this submission is made on behalf of an organisation, please name that organisation here:	Auckland Regional Dental Services/ Waitemata District Health Board
Please provide a brief description of the organisation if applicable:	Auckland Regional Dental Services provides free dental care for preschool, primary and intermediate children at Clinics in Auckland area
Address/email:	/ 12
Your interest in this topic (for example, local body, consumer, manufacturer, health professional etc):	Health professional. I am a Dental Therapist with 8 years working experience in both fluoridated and non-fluoridated areas and see first hand the benefits of fluoridation. I am also aware of the strain dental disease puts on our health system with thousands of children requiring treatment under General Anaesthesia. It is a preventable disease and we should use every aid we can to reduce the pain and suffering it causes children in New Zealand
Question 1 <i>Do you support the proposed amendment? If not, why not?</i>	Yes, I support the proposed amendment. Fluoride should not be classified as a medicine. It is used as a preventive measure to dental disease in the same way as fruit like oranges and kiwifruit, high in Vitamin C can boost the body's immune system. Fluoride can help to re mineralise tooth enamel and stop the damage reaching the living part of the tooth, which causes pain and requires fillings
Question 2 <i>Are there other fluoride-containing</i>	None to my knowledge

compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?

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

If information from your submission is requested under the Act, the Ministry of Health will release your submission to the person who requested it. However, if you are an individual, rather than an organisation, the Ministry will remove your personal details from the submission if you check the following box:

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

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



Sent by

15/12/2014 03:32 p.m.

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

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

SUBMISSION FORM

I 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

I not wish to speak to my submission.

Thank you

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):	Health professional
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>	no

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:

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

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

SUBMISSION FORM

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

Name:	
If this submission is made on behalf of an organisation, please name that organisation here:	
Please provide a brief description of the organisation if applicable:	
Your interest in this topic (for example, local body, consumer, manufacturer, health professional etc):Teacher therapist.	
<p>Question 1</p> <p><i>Do you support the proposed amendment? If not, why not? NO I think that it is wrong to medicate elderly people because you want to help a few children . Fluoride will harden the bones and this is not what you want as an older person. There are some people who are sensitive to fluoride so they are forced to buy bottled water at great cost. Parents need to be educated on diet and teeth care for their children . Sugar damages young teeth . This is not stopped by adding any amount of poisonous waste to the water supply!Fluoride tablets are treated as medicines in the chemists, because it is a highly toxic substance. There are warnings about dosage on toothpaste tubes.How do</i></p>	

<p><i>you know the right dose for every person that you supply with the poisoned water? There is a big difference between natural fluoride and Hydro fluorisilicacid, that can burn through metal it is so corrosive. This is meant to improve my enamel? This is a substance that is ILLEGAL TO BE DUMPED INTO RIVERS! Why ,because it is so toxic -enough said. The basic rule around medicine of right dose right substance right person right time cannot be followed with Fluoridated water supply. I have to shower in it so will absorb some through my skin, also in my bath. How do you know how many times I take a bath, or how much water I drink. You dont know if I have arthritis of Fluoridosis or if I have allergy to Fluoride. Similar cities like Hastings and Napier have shown similar improvements in dental health but Napier does not Fluoridate its water!</i></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>	

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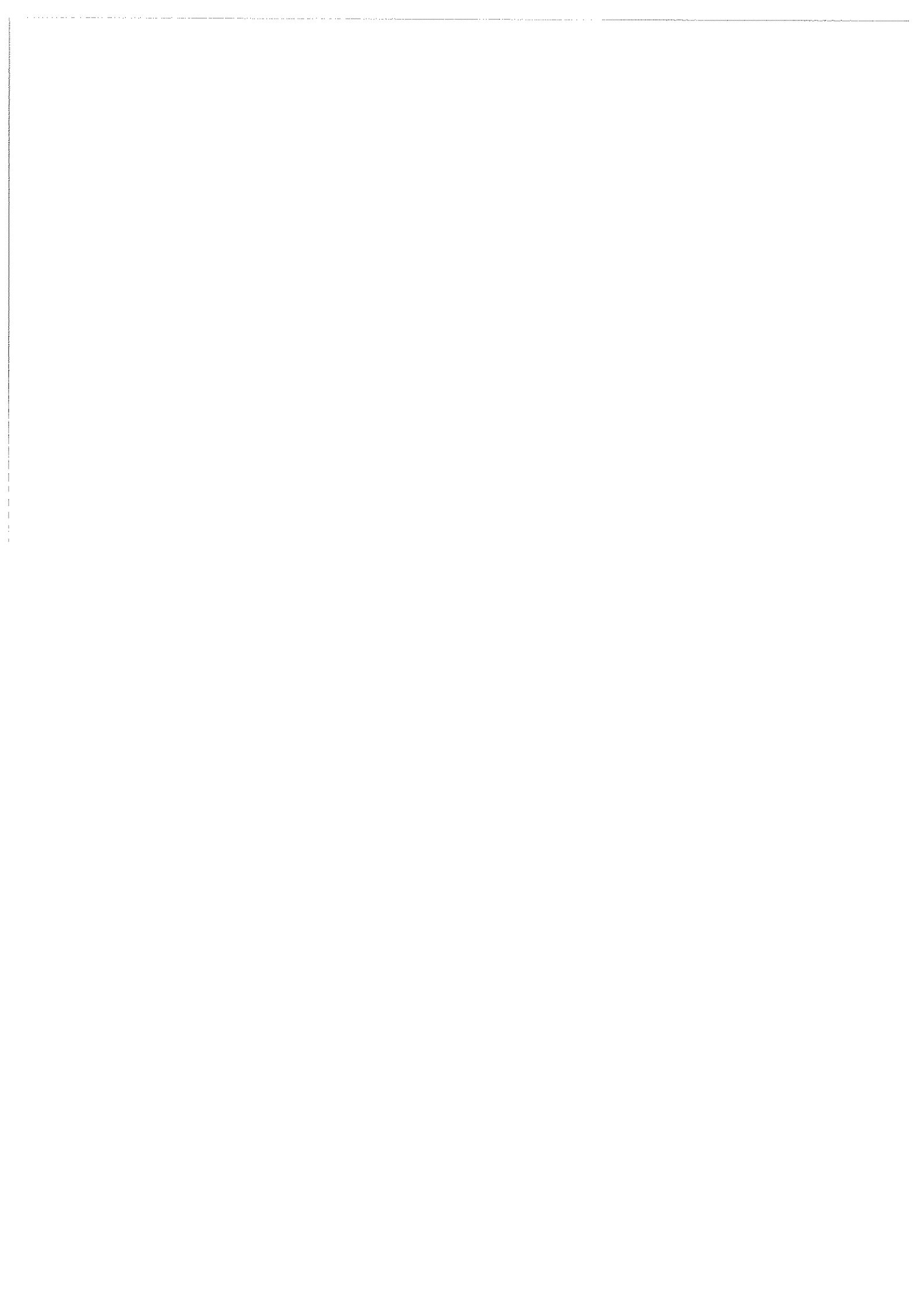
to:
 askmedsafe@moh.govt.nz
 15/12/2014 09:27 p.m.
 Hide Details
 From: "
 To: "askmedsafe@moh.govt.nz" <askmedsafe@moh.govt.nz>,"

1. No I do not support fluoridation of drinking water for the following reasons:

- i) the mineral used is a byproduct from industrial waste and is toxic as it contains trace amounts of arsenic, lead and other heavy metals. It has no business being in a public water supply
- ii) there is no way to regulate the amount of contaminated water that is consumed and therefore the total amount of fluoride a person is exposed to
- iii) people with kidney disease who drink fluoridated water are at serious risk of medical complication including death! (see www.uptodate.com)
- iv) the purported benefits of fluoridation come from topical application only (ie when the water passes over the teeth) but the population are chronically dehydrated meaning they dont drink enough water as it is. Consequently most of this water goes into baths, showers, cooking, flushing toilets and washing machines. That makes it a bad economical way of delivering targeted medication.
- v) infants who are fed on formula risk being overexposed to fluoride when their water is boiled. The FDA has issued a warning about this.
- vi) there is no compelling data that shows fluoridated areas of NZ have less tooth decay than non fluoridated areas
- vii) the MAIN reason for tooth decay in NZ is SUGAR! not a lack of fluoride. More needs to be done to address this.
- viii) forced medication is a breach of human rights under the NZ Bill of Rights Act and also the Health and Disability Commissioners Code of Patients rights
- ix) the targeted populations (low socioeconomic individuals) don't tend to drink water but instead drink fizzy drinks (most popular selling food item at supermarkets nationwide) so the campaign is failing anyway
- ix) the addition of fluoride into the water supply has been BANNED in most of Europe. This was done after consideration of the science behind it. Why are we not taking notice of this???

2. No I do not support any type of medication or fluoride in any form being used in the water supply. It would make more sense to subsidize toothbrushes/toothpaste for low socioeconomic areas instead

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Fluoride
E

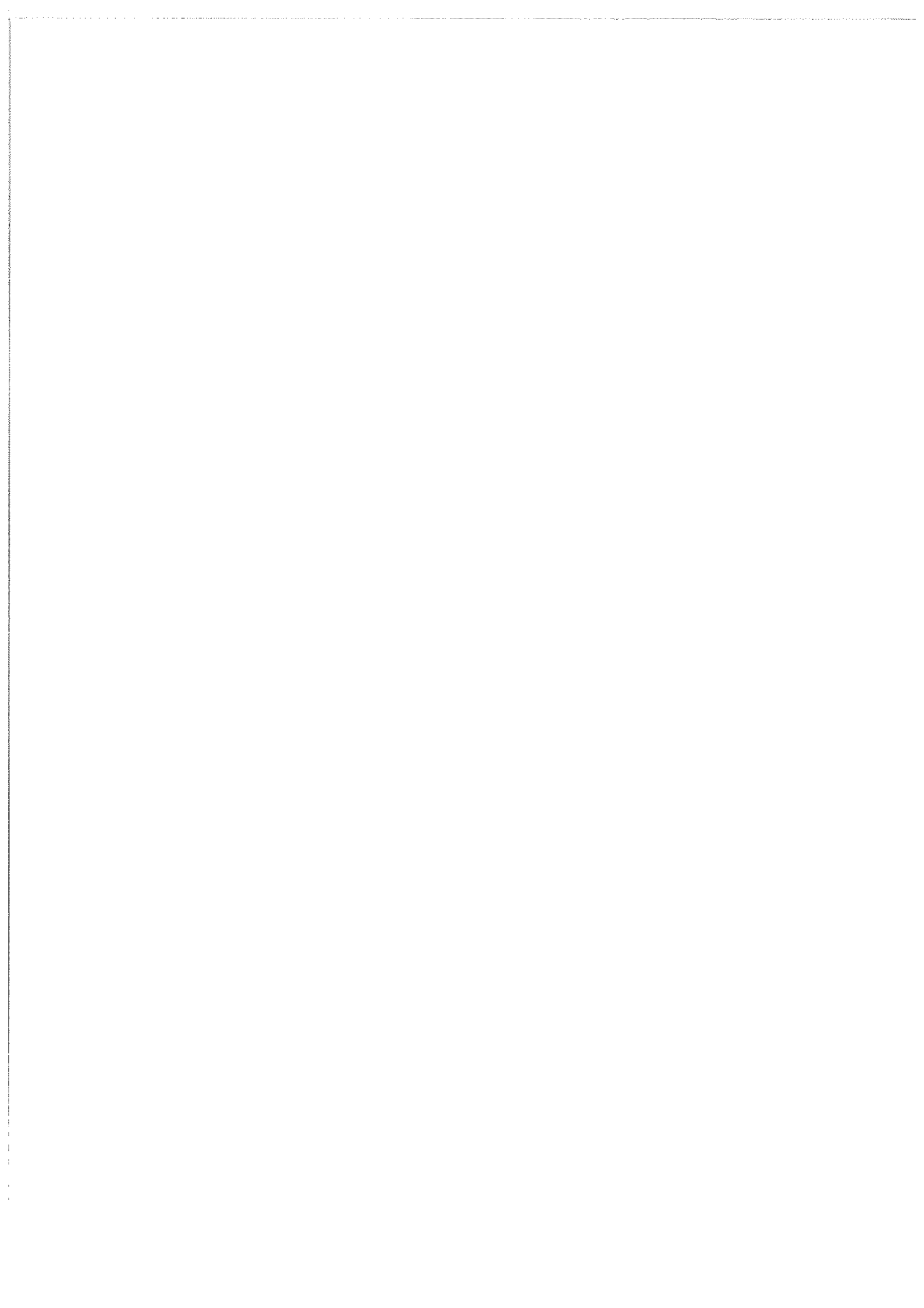
askmedsafe@moh.govt.nz

15/12/2014 07:47 p.m.

Communities need to have a say as to what is put in their water supply.
People need to have access to full information about the effects of
fluoridated water.
This is my submission. I do not support the proposed amendment.

1
M-3 -

011



116



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

to:

askmedsafe@moh.govt.nz

15/12/2014 08:20 p.m.

Hide Details

From

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

SUBMISSION FORM

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**

I not wish to speak to my submission.

Thank you

SUBMISSION FORM

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

Name:	Robert F Aitken
If this submission is made on behalf of an organisation, please name that organisation here:	Community Oral Health, Waikato DHB
Please provide a brief description of the organisation if applicable:	
Address/email:	Rob.aitken@waikatodhb.health.nz
Your interest in this topic (for example, local body, consumer, manufacturer, health professional etc):	Health professional/Principal dental Officer
<p>Question 1</p> <p><i>Do you support the proposed amendment? If not, why not?</i></p>	Yes
<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>	

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Sent by:

10/12/2014 11:00 a.m.

To: askmedsafe@moh.govt.nz,

cc:

bcc:

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

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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Nam

Email:

Address:

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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:	David Crum BDS DipClinDent.
If this submission is made on behalf of an organisation, please name that organisation here:	New Zealand Dental Association Inc
Please provide a brief description of the organisation if applicable:	<p>The Association established in 1905 is the professional organisation for dentists within NZ. The Association has over 2400 members representing approximately 94% of practising dentists from all branches of the profession within both the public (DHB, Defence and University) and privately (private practice) funded arena's and across all dental specialties.</p> <p>The Association's motto is – 'For the Public Weal'</p> <p>The Association funds and provides expert input into Oral Health Promotion and into Dental Research.</p>
Address/email:	david@nzda.org.nz
Your interest in this topic (for example, local body, consumer, manufacturer, health professional etc):	The New Zealand Dental Association's interest in this topic is as the leading representative organisation of dentists, with a strong interest in improving population oral health and involvement in dental research.
<p>Question 1</p> <p><i>Do you support the proposed amendment? If not, why not?</i></p>	<p>The New Zealand Dental Association <u>does</u> support the proposed amendment to the Medicines Regulations</p> <p>Justice Collins has made it very clear in his ruling of 9 October 2014 [1] that fluoride added to the drinking water supply is not a medicine, within the meaning of the Medicines Act, because the maximum allowable concentration in drinking water is 1mg/L and Schedule 1 of the Medicines Regulations specifies that every reference to a medicine in the Schedule only applies if the concentration of that medicine is greater than 10 mg/L.</p> <p>However, the proposal to clarify that "Fluoride-containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purposes of the Act when they are manufactured and supplied or</p>

	<p>distributed for the purpose of fluoridating community water supplies” is a sensible and appropriate measure in the opinion of the Association.</p> <p>1 New Health New Zealand v Attorney-General [2014] NZHC2487</p>
<p>Question 2</p> <p><i>Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?</i></p>	<p>The US Centre for Disease Control [2] lists three fluoride compounds used as additives for community water fluoridation:</p> <ul style="list-style-type: none"> • Fluorosilicic acid: a water-based solution used by most water fluoridation programs. Fluorosilicic acid is also referred to as hydrofluorosilicate, FSA, HFS or HFA. • Sodium fluorosilicate: a dry additive, dissolved into a solution before being added to water. Sodium fluorosilicate is also known as sodium silico fluoride (SSF) • Sodium fluoride: a dry additive, typically used in small water systems, dissolved into a solution before being added to water. <p>The proposal at present does not specifically list sodium fluoride. While the New Zealand Dental Association understands it is not the preferred compound for community water fluoridation programmes for reasons of economics and handling, it may be used for small water systems.</p> <p>The New Zealand Dental Association recommends that it is also listed for the sake of completeness and clarity</p> <p>2 www.cdc.gov/fluoridation/factsheets/engineering/wfadditives.htm. Accessed 27 November 2014</p>

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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:†

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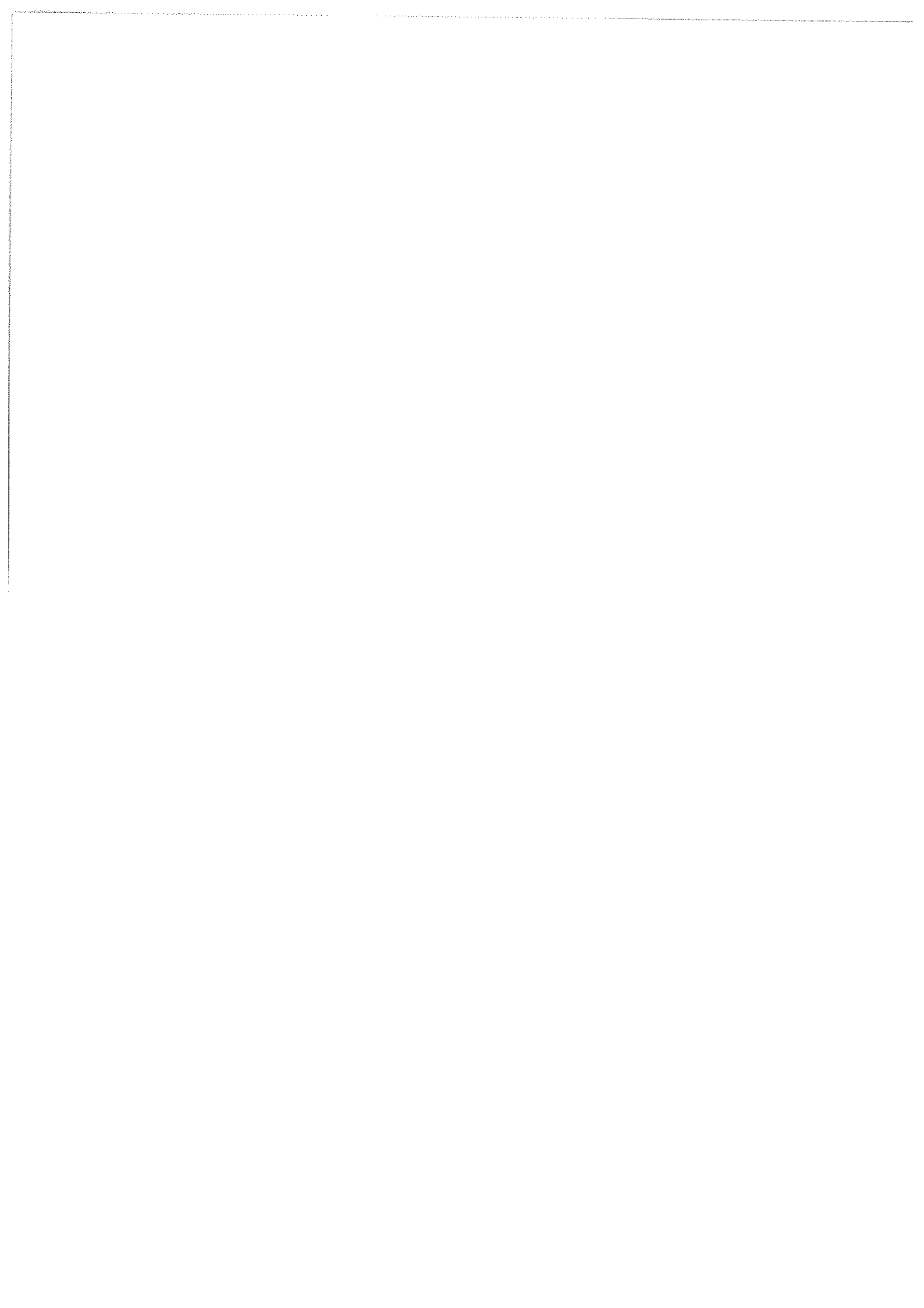
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NO. Fluoride and its compounds are **not** used to ‘**treat**’ community water supplies. In community water fluoridation (CWF) the **purpose** of fluoride and its compounds is to **treat people**

I do not wish to speak to my submission.





REF:- Submission to Proposed Amendment to Regulations under the Medicines Act 1981

to:

askmedsafe

17/12/2014 10:46 a.m.

Hide Details

From:

To: askmedsafe@moh.govt.nz,

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)

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Name

Email

Address:

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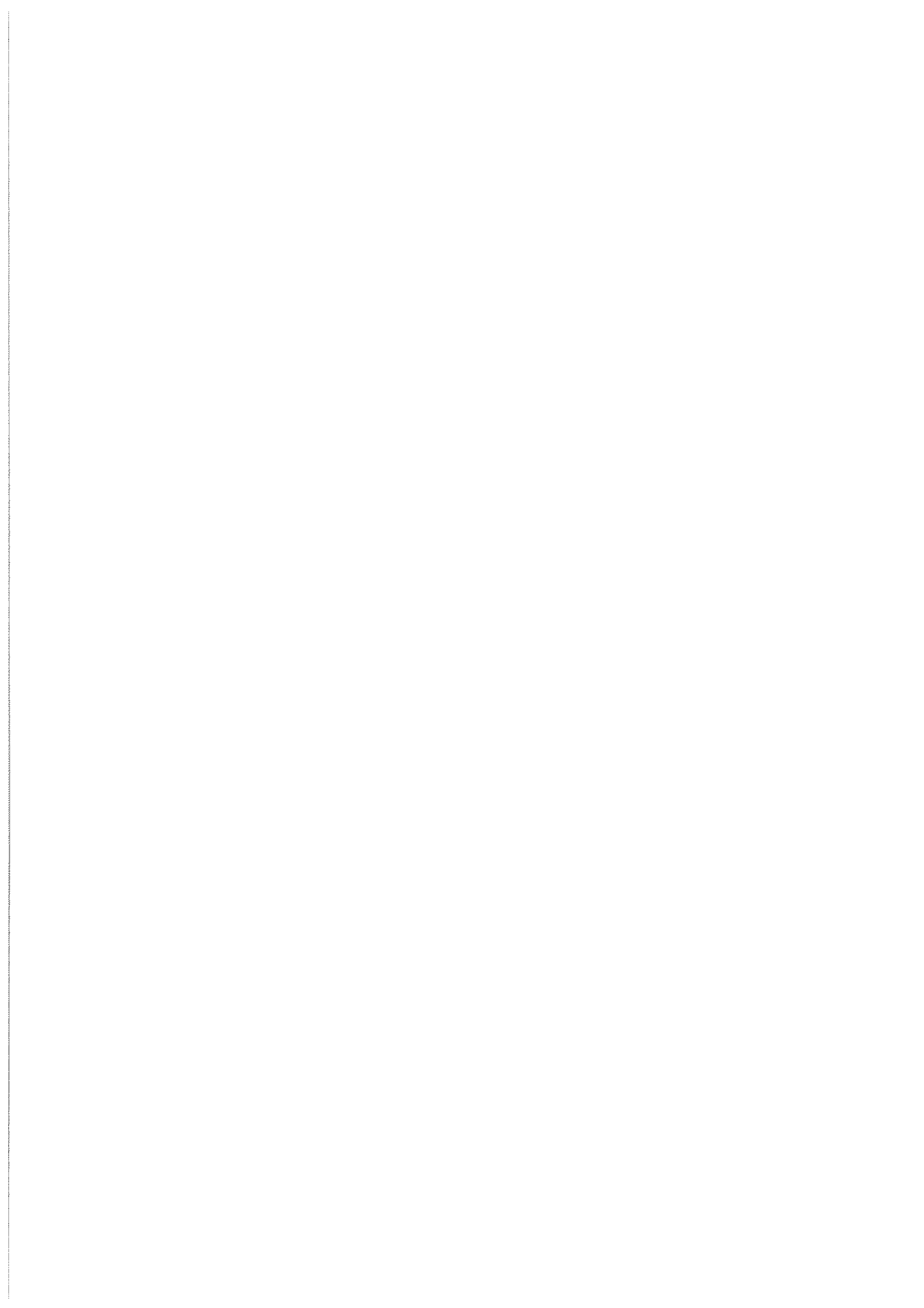
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I do not wish to speak to my submission.

--



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:	<i>on behalf of myself.</i>
Please provide a brief description of the organisation if applicable:	<i>I strongly oppose non working unhealthy substances added to my food.</i>
Address/email:	
Your interest in this topic (for example, local body, consumer, manufacturer, health professional etc):	<i>Science has proven that it is and SS are poisons and should not be pushed through the threats of innocent people. I strongly oppose hazardous substances added to food products (water,</i>
Question 1 Do you support the proposed amendment? If not, why not?	<i>NO It is a poison (mentioned on packaging). It does not work and gives Fluorosis. In this way all kind of "medicine" can be implemented in this clause at a later stage. See my added letter.</i>
Question 2 Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?	<i>Not any Fluoride containing substance should be added/allowed</i>

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My submission and details may be released to any body interested in my opinion

In New Zealand, the addition of fluoride compounds to community drinking water supplies for the purpose of preventing and reducing tooth decay is a common practice.

Does this mean that it is a healthy practice?

The proposed amendment would have the effect of providing legal clarity that the fluoride substances used to treat drinking water are not medicines.

If it is NOT a medicine, why put it into drinking water and not hand it to people over the counter at pharmacies? In this way, people who don't want fluoride in their drinking water don't have to take (ingest) it.

It is NOT possible to buy HFA nor SSF in the pharmacy, because it is seen as a poison and that fore it is not allowed to sell it.

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Does that mean that it is a healthy practice?

It is medically and chemically proven that Fluoride displaces Calcium in bone structures and causes britleness of the bone. It takes a longer time for a broken bone to heal because of the Fluoride

The Drinking Water Standards for New Zealand (set under the Health Act 1956) specify that the maximum allowable concentration for fluoride in domestic water supplies is 1.5 milligrams per liter of water.

Nothing is said about the "SAFE" amount to ingest per day. Some people have to drink more water than others, depending on their work situation.

Fencers, working outside will poison themselves without realizing it.

There is no universal acceptance of the positive health effects of the addition of fluoride to drinking water supplies.

Science has proven that the addition is NOT working and also has proven that it is dangerous for the health of humans.

In the recent judgement the High Court dismissed the plaintiff's claim that HFA and SSF properly come within the definition of "medicine", and recommended use of regulation-making powers under the Act to exempt HFA and SSF from being medicines for the purposes of the Act.

Again! If it is NOT a medicine, why add it?

Why can't I buy it over the counter if it is so safe?

Fluoride-containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purposes of the Act when

they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies.

It is NOT manufactured, it is a waste product of the aluminum industrie. On the bags is clearly mentioned: POISON.

Question 1

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

I object against the proposal.

Reason: it is a poison.

it is NOT a usefull substance in terms of health.

in civilized countries (Europe) there is NO fluoride added because it is a poison.

Also, the purpose is for the prevention of tooth decay, and is seen as a medicine.

The councils/governing bodies could put other medicine in the drinking water. For instance, birth control substances.

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 regulation should be changed in terms of adding hazardous substances to food products. Including drinking water.

Regards:

E-address:

123

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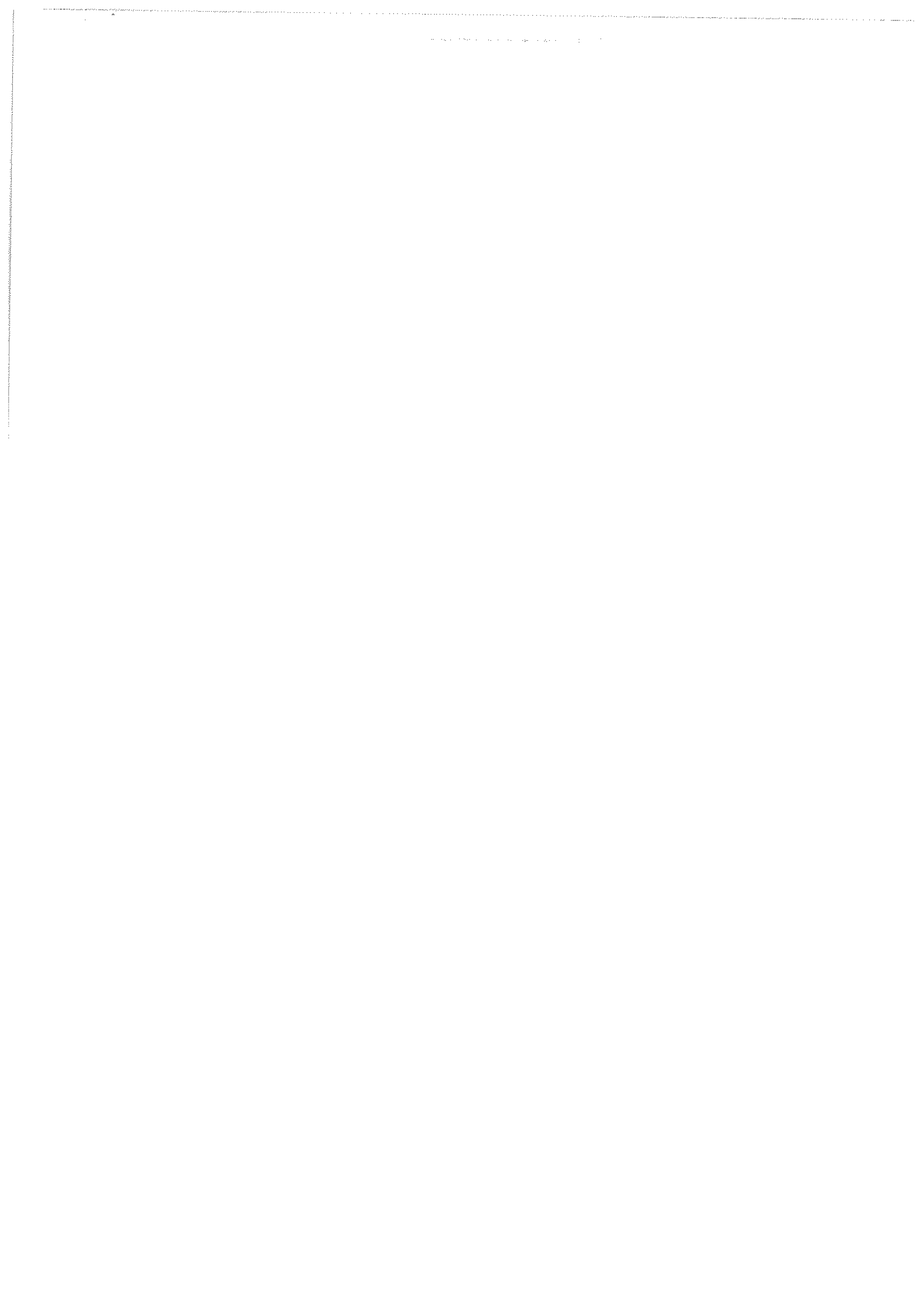
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NO. Fluoride and its compounds are **not** used to ‘treat’ community water supplies. In community water fluoridation (CWF) the **purpose** of fluoride and its compounds is to **treat people**



107

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

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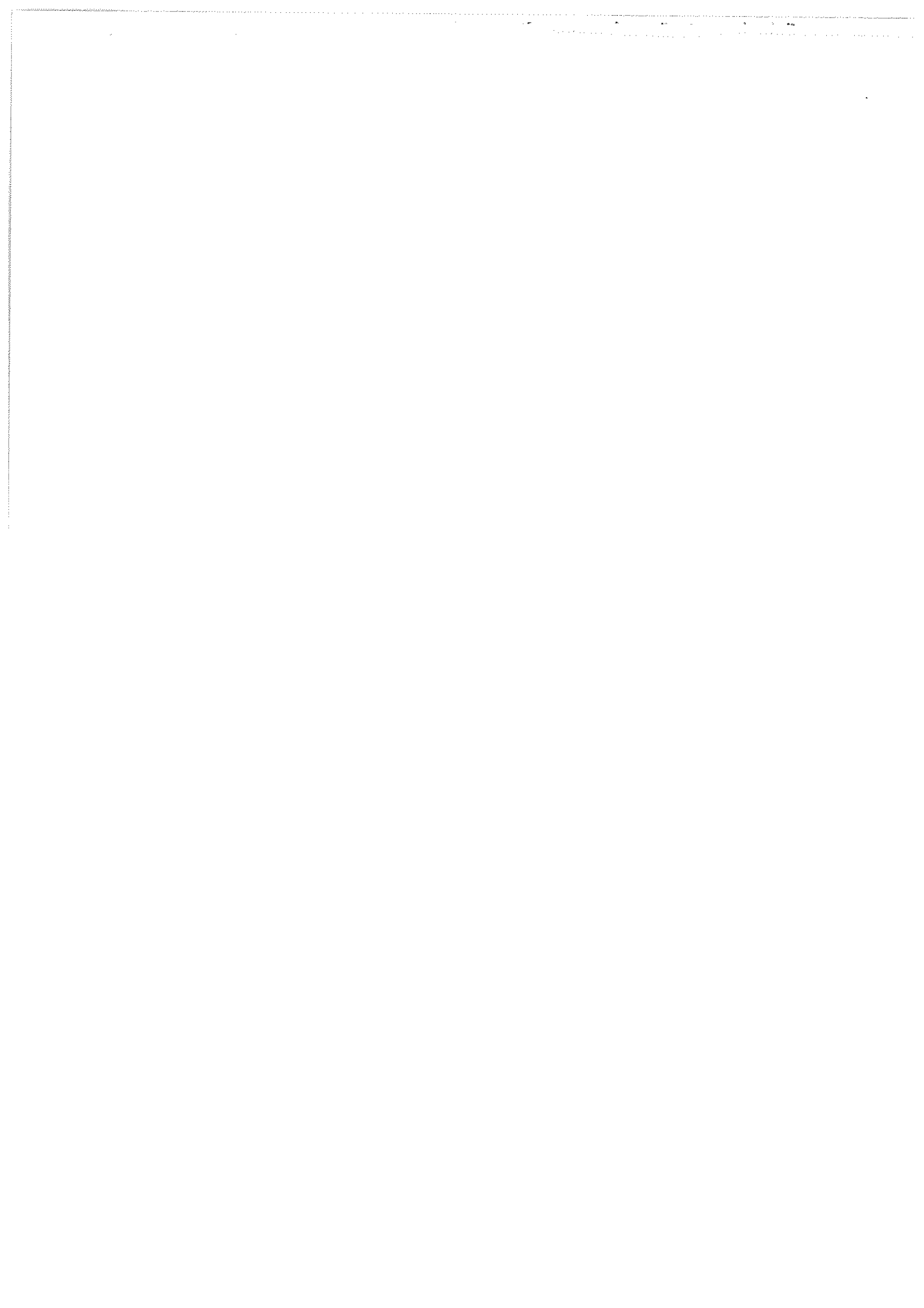
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Submission to Consultation on Proposed Amendment to Regulations under the
Medicines Act 1981 – Fluoride (2014)

125

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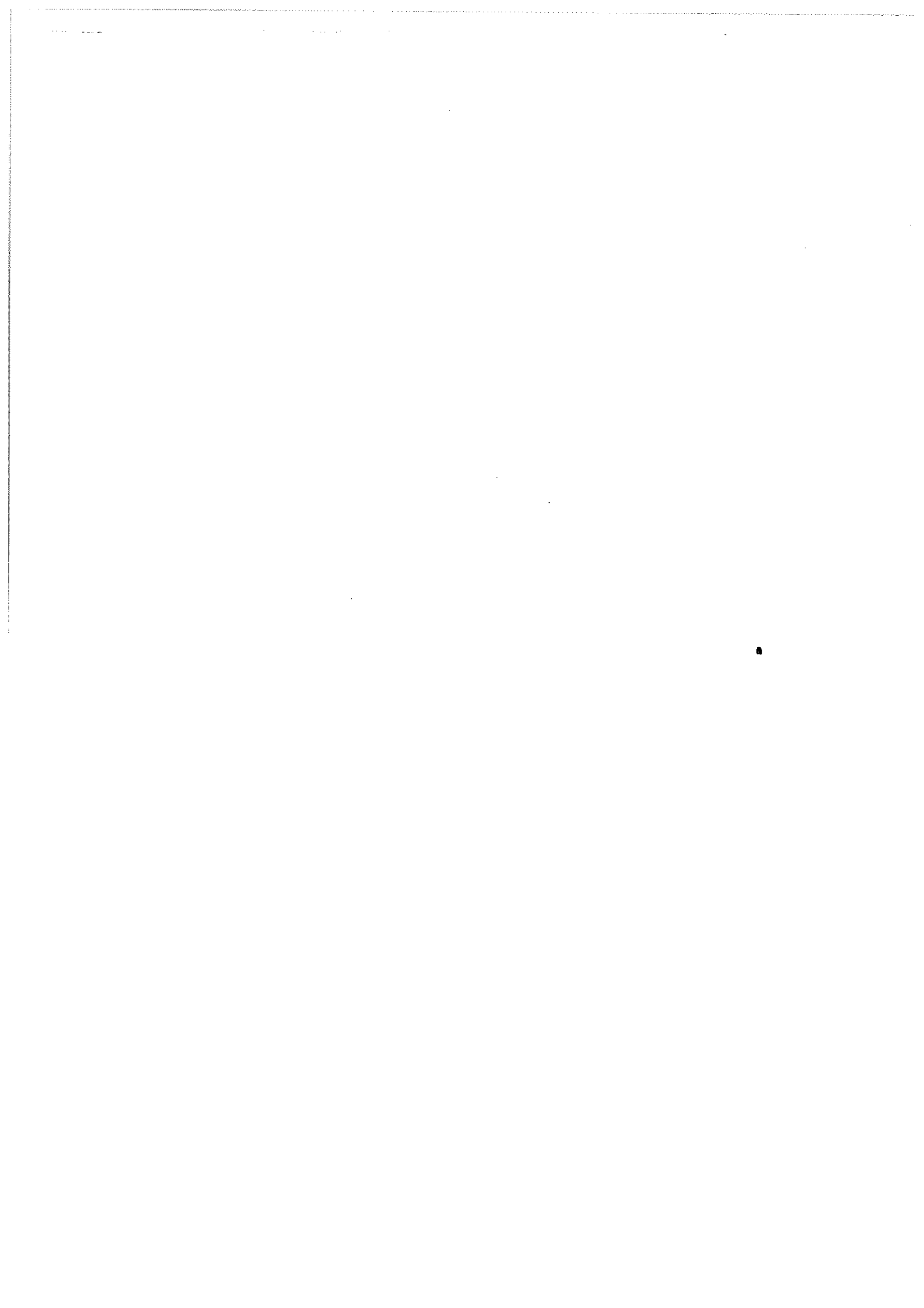
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Name: _____	Address: _____
Email: _____	_____
<input type="checkbox"/> I do not give permission for my personal details to be released to persons under the Official Information Act 1982	

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14]

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Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014) 130

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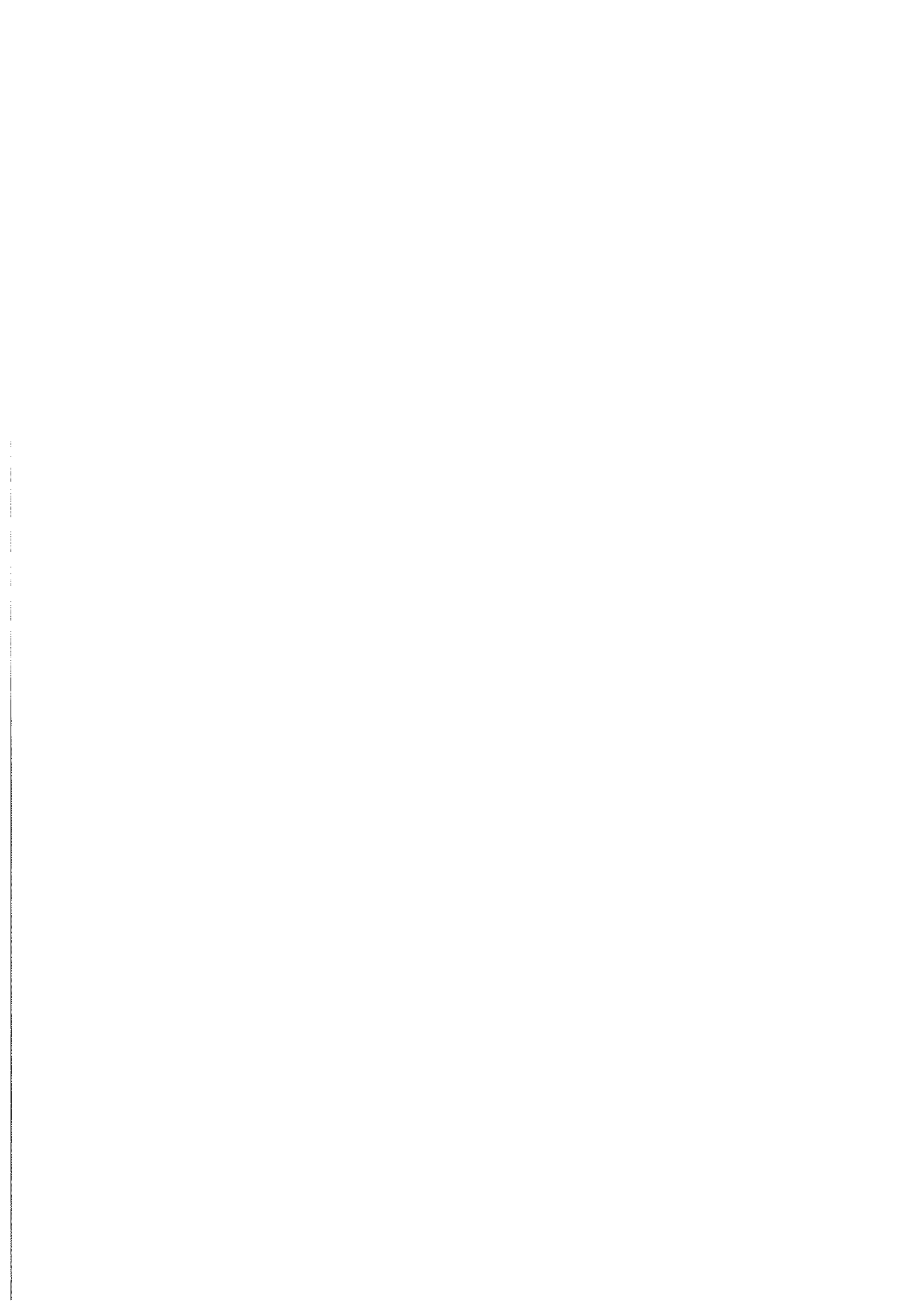
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2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to "first do no harm"
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines

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**



16 December 2014

RE: Submission to consultation on proposed amendment to regulations under the medicines act 1981 – Fluoride (2014).

I wish to voice my total opposition to the proposed amendment. If the science about fluoride was decided, the health concerns abated, then such an action would not be necessary.

I refer you to the findings of the Gormley Report sponsored by the Irish Government, who concluded that fluoridation had not worked as an oral health measure, but had made them the sickest population in Europe.

I refer also to the recent statement by the Israeli health minister who this year implemented a ban on fluoridation.

As a dental practitioner, I have spent many years studying the evidence both for and against fluoridation. I now have two water filters installed at home to remove fluoride, and as a family with young children we do not use fluoride toothpaste.

As the rest of the world wakes up, and fast, to the fraud of fluoridation, does NZ really want the embarrassment of implementing such an undemocratic measure, and also a huge scientific mistake. Our public water supply should never be used for the purpose of mass medication, and it is simply impossible to control the dose received by any single person in our community.

Yours sincerely,



to:
askmedsafe
18/12/2014 10:49 a.m.
Hide Details
From: [redacted]
To: askmedsafe@moh.govt.nz,

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

I reserve the right to choose to the best of my ability what toxins and 'medicines' enter my body. I feel this amendment will take away my ability to do so. I do not, under any circumstances, want fluoride added to my water supply. It is my body and therefore my choice. I feel as though my choice is being taken away.

You need to listen to the people before making 'regulations' that will effect us all. Or have you forgotten we live in a democracy?

Regards

**Fluoridation: a criminal nuisance**

To: askmedsafe

19/12/2014 08:10 a.m.

Sent by: [redacted]

Cc: [redacted]

Please respond to [redacted]

With the greatest of respect, how on earth, or at least how in Godzone, can you with ANY honesty continue to defend the intentional addition of THE most toxic chemical on the planet to public water supplies, IN ANY CONCENTRATION ABOVE ABSOLUTE ZERO while the Government (totally without precedent) restricted Dr Jim Humble's visa to a mere 48 hours, a ridiculously and unnecessarily short timespan in which to experience traditionally-warm (but alas absent in this case) New Zealand hospitality?

MOH verbally and vocally condemned Dr Humble's very-effective MMS on spurious grounds which quite frankly indicated an adopted position owning prejudice in the extreme.

The Ministry stand on fluoridation IS fraud, it is defending the indefensible.

The evidence for lowering of IQ in kids with fluoride-mottled teeth is the thin end of a very long and very thick wedge.

Unless this over-prolonged unscientific experiment is terminated immediately, the entire wedge will be driven home along with criminality which continues to resist it.





Fluoride

to:
askmedsafe
19/12/2014 06:37 a.m.
Cc:

Hide Details
From: '
To: <askmedsafe@moh.govt.nz>,
Cc:

Dear Medsafe

SUBMISSION ON PROPOSAL THAT HFA AND SSF ARE NOT MEDICINES FOR THE PURPOSES OF THE MEDICINES ACT WHEN THEY ARE MANUFACTURED AND SUPPLIED OR DISTRIBUTED FOR THE PURPOSE OF FLUORIDATING COMMUNITY WATER SUPPLIES

QUESTION 1: DO YOU SUPPORT THE PROPOSED AMENDMENT? IF NOT, WHY NOT?

ANSWER TO QUESTION 1

I oppose the proposed amendment for the following reasons:

- 1 = No Regulation should be made exempting HFA and SSF from being medicines until the Court of Appeal has determined whether or not HFA and SSF are medicines under the Medicines Act.
- 2 = If HFA and SSF are medicines they should not be exempt from the Medicines Act.
- 3 = If HFA and SSF are not medicines there is no need for the exemption.
- 4 = The Medicines Act is designed to ensure the safety, quality and efficacy of medicines. HFA and SSF should be subject to these controls.
- 5 = These controls will ensure that people are not exposed to uncontrolled doses of fluoride from an industrial grade and heavy-metal contaminated fluoride substance.
- 6 = If fluoride tablets are not recommended for babies, toddlers and pregnant women, these sub-populations should not be ingesting fluoridated water.
- 7 = No protection against dental decay is provided by swallowing fluoride; consequently HFA and SSF should not be swallowed.
- 8 = Those people who believe there is a benefit in ingesting fluoride can buy sodium fluoride tablets from a pharmacy.
- 9 = As found in the 2015 study by Choi et al., Association of lifetime exposure to fluoride and cognitive functions in Chinese children: a pilot study (Neurotoxicology and Teratology 2015;47 (1):96-101), children with fluoride-induced mottling of their teeth—even the mildest forms that appear as whitish specks on the enamel—showed lower performance on some neuropsychological tests. This observation runs contrary to popular wisdom that the enamel effects represent a cosmetic

problem only and not a sign of toxicity. Prevention of chemical brain drain should be considered important.

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

ANSWER TO QUESTION 2: NO.

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

Yours sincerely

I



Fluoride

to:
askmedsafe
18/12/2014 07:23 p.m.
Cc:

Hide Details

From: [redacted]@moh.govt.nz
To: <askmedsafe@moh.govt.nz>, [redacted]@moh.govt.nz
Cc:

Dear Medsafe

SUBMISSION ON PROPOSAL THAT HFA AND SSF ARE NOT MEDICINES FOR THE PURPOSES OF THE MEDICINES ACT WHEN THEY ARE MANUFACTURED AND SUPPLIED OR DISTRIBUTED FOR THE PURPOSE OF FLUORIDATING COMMUNITY WATER SUPPLIES

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ANSWER TO QUESTION 1

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

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

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

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

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

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

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

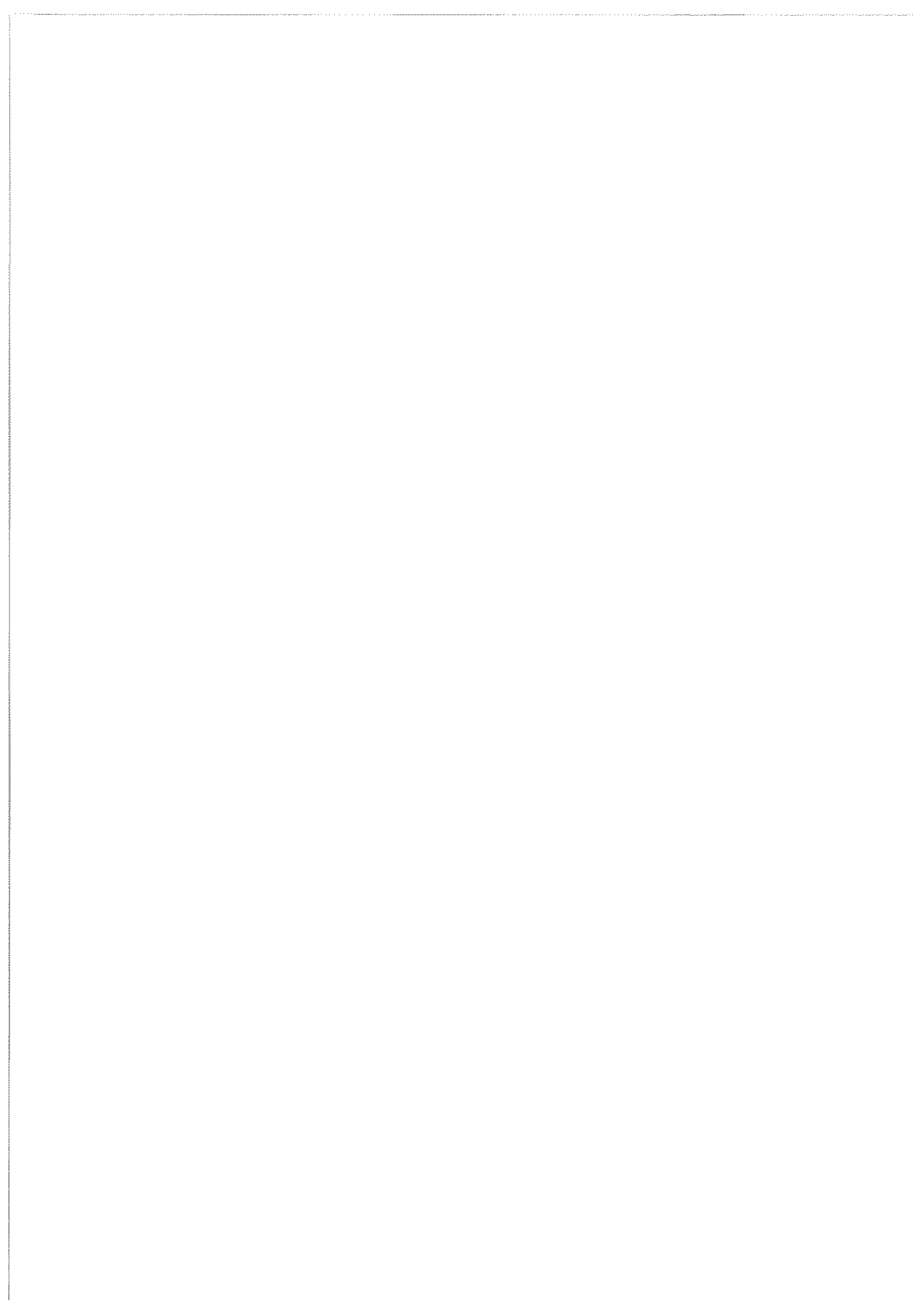
QUESTION 2: ARE THERE ANY OTHER FLUORIDE-CONTAINING COMPOUNDS USED TO TREAT COMMUNITY WATER SUPPLIES THAT SHOULD BE SPECIFICALLY IN THE REGULATION? IF SO, WHAT ARE THEY?

ANSWER TO QUESTION 2: NO.

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

Yours sincerely

Sent from my Windows Phone





19 December 2014

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

By email: askmedsafe@moh.govt.nz

Proposed Amendment to Regulations under the Medicines Act 1981 regarding Fluoride

Dear ~

Thank you for inviting the New Zealand Medical Association (NZMA) to provide feedback to the Ministry of Health on its proposed amendment to the regulations under the Medicines Act 1981 regarding fluoride.

The NZMA is the country's largest voluntary pan-professional medical organisation with approximately 5,000 members. Our members come from all disciplines within the medical profession and include general practitioners, doctors-in-training, specialists, and medical students. The NZMA aims to provide leadership of the medical profession, and promote professional unity and values, and the health of New Zealanders.

We note that the proposed new regulation under section 105(1)(i) would state that: "*Fluoride-containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purposes of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies*".

We understand that the proposed amendment arose following the High Court dismissal of a claim seeking to prevent the fluoridation of drinking water on the grounds that the fluoride compounds used are medicines under the Medicines Act. The NZMA agrees that the proposed amendment

would have the effect of providing legal clarity that the fluoride substances currently used to treat drinking water are not medicines.

Accordingly, the NZMA is strongly supportive of the proposed amendment and its intended effect. We believe that the proposed amendment should help reduce the likelihood of future spurious attempts to use the legal system to constrain the fluoridation of drinking water in New Zealand. We are not aware of other fluoride-containing compounds used to treat community water supplies that should be named in the regulation. However, this is a highly specialised area and a matter best addressed by the relevant experts, including the Medical Officers of Health.

The NZMA has consistently been in favour of community water fluoridation for over 30 years. We know that fluoride has a protective effect against tooth decay and we know that community water fluoridation is the most effective way to reach the entire population, including those with poor oral health. We consider this to be a significant health equity issue – while everyone benefits from fluoridation of our water supplies, this is particularly so for lower socio-economic communities.

We also draw attention to the comprehensive report on community water fluoridation by the Prime Minister's Chief Science Advisor that concluded it is appropriate, from the scientific perspective, that fluoridation be expanded to assist those New Zealand communities that currently do not benefit from this public health measure – particularly those with a high prevalence of dental caries.¹

We hope that our comments on this proposed amendment are helpful and look forward to learning of the final decision on the proposed amendment following consideration by the Minister and Cabinet.

Yours sincerely



Dr Mark Peterson
NZMA Chair

¹ Health effects of water fluoridation: A review of the scientific evidence. A report on behalf of the Royal Society of New Zealand and the Office of the Prime Minister's Chief Science Advisor August 2014. Available from <http://www.pmcsa.org.nz/wp-content/uploads/Health-effects-of-water-fluoridation-Aug20141.pdf>



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

to:

askmedsafe@moh.govt.nz

18/12/2014 09:17 p.m.

Hide Details

From:

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

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

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

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

NO. I do not support the proposed amendment because:

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

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

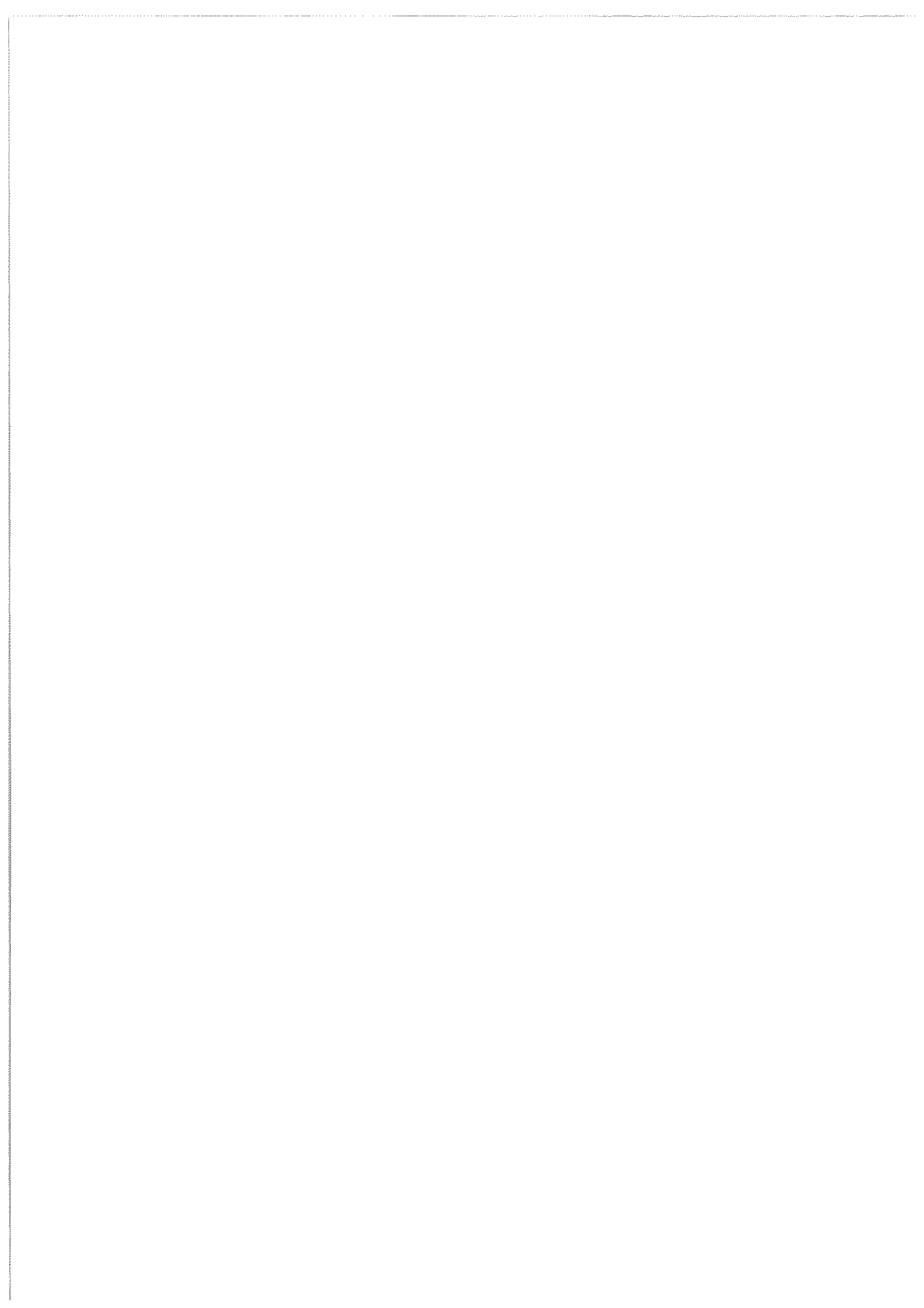
NO. Fluoride and its compounds are **not** used to 'treat' community water supplies. In community water fluoridation (CWF) the **purpose** of fluoride and its compounds is to **treat people**

I do not wish to speak to my submission.

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

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

Sincerely



Toi Te Ora – Public Health Service
 PO Box 2120
 TAURANGA 3140
 Ph: 0800 221 555
 Website: www.ttophs.govt.nz



18 December 2014

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

Dear Sir/Madam

Proposed amendment to regulations under the Medicines Act 1981

Toi Te Ora – Public Health Service (Toi Te Ora) is the public health service for the Bay of Plenty and Lakes districts. Our purpose is to improve and protect the health of the population in the Lakes and Bay of Plenty districts with a focus on reducing inequalities in health.

Toi Te Ora promotes water fluoridation as an effective and safe measure that reduces the occurrence of dental caries. Water fluoridation improves oral health for people of all ages and helps to reduce inequalities in oral health.

Toi Te Ora supports the proposed amendment, that:

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

The Water New Zealand Good Practice Guide, *Supply of Fluoride for Use in Water Treatment, May 2014* states on page 1 that hydrofluosilicic acid, sodium fluoride and sodium silicofluoride are the fluoride compounds commonly used in water fluoridation (1.4 Uses in Water Treatment). Toi Te Ora suggests that sodium fluoride also be specifically named in the regulation, and that all synonyms for each compound are also listed for clarity (as listed in the footnotes on page 1 of *Supply of Fluoride for Use in Water Treatment, May 2014*).

Yours sincerely

Dr Neil de Wet
 Medical Officer of Health

Encl: *Supply of Fluoride for Use in Water Treatment, May 2014*



1 GENERAL

1.1 Scope

This Guide covers hydrofluosilicic acid¹, sodium fluoride and sodium silicofluoride², for the addition to water supplies.

1.2 Purpose

The main purpose of this Guide is to provide purchasers, manufacturers and suppliers with the minimum requirements for hydrofluosilicic acid, sodium fluoride and sodium silicofluoride, including physical, chemical and testing requirements.

1.3 Application

This Guide can be referenced in specifications for purchasing and receiving hydrofluosilicic acid, sodium fluoride and sodium silicofluoride, and can be used as a guide for testing the physical and chemical properties of samples of them. The stipulations of this Guide apply when this document has been referenced and only to hydrofluosilicic acid, sodium fluoride or sodium silicofluoride when used for the dosage of water supplies.

1.4 Uses in Water Treatment

Fluoride is added to the water supply to reduce the incidence of dental caries. Hydrofluosilicic acid, sodium fluoride and sodium silicofluoride are the fluoride compounds that are commonly used for this purpose.

1.5 Manufacture of Fluoride Compounds

1.5.1 Hydrofluosilicic acid is produced as a co-product in the manufacture of phosphate fertilisers. Phosphate rock, which contains fluoride and silica, is treated with sulphuric acid. This produces two gases: silicon tetrafluoride and hydrogen fluoride. These gases are passed through scrubbers where they react with water to form hydrofluosilicic acid.

1.5.2 Sodium fluoride is generally produced by neutralising hydrofluosilicic acid with caustic soda (sodium hydroxide) or soda ash.

1.5.3 Sodium silicofluoride is generally produced from the addition of sodium carbonate or sodium chloride to hydrofluosilicic acid.

1.6 Description of Fluoride Compounds

1.6.1 Hydrofluosilicic acid is a strong, corrosive, pale yellow liquid with a characteristic sour odour.

¹ Synonyms include: hydrofluorosilicic acid, hexafluorosilicic acid, hexafluosilicic acid, fluorosilicic acid and fluosilicic acid.

² Synonyms include: sodium fluorosilicate and disodium hexafluorosilicate.

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

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

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

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

Name:

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." Fluoride harms the body in numerous ways e.g. causes calcification of joints, the pineal gland, and the arteries. As an older person I am concerned at the joint damage and therefore pain it causes. It is a neurotoxin, and therefore cannot be said to be safe to ingest, especially for babies, diabetics and others who need to drink a lot of water.
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; therefore it is being used in water as a medicine. It is not right that we are being medicated against our wills.

PS Adding a neurotoxin to drinking water is an inhumane practice. In every other respect we have choice as to what we put into our bodies. Water is essential to survival and it should be life-giving not destructive of bones, joints and body organs. If fluoride has a beneficial effect on growing teeth, then some other way needs to be found to administer to those who might possibly benefit. For the large proportion of the public it causes more harm than good, therefore cannot be considered a humanitarian practice.



By Dr. Mercola

Have you read this?
 Mercola.com

Those who bother to delve into the science behind water fluoridation will inevitably come to see that there's an abysmal lack of evidence supporting this routine practice, and an awful lot of evidence stacked against it. Fluoride is *not* an essential nutrient needed for your health—dental or otherwise. There is not one single metabolic process in your body that requires fluoride. On the contrary, fluoride is a cumulative poison.

Fluoride—A Cumulative Poison

Approximately 98 percent of the fluoride you ingest in water is absorbed into your blood through your gastrointestinal tract. From there, it enters your body's cellular tissues. On average, about 50 percent of the fluoride you ingest each day gets excreted through your kidneys.

The remainder accumulates in your teeth and bones,³ pineal gland,⁴ and other tissues—including your blood vessels, where it can contribute to calcification. According to a 2012 study published in the journal *Nuclear Medicine Communications*:⁵

“Fluoride uptake in vascular walls was demonstrated in 361 sites of 54 (96 percent) patients, whereas calcification was observed in 317 sites of 49 (88 percent) patients.

Significant correlation between fluoride uptake and calcification was observed in most of the arterial walls, except in those of the abdominal aorta.

Fluoride uptake in coronary arteries was demonstrated in 28 (46 percent) patients and coronary calcifications were observed in 34 (56 percent) patients.”

Health Hazards Linked to Fluoride Over-Exposure

As the number of studies into the toxic effects of fluoride has increased, there is now support for a rather long list of potential health problems related to fluoride accumulation in your body.

For example, according to one 500-page long scientific review,⁶ fluoride is an endocrine disruptor that can affect your bones, brain, thyroid gland, pineal gland, and even your blood sugar levels.

Forty-two human studies⁷ have also linked moderately high fluoride exposures with reduced intelligence, and over 100 animal studies have shown that fluoride exposure can cause brain damage.

Most striking among these are 30 (out of a total of 32 investigations) that have shown that fluoride lowered the ability of animals to learn and remember. The following list contains 20 of the most commonly mentioned health hazards and diseases associated with fluoride exposure:⁸

9

Lowers IQ

Brain damage

Bone fractures¹⁰

Disrupts immune system

Increases tumor and cancer rate

Hyperactivity and/or lethargy	Dementia	Bone cancer (osteosarcoma)	Inhibits formation of antibodies	Increases aging process
Increased lead absorption ¹¹	Muscle disorders	Dental fluorosis (staining and pitting of teeth)	Genetic damage and cell death ¹²	Reduces melatonin production and leads to earlier onset of puberty ¹³
Disrupts synthesis of collagen	Arthritis	Thyroid disease and lowered thyroid function	Inactivates 62 enzymes ¹⁴	Damages sperm, increases infertility

The Sordid History of Water Fluoridation

The video above features an interview with Christopher Bryson, author of the book: *The Fluoride Deception*. Both the book and this interview were published 10 years ago, in 2004. Bryson is an award-winning journalist and former radio producer at the BBC.

The book is based on nearly a decade's worth of research, and it reveals the shocking details of how fluoride—a toxic byproduct of the aluminum industry—ended up being added to drinking water as a dental prophylactic.

The commonly repeated history of how water fluoridation came to be states that the practice was spurred on by research from the 1930s, which found that people who drank water containing higher levels of *naturally-occurring* fluoride tended to have less severe tooth decay.

On the surface, it would appear as though it was a successful government intervention on your behalf. More than 60 years later, the Centers for Disease Control and Prevention (CDC) declared community water fluoridation one of the 10 great public health achievements of the 20th century.

However, the *real* story reveals it was little more than a well-orchestrated PR stunt – a glowing example of the art of disseminating “adjustable truths” to sell an inconveniently toxic reality to an unsuspecting public.

In his book, Bryson describes the deeply intertwined interests that existed in the 1940s and 50s between the aluminum industry, the US nuclear weapons program, and the dental industry, which resulted in fluoride being declared not only safe, but beneficial to human health.

Prior to 1945 when communal water fluoridation in the US took effect, fluoride was actually a known toxin. A 1936 issue of the *Journal of the American Dental Association* stated that fluoride at the 1 part per million (ppm) concentration is as toxic as arsenic and lead.

The *Journal of the American Medical Association* stated in their September 18, 1943 issue that fluorides are general protoplasmic poisons that change the permeability of the cell membrane by certain enzymes.¹⁵ And, an editorial published in the *Journal of the American Dental*

Association, October 1, 1944, stated: "Drinking water containing as little as 1.2 ppm fluoride will cause developmental disturbances. We cannot run the risk of producing such serious systemic disturbances. The potentialities for harm outweigh those for good."

Science for Hire...

Due to the massive amounts of fluoride required to produce bomb-grade uranium and plutonium for nuclear weapons, the Manhattan Project conducted various experiments to determine its toxic effects in 1946. There were already several instances on record of fluoride being toxic to crops, livestock, and people living downwind from the polluters, so the public concern over fluoride emissions needed to be quelled in order to avoid potentially crippling lawsuits.

The brainchild of water fluoridation was Gerald Cox, a researcher with the Mellon Institute in Pittsburgh. He received the suggestion to look at fluoride's effects on teeth from Francis C. Frary, then director of the aluminum laboratory for the Aluminum Company of America. Frary was very concerned about the mounting lawsuits over the fluoride pollution his plant produced. Disposing of fluoride – the toxic waste product from aluminum plants -- was quickly turning into a very costly problem. Gerald Cox also had reasons to figure out a solution to the fluoride-waste problem.

The Mellon Institute had been the leading defender of the asbestos industry, producing research showing that asbestos was harmless, and that workers' health problems were due to other causes, in an effort to save the asbestos industry from financial catastrophe. The aluminum industry was quickly realizing that fluoride could generate lawsuits of a similar magnitude as asbestos. Cox's connection to the Mellon Institute -- and their history of offering "science-based" protection to industry -- makes his recommendation to turn toxic waste material into a usable "health product" something that cannot be viewed as a mere coincidence.

Water Fluoridation—A Case of Successful Social Engineering

The ultimate driving force behind fluoridation gaining public acceptance, cementing the perception of fluoride as a healthy and, most importantly, *safe* additive to your drinking water, was a man named Harold Hodge. Within the now declassified files of the Manhattan Project and the Atomic Energy Commission, Christopher Bryson found that the toxicology department at the University of Rochester, under the direction of Harold Hodge, was asked to produce medical information about fluoride that could help defend the government against lawsuits over fluoride pollution. Back in 1957, Harold Hodge was the nation's leading, most trusted scientist, and when he declared that fluoride was "absolutely safe" at 1 ppm, everyone believed him.

Much later, it was publicly revealed that Hodge directed the human radiation experiments—a black spot in American medical history in which citizens were injected with plutonium and uranium without their knowledge or consent... So, the endorsement of fluoride as a dental health prophylactic was actually born from the need to address increasingly debilitating political and

industrial problems relating to fluoride pollution. The rest, as they say, is history. In his 2012 article "Poison is Treatment—Edward Bernays and the Campaign to Fluoridate America,"¹⁶ James F. Tracy boldly reveals the PR campaign that created this fake public health measure: *"The wide-scale US acceptance of fluoride-related compounds in drinking water and a wide variety of consumer products over the past half century is a textbook case of social engineering orchestrated by Sigmund Freud's nephew and the 'father of public relations' Edward L. Bernays,"* he writes. *"The episode is instructive, for it suggests the tremendous capacity of powerful interests to reshape the social environment, thereby prompting individuals to unwarily think and act in ways that are often harmful to themselves and their loved ones."*

What's Really Added to Your Water Supply?

It's also important to understand that the "fluoride" added to your drinking water is NOT the naturally-occurring mineral, nor a pharmaceutical grade fluoride. There are three basic compounds that can be used for fluoridating water supplies:¹⁷

1. Sodium fluoride (NaF);
2. Sodium silicofluoride;
3. Hydrofluorosilicic acid

The first of these, sodium fluoride, was the first of the fluoride waste materials to be used for fluoridation, but now is rarely used. It's the most well known, as this is the compound used as pharmaceutical grade in toxicology studies and other research into the potential health dangers of fluoride. The other two, sodium silicofluoride and hydrofluorosilicic acid, are the compounds actually used for water fluoridation, with hydrofluorosilicic acid being the most commonly used additive, according to the CDC.¹⁸

Sodium silicofluoride and hydrofluorosilicic acid are the waste products from the wet scrubber systems of the fertilizer industry, and are classified as hazardous wastes. Contamination with various impurities such as arsenic is also common in these products. Hydrofluorosilicic acid is one of the most reactive chemicals known to man, and its toxicity is well known in chemical circles.

It will eat through metal and plastic pipes, and corrode stainless steel and other materials. It will dissolve rubber tires and melt concrete.¹⁹ This is what is added to your water—all in the name of saving children from cavities! But even the less reactive sodium fluoride is a deadly poison, even in small quantities, and in the form used for fluoridation also contains additional impurities. Other common uses for sodium fluoride include:

- Rat and cockroach poisons
- Anesthetics
- Hypnotics and psychiatric drugs

SUBMISSION FORM

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

Name:	
If this submission is made on behalf of an organisation, please name that organisation here:	
Please provide a brief description of the organisation if applicable:	
Address/email:	
Your interest in this topic (for example, local body, consumer, manufacturer, health professional etc):	I am a consumer who wishes to have control over what I ingest in my body.
<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 legislation. This will effectively take the controls off the use of fluoride and open the way for 'open slather'. I have done much research into fluoride in other countries in the world and there is enough proof of its inherent dangers and effects on the human body for it to be removed altogether from our drinking water. The current mass-medication that takes place in our water supplies takes away human rights to choose what to put into a person's body. If this legislation is passed, it will pave the way for even more abuse by those in power. At least as it currently stands, fluoride can be challenged under its definition. This legislation will take this right away and I strongly oppose it for this reason.</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>There shouldn't be any. Leave our water alone – it is a basic human right to have uncontaminated water.</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.



application to exempt fluoride from the New Zealand Medicine's Act

: askmedsafe

19/12/2014 11:17 p.m.

1 attachment



Developmental Fluoride Neurotoxicity - A Systematic Review and Meta-Analysis.pdf

I wish to oppose the application to exempt fluoride from the New Zealand Medicine's Act under the Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 - Fluoride (2014).

As a physician with training in nutritional and environmental medicine I wish to point out the following concerns on the potential impact of fluoride on human health:

Research has shown that fluoride intake negatively affects numerous organs and physiological processes, including bones, thyroid, cardiovascular system, kidneys, liver, breast, and immune and reproductive function. Numerous studies indicate that fluoride affects these organs and physiological processes by inducing free radical production resulting in oxidative damage.¹⁻³ This is also apparent in the association between cancer rates and fluoridation of water supplies. Data indicates that increased water fluoride levels are associated with increases in several types of cancer including cancer of the oral cavity, pharynx, colon, rectum, liver, gallbladder, urinary organs, brain, Hodgkin's and Non-Hodgkin lymphoma, multiple myeloma, melanoma and leukemia.⁴

In a study on thyroid function, 123 subjects were evaluated for thyroid hormone levels. The results indicated that prolonged consumption of drinking water with elevated levels of fluoride caused an increase in thyroid stimulating hormone (TSH) released from the pituitary, decreased levels of T3, and a more intense absorption of radioactive iodine by the thyroid as compared to healthy individuals who consumed drinking water with the normal fluoride concentration.⁶

A study on the effects of long-term workplace exposure to fluorine on parameters of immune function found that chronic fluorine exposure resulted in immune deficiencies in all workers. However, in the subset of workers with decreased thyroid function, the immune effects were more pronounced.⁷

Research has shown that fluoride can cause increased bone turnover and altered mineral metabolism, which may affect bone density as well as cause exostosis formation. Also, small doses of fluoride ingested over a long period of time with normal calcium intake can result in osteosclerosis, which is the abnormal hardening of bone.⁸ Studies have also demonstrated that fluoride administration results in apoptosis (programmed cell death) in osteoblasts, which are the cells that synthesize bone, as well as down-regulation of the synthesis of the collagen proteins found in bone.⁹ Similarly, another study showed that low dosages of fluoride result in decreased viability of osteoblasts, and increased markers of oxidative stress including increased lipid peroxidation and antioxidant enzyme activity in the osteoblasts.¹⁰

Furthermore, there is an association between bone tumours and

fluoride exposure. One study showed that serum fluoride levels were significantly higher in subjects with osteosarcomas compared to individuals with other boney tumors or healthy controls.¹¹ Similarly, another study found that the incidence of osteosarcoma in males correlated with levels of fluoride in the drinking water during childhood.¹²

Fluoride is also taken up by breast tissue. Researchers have shown that fluoride levels in breast milk parallel both serum levels of fluoride as well as fluoride levels in the drinking water.¹³⁻¹⁴

Fluorosis can damage the cardiovascular system. Researchers have shown that subjects with increased fluoride intake have global heart dysfunction and left ventricular diastolic dysfunction.¹⁵ Additionally, fluoride can cause abnormalities in the elasticity of the aorta, the primary blood vessel leading from the heart.¹⁶

Animal models suggest that fluoride also affects insulin secretion from the pancreas. One study showed that mice exposed to fluoride in the drinking water for 4 weeks resulted in elevated blood glucose levels, impaired glucose tolerance and decreased insulin secretion from the beta cells in the pancreas. The researchers also showed that these changes were related to an increase in markers of oxidative stress and free radical generation.¹⁷ Another study using mice revealed that fluoride exposure resulted in a reduction of insulin secretion by 85 percent compared to the control mice not exposed to fluoride.¹⁸

Research also indicates that fluoride impacts liver and kidney function. Using animal models, fluoride in the drinking water (15 mg/L) resulted in severe alterations in both the liver and kidney architecture.¹⁹ In another study, 332 middle-aged healthy subjects were evaluated for serum ionic fluoride concentrations and measurements of kidney function. The study found that serum ionic fluoride concentrations correlated to the estimated glomerular filtration rate, which is a measurement of kidney function, indicating an association between fluoride and age-related degeneration in kidney function.²⁰ Researchers have also shown that varying levels of fluoride in the drinking water influences kidney health in children. In this study, the researchers showed that over 2.0 mg/L fluoride in drinking water can cause kidney damage in children, and the degree of damage increases with the drinking water fluoride content.²¹

Several studies have shown that fluoride is a key factor in reduced fertility and declining health of spermatozoa. In one study, spermatozoa from mice treated with fluoride in the drinking water were compared to spermatozoa from mice without fluoride exposure. The study demonstrated that fluoride exposure resulted in increased measurements of oxidative stress in the sperm. Furthermore, the percent of spermatozoa that were capable of fertilizing an egg in the fluoride-treated group was 34 percent, compared to 55 percent of the spermatozoa from mice in the control group.²² Another study showed that fluoride exposure resulted in decreased sperm count, motility and density.²³

Data also shows that fluoride exposure in the drinking water influences fertility rates in humans. Using a database of drinking water fluoridation in 30 regions in the U.S., researchers showed that the annual total fertility rate was negatively associated with water fluoridation, meaning that as fluoride levels increased, the total fertility rate for that region decreased.²⁴

The margin between the toxic and therapeutic dose is very narrow:

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

The systemic review attached supports the possibility of an adverse effect of high fluoride exposure on children's neurodevelopment, noting that fluoride exposure to the developing brain, which is much more susceptible to injury caused by toxicants than is the mature brain, may possibly lead to permanent damage.

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Developmental Fluoride Neurotoxicity: A Systematic Review and Meta-Analysis

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BACKGROUND: Although fluoride may cause neurotoxicity in animal models and acute fluoride poisoning causes neurotoxicity in adults, very little is known of its effects on children's neurodevelopment.

OBJECTIVE: We performed a systematic review and meta-analysis of published studies to investigate the effects of increased fluoride exposure and delayed neurobehavioral development.

METHODS: We searched the MEDLINE, EMBASE, Water Resources Abstracts, and TOXNET databases through 2011 for eligible studies. We also searched the China National Knowledge Infrastructure (CNKI) database, because many studies on fluoride neurotoxicity have been published in Chinese journals only. In total, we identified 27 eligible epidemiological studies with high and reference exposures, end points of IQ scores, or related cognitive function measures with means and variances for the two exposure groups. Using random-effects models, we estimated the standardized mean difference between exposed and reference groups across all studies. We conducted sensitivity analyses restricted to studies using the same outcome assessment and having drinking-water fluoride as the only exposure. We performed the Cochran test for heterogeneity between studies, Begg's funnel plot, and Egger test to assess publication bias, and conducted meta-regressions to explore sources of variation in mean differences among the studies.

RESULTS: The standardized weighted mean difference in IQ score between exposed and reference populations was -0.45 (95% confidence interval: -0.56 , -0.35) using a random-effects model. Thus, children in high-fluoride areas had significantly lower IQ scores than those who lived in low-fluoride areas. Subgroup and sensitivity analyses also indicated inverse associations, although the substantial heterogeneity did not appear to decrease.

CONCLUSIONS: The results support the possibility of an adverse effect of high fluoride exposure on children's neurodevelopment. Future research should include detailed individual-level information on prenatal exposure, neurobehavioral performance, and covariates for adjustment.

KEY WORDS: fluoride, intelligence, neurotoxicity. *Environ Health Perspect* 120:1362–1368 (2012). <http://dx.doi.org/10.1289/ehp.1104912> [Online 20 July 2012]

A recent report from the National Research Council (NRC 2006) concluded that adverse effects of high fluoride concentrations in drinking water may be of concern and that additional research is warranted. Fluoride may cause neurotoxicity in laboratory animals, including effects on learning and memory (Chioca et al. 2008; Mullenix et al. 1995). A recent experimental study where the rat hippocampal neurons were incubated with various concentrations (20 mg/L, 40 mg/L, and 80 mg/L) of sodium fluoride *in vitro* showed that fluoride neurotoxicity may target hippocampal neurons (Zhang M et al. 2008). Although acute fluoride poisoning may be neurotoxic to adults, most of the epidemiological information available on associations with children's neurodevelopment is from China, where fluoride generally occurs in drinking water as a natural contaminant, and the concentration depends on local geological conditions. In many rural communities in China, populations with high exposure to fluoride in local drinking-water sources may reside in close proximity to populations without high exposure (NRC 2006).

Opportunities for epidemiological studies depend on the existence of comparable population groups exposed to different levels

of fluoride from drinking water. Such circumstances are difficult to find in many industrialized countries, because fluoride concentrations in community water are usually no higher than 1 mg/L, even when fluoride is added to water supplies as a public health measure to reduce tooth decay. Multiple epidemiological studies of developmental fluoride neurotoxicity were conducted in China because of the high fluoride concentrations that are substantially above 1 mg/L in well water in many rural communities, although microbiologically safe water has been accessible to many rural households as a result of the recent 5-year plan (2001–2005) by the Chinese government. It is projected that all rural residents will have access to safe public drinking water by 2020 (World Bank 2006). However, results of the published studies have not been widely disseminated. Four studies published in English (Li XS et al. 1995; Lu et al. 2000; Xiang et al. 2003; Zhao et al. 1996) were cited in a recent report from the NRC (2006), whereas the World Health Organization (2002) has considered only two (Li XS et al. 1995; Zhao et al. 1996) in its most recent monograph on fluoride.

Fluoride readily crosses the placenta (Agency for Toxic Substances and Disease

Registry 2003). Fluoride exposure to the developing brain, which is much more susceptible to injury caused by toxicants than is the mature brain, may possibly lead to permanent damage (Grandjean and Landrigan 2006). In response to the recommendation of the NRC (2006), the U.S. Department of Health and Human Services (DHHS) and the U.S. EPA recently announced that DHHS is proposing to change the recommended level of fluoride in drinking water to 0.7 mg/L from the currently recommended range of 0.7–1.2 mg/L, and the U.S. EPA is reviewing the maximum amount of fluoride allowed in drinking water, which currently is set at 4.0 mg/L (U.S. EPA 2011).

To summarize the available literature, we performed a systematic review and meta-analysis of published studies on increased fluoride exposure in drinking water associated with 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.

Methods

Search strategy. We searched MEDLINE (National Library of Medicine, Bethesda, MD, USA; <http://www.ncbi.nlm.nih.gov/pubmed>), Embase (Elsevier B.V., Amsterdam, the Netherlands; <http://www.embase.com>), Water Resources Abstracts (Proquest, Ann Arbor, MI, USA; <http://www.csa.com/factsheets/water-resources-set-c.php>), and TOXNET (Toxicology Data Network; National Library of Medicine, Bethesda, MD, USA; <http://toxnet.nlm.nih.gov>) databases to identify studies of drinking-water fluoride and neurodevelopmental outcomes in children. In addition, we searched the China National Knowledge Infrastructure (CNKI; Beijing, China; <http://www.cnki.net>) database to identify studies published in Chinese journals only. Key

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words included combinations of “fluoride” or “drinking water fluoride,” “children,” “neurodevelopment” or “neurologic” or “intelligence” or “IQ.” We also used references cited in the articles identified. We searched records for 1980–2011. Our literature search identified 39 studies, among which 36 (92.3%) were studies with high and reference exposure groups, and 3 (7.7%) studies were based on individual-level measure of exposures. The latter showed that dose-related deficits were found, but the studies were excluded because our meta-analysis focused on studies with the high- and low-exposure groups only. In addition, two studies were published twice, and the duplicates were excluded.

Inclusion criteria and data extraction. The criteria for inclusion of studies included studies with high and reference fluoride exposures, end points of IQ scores or other related cognitive function measures, presentation of a mean outcome measure, and associated measure of variance [95% confidence intervals (CIs) or SEs and numbers of participants]. Interpretations of statistical significance are based on an alpha level of 0.05. Information included for each study also included the first author, location of the study, year of publication, and numbers of participants in high-fluoride and low-fluoride areas. We noted and recorded the information on age and sex of children, and parental education and income if available.

Statistical analysis. We used STATA (version 11.0; StataCorp, College Station, TX, USA) and available commands (Stern 2009) for the meta-analyses. A standardized weighted mean difference (SMD) was computed using both fixed-effects and random-effects models. The fixed-effects model uses the Mantel-Haenszel method assuming homogeneity among the studies, whereas the random-effects model uses the DerSimonian and Laird method, incorporating both a within-study and an additive between-studies component of variance when there is between-study heterogeneity (Egger et al. 2001). The estimate of the between-study variation is incorporated into both the SE of the estimate of the common effect and the weight of individual studies, which was calculated as the inverse sum of the within and between study variance. We evaluated heterogeneity among studies using the I^2 statistic, which represents the percentage of total variation across all studies due to between-study heterogeneity (Higgins and Thompson 2002). We evaluated the potential for publication bias using Begg and Egger tests and visual inspection of a Begg funnel plot (Begg and Mazumdar 1994; Egger et al. 1997). We also conducted independent meta-regressions to estimate the contribution of study characteristics (mean age in years from the age range and year of publication in each

study) to heterogeneity among the studies. The scoring standard for the Combined Raven’s Test—The Rural edition in China (CRT-RC) test classifies scores of ≤ 69 and 70–79 as low and marginal intelligence, respectively (Wang D et al. 1989). We also used the random-effects models to estimate risk ratios for the association between fluoride exposure and a low/marginal versus normal Raven’s test score among children in studies that used the CRT-RC test (Wang D et al. 1989). Scores indicating low and marginal intelligence (≤ 69 and 70–79, respectively) were combined as a single outcome due to small numbers of children in each outcome subgroup.

Results

Six of the 34 studies identified were excluded because of missing information on the number of subjects or the mean and variance of the outcome [see Figure 1 for a study selection flow chart and Supplemental Material, Table S1 (<http://dx.doi.org/10.1289/ehp.1104912>) for additional information on studies that were excluded from the analysis]. Another study (Trivedi et al. 2007) was excluded because SDs reported for the outcome parameter were questionably small (1.13 for the high-fluoride group, and 1.23 for the low-fluoride group) and the SMD (-10.8 ; 95% CI: -11.9 , -9.6) was > 10 times lower than the second smallest SMD (-0.95 ; 95% CI: -1.16 , -0.75) and 150 times lower than the largest SMD (0.07 ; 95% CI: -0.083 , 0.22) reported for the other studies, which had relatively consistent SMD estimates. Inclusion of this study in the meta-analysis resulted with a much smaller pooled random-effects SMD estimate and a much larger I^2 (-0.63 ; 95% CI: -0.83 , -0.44 , I^2 94.1%) compared with the estimates that excluded this study (-0.45 ; 95% CI: -0.56 , -0.34 , I^2 80%) (see Supplemental Material, Figure S1). Characteristics of the 27 studies included are shown in Table 1 (An et al. 1992; Chen et al. 1991; Fan et al. 2007; Guo et al. 1991; Hong et al. 2001; Li FH et al. 2009; Li XH et al. 2010; Li XS 1995; Li Y et al. 1994; Li Y et al. 2003; Lin et al. 1991; Lu et al. 2000; Poureslami et al. 2011; Ren et al. 1989; Seraj et al. 2006; Sun et al. 1991; Wang G et al. 1996; Wang SH et al. 2001; Wang SX et al. 2007; Wang ZH et al. 2006; Xiang et al. 2003; Xu et al. 1994; Yang et al. 1994; Yao et al. 1996, 1997; Zhang JW et al. 1998; Zhao et al. 1996). Two of the studies included in the analysis were conducted in Iran (Poureslami et al. 2011; Seraj et al. 2006); the other study cohorts were populations from China. Two cohorts were exposed to fluoride from coal burning (Guo et al. 1991; Li XH et al. 2010); otherwise populations were exposed to fluoride through drinking water. The CRT-RC was used to measure the children’s intelligence in 16 studies. Other intelligence measures included the

Wechsler Intelligence tests (3 studies; An et al. 1992; Ren et al. 1989; Wang ZH et al. 1996), Binet IQ test (2 studies; Guo et al. 1991; Xu et al. 1994), Raven’s test (2 studies; Poureslami et al. 2011; Seraj et al. 2006), Japan IQ test (2 studies; Sun et al. 1991; Zhang JW et al. 1998), Chinese comparative intelligence test (1 study; Yang et al. 1994), and the mental work capacity index (1 study; Li Y et al. 1994). Because each of the intelligence tests used is designed to measure general intelligence, we used data from all eligible studies to estimate the possible effects of fluoride exposure on general intelligence.

In addition, we conducted a sensitivity analysis restricted to studies that used similar tests to measure the outcome (specifically, the CRT-RC, Wechsler Intelligence test, Binet IQ test, or Raven’s test), and an analysis restricted to studies that used the CRT-RC. We also performed an analysis that excluded studies with co-exposures including iodine and arsenic, or with non-drinking-water fluoride exposure from coal burning.

Pooled SMD estimates. Among the 27 studies, all but one study showed random-effect SMD estimates that indicated an inverse association, ranging from -0.95 (95% CI: -1.16 , -0.75) to -0.10 (95% CI:

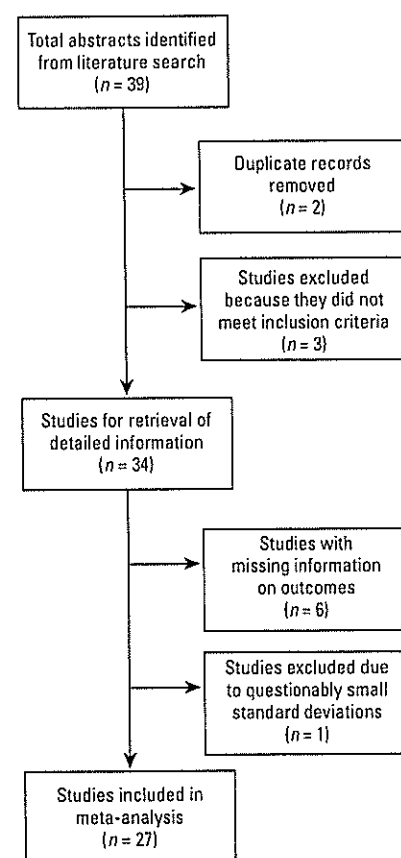


Figure 1. Flow diagram of the meta-analysis.

-0.25, 0.04) (Figure 2). The study with a positive association reported an SMD estimate of 0.07 (95% CI: -0.8, 0.22). Similar results were found with the fixed-effects SMD estimates. The fixed-effects pooled SMD estimate was -0.40 (95% CI: -0.44, -0.35), with a p -value < 0.001 for the test for homogeneity. The random-effects SMD estimate was -0.45 (95% CI: -0.56, -0.34) with an I^2 of 80% and homogeneity test p -value < 0.001 (Figure 2). Because of heterogeneity (excess variability) between study results, we used primarily the random-effects model for subsequent sensitivity analyses, which is generally considered to be the more conservative method (Egger et al. 2001). Among the restricted sets of intelligence tests, the SMD for the model with only CRT-RC tests and drinking-water exposure (and to a lesser extent the model with only CRT-RC tests) was lower than that for all studies combined,

although the difference did not appear to be significant. Heterogeneity, however, remained at a similar magnitude when the analyses were restricted (Table 2).

Sources of heterogeneity. We performed meta-regression models to assess study characteristics as potential predictors of effect. Information on the child's sex and parental education were not reported in > 80% of the studies, and only 7% of the studies reported household income. These variables were therefore not included in the models. Among the two covariates, year of publication (0.02; 95% CI: 0.006, 0.03), but not mean age of the study children (-0.02; 95% CI: -0.094, 0.04), was a significant predictor in the model with all 27 studies included. I^2 residual 68.7% represented the proportion of residual between-study variation due to heterogeneity. From the adjusted R^2 , 39.8% of between-study variance was explained by

the two covariates. The overall test of the covariates was significant ($p = 0.004$).

When the model was restricted to the 16 studies that used the CRT-RC, the child's age (but not year of publication) was a significant predictor of the SMD. The R^2 of 65.6% of between-study variance was explained by the two covariates, and only 47.3% of the residual variation was attributable to heterogeneity. The overall test of both covariates in the model remained significant ($p = 0.0053$). On further restriction of the model to exclude the 7 studies with arsenic and iodine as co-exposures and fluoride originating from coal burning (thus including only the 9 with fluoride exposure from drinking water), neither age nor year of publication was a significant predictor, and the overall test of covariates was less important ($p = 0.062$), in accordance with the similarity of intelligence test outcomes and the source of exposure in the studies included.

Table 1. Characteristics of epidemiological studies of fluoride exposure and children's cognitive outcomes.

Reference	Study location	No. in high-exposure group	No. in reference group	Age range (years)	Fluoride exposure		Outcome measure	Results
					Assessment	Range		
Ren et al. 1989	Shandong, China	160	169	8-14	High-/low-fluoride villages	Not specified	Wechsler Intelligence test ^a	Children in high-fluoride region had lower IQ scores
Chen et al. 1991	Shanxi, China	320	320	7-14	Drinking water	4.55 mg/L (high); 0.89 mg/L (reference)	CRT-RC ^b	The average IQ of children from high-fluoride area were lower than that of the reference area
Guo et al. 1991	Hunan, China	60	61	7-13	Fluoride in coal burning	118.1-1361.7 mg/kg (coal burning area); Control area used wood	Chinese Binet ^c	Average IQ in fluoride coal-burning area was lower than that in the reference area
Lin et al. 1991	Xinjiang, China	33	86	7-14	Drinking water	0.88 mg/L (high); 0.34 mg/L (reference)	CRT-RC ^b	Children in the high-fluoride (low-iodine) area had lower IQ scores compared with the children from the reference fluoride (low-iodine) areas
Sun et al. 1991	Guiyang, China	196	224	6.5-12	Rate of fluorosis	Fluorosis: 98.36% (high); not specified (reference)	Japan IQ test ^d	Mean IQ was lower in all age groups except ≤ 7 years in the area with high fluoride and aluminum (limited to high-fluoride population only)
An et al. 1992	Inner Mongolia, China	121	121	7-16	Drinking water	2.1-7.6 mg/L (high); 0.6-1.0 mg/L (reference)	Wechsler Intelligence test ^a	IQ scores of children in high-fluoride areas were significantly lower than those of children living in reference fluoride area
Li Y et al. 1994	Sichuan, China	106	49	12-13	Burning of high-fluoride coal to cook grain in high-fluoride area	4.7-31.6 mg/kg (high); 0.5 mg/kg (reference)	Child mental work capacity	Early, prolonged high fluoride intake causes a decrease in the child's mental work capacity
Xu et al. 1994	Shandong, China	97	32	8-14	Drinking water	1.8 mg/L (high); 0.8 mg/L (reference)	Binet-Simon ^e	Children had lower IQ scores in high-fluoride area than those who lived in the reference area.
Yang et al. 1994	Shandong, China	30	30	8-14	Well water	2.97 mg/L (high); 0.5 mg/L (reference)	Chinese comparative intelligence test ^f	The average IQ scores was lower in children from high-fluoride and -iodine area than those from the reference area, but the results were not significant
Li XS et al. 1995	Guizhou, China	681	226	8-13	Urine, Dental Fluorosis Index	1.81-2.69 mg/L (high); 1.02 mg/L (reference); DFI 0.8-3.2 (high); DFI < 0.4 (reference)	CRT-RC ^b	Children living in fluorosis areas had lower IQ scores than children living in nonfluorosis areas
Wang G et al. 1996	Xinjiang, China	147	83	4-7	Drinking water	> 1.0-8.6 mg/L (high); 0.58-1.0 mg/L (reference)	Wechsler Intelligence test ^a	Average IQ score was lower in children in the high-fluoride group than those in the reference group
Yao et al. 1996	Liaoning, China	266	270	8-12	Drinking water	2-11 mg/L (high); 1 mg/L (reference)	CRT-RC ^b	Average IQ scores of children residing in exposed fluoride areas were lower than those in the reference area
Zhao et al. 1996	Shanxi, China	160	160	7-14	Drinking water	4.12 mg/L (high); 0.91 mg/L (reference)	CRT-RC ^b	Children living in high-fluoride and -arsenic area had significantly lower IQ scores than those living in the reference fluoride (and no arsenic) area
Yao et al. 1997	Liaoning, China	188	314	7-14	Drinking water	2 mg/L (exposed); 0.4 mg/L (reference)	CRT-RC ^b	IQ scores of children in the high-fluoride area were lower than those of children in the reference area

Continued

Although official reports of lead concentrations in the study villages in China were not available, some studies reported high percentage (95–100%) of low lead exposure (less than the standard of 0.01 mg/L) in drinking-water samples in villages from several study provinces (Bi et al. 2010; Peng et al. 2008; Sun 2010).

Publication bias. A Begg's funnel plot with the SE of SMD from each study plotted against its corresponding SMD did not show clear evidence of asymmetry, although two studies with a large SE also reported relatively large effect estimates, which may be consistent with publication bias or heterogeneity (Figure 3). The plot appears symmetrical for studies with larger SE, but with substantial variation in SMD among the more precise studies, consistent with the heterogeneity observed among the studies included in the analysis. Begg ($p = 0.22$) and Egger ($p = 0.11$)

tests did not indicate significant ($p < 0.05$) departures from symmetry.

Pooled risk ratios. The relative risk (RR) of a low/marginal score on the CRT-RC test (< 80) among children with high fluoride exposure compared with those with low exposure (16 studies total) was 1.93 (95% CI: 1.46, 2.55; I^2 58.5%). When the model was restricted to 9 studies that used the CRT-RC and included only drinking-water fluoride exposure (Chen et al. 1991; Fan et al. 2007; Li XH et al. 2010; Li XS et al. 1995; Li Y et al. 2003; Lu et al. 2000; Wang ZH et al. 2006; Yao et al. 1996, 1997), the estimate was similar (RR = 1.75; 95% CI: 1.16, 2.65; I^2 70.6%). Although fluoride exposure showed inverse associations with test scores, the available exposure information did not allow a formal dose-response analysis. However, dose-related differences in test scores occurred at a wide range of water-fluoride concentrations.

Discussion

Findings from our meta-analyses of 27 studies published over 22 years suggest an inverse association between high fluoride exposure and children's intelligence. Children who lived in areas with high fluoride exposure had lower IQ scores than those who lived in low-exposure or control areas. Our findings are consistent with an earlier review (Tang et al. 2008), although ours more systematically addressed study selection and exclusion information, and was more comprehensive in *a*) including 9 additional studies, *b*) performing meta-regression to estimate the contribution of study characteristics as sources of heterogeneity, and *c*) estimating pooled risk ratios for the association between fluoride exposure and a low/marginal Raven's test score.

As noted by the NRC committee (NRC 2006), assessments of fluoride safety have relied on incomplete information on potential

Table 1. Continued.

Reference	Study location	No. in high-exposure group	No. in reference group	Age range (years)	Fluoride exposure		Outcome measure	Results
					Assessment	Range		
Zhang JW et al. 1998	Xinjiang, China	51	52	4–10	Drinking water	Not specified	Japan IQ Test ^d	Average IQ scores of children residing in high-fluoride and -arsenic area were lower than those who resided in the reference area
Lu et al. 2000	Tianjin, China	60	58	10–12	Drinking water	3.15 mg/L (high); 0.37 mg/L (reference)	CRT-RC ^b	Children in the high-fluoride area scored significantly lower IQ scores than those in the reference area
Hong et al. 2001	Shandong, China	85	32	8–14	Drinking water	2.90 mg/L (high); 0.75 mg/L (reference)	CRT-RC ^b	Average IQ scores were significantly lower in high-fluoride group (and -iodine) than the reference group
Wang SH et al. 2001	Shandong, China	30	30	8–12	Drinking water	2.97 mg/L (high); 0.5 mg/L (reference)	CRT-RC ^b	No significant difference in IQ scores of children in the high-fluoride/high-iodine and reference fluoride/low-iodine areas
Li Y et al. 2003	Inner Mongolia, China	720	236	6–13	Fluorosis	Endemic vs. control regions defined by the Chinese Geological Office	CRT-RC ^b	Average IQ of children in high-fluorosis area was lower than that in the reference area
Xiang et al. 2003	Jiangsu, China	222	290	8–13	Drinking water	0.57–4.5 mg/L (high); 0.18–0.76 mg/L (reference)	CRT-RC ^b	Mean IQ score was significantly lower in children who lived in the high-fluoride area than that of children in the reference exposure area (both areas also had arsenic exposure)
Seraj et al. 2006	Tehran, Iran	41	85	Not specified	Drinking water	2.5 mg/L (high); 0.4 mg/L (reference)	Raven ^e	The mean IQ of children in the high-fluoride area was significantly lower than that from the reference fluoride area
Wang ZH et al. 2006	Shanxi, China	202	166	8–12	Drinking water	5.54 ± 3.88 mg/L (high); 0.73 ± 0.28 mg/L (reference)	CRT-RC ^b	The IQ scores of children in the high-fluoride group were significantly lower than those in the reference group
Fan et al. 2007	Shaanxi, China	42	37	7–14	Drinking water	1.14–6.09 mg/L (high); 1.33–2.35 mg/L (reference)	CRT-RC ^b	The average IQ scores of children residing in the high-fluoride area were lower than those of children residing in the reference area
Wang SX et al. 2007	Shanxi, China	253	196	8–12	Drinking water and urine	3.8–11.5 mg/L (water, high); 1.6–11 mg/L (urine, high); 0.2–1.1 mg/L (water, reference); 0.4–3.9 mg/L (urine, reference)	CRT-RC ^b	Mean IQ scores were significantly lower in the high-fluoride group than from the reference group in the fluoride/arsenic areas
Li et al. 2009	Hunan, China	60	20	8–12	Coal burning	1.24–2.34 mg/L (high); 0.962 mg/L (reference)	CRT-RC ^b	Mean IQ was lower in children in coal-burning areas compared to those in the reference group
Li FH et al. 2010	Henan, China	347	329	7–10	Drinking water	2.47 ± 0.75 mg/L (high)	CRT-RC ^b	No significant difference in IQ scores between children in the exposed and reference groups
Poureslami et al. 2011	Iran	59	60	6–9	Drinking Water	2.38 mg/L (high); 0.41 mg/L (reference)	Raven ^e	Children in the high-fluoride group scored significantly lower than those in reference group

^aWechsler Intelligence Scale (Lin and Zhang 1986). ^bCRT-RC, Chinese Standardized Raven Test, rural version (Wang G et al. 1989). ^cChinese Binet Test (Wu 1936). ^dJapan test (Zhang J et al. 1985). ^eBinet-Simon Test (Binet and Simon 1922). ^fChinese comparative intelligence test (Wu 1983). ^gRaven test (Raven et al. 2003).

risks. In regard to developmental neurotoxicity, much information has in fact been published, although mainly as short reports in Chinese that have not been available to most expert committees. We carried out an extensive review that includes epidemiological studies carried out in China. Although most reports were fairly brief and complete information on covariates was not available, the results tended to support the potential for fluoride-mediated developmental neurotoxicity at relatively high levels of exposure in some studies. We did not find conclusive evidence of publication bias, although there was substantial heterogeneity among studies. Drinking water may contain other neurotoxicants, such as arsenic, but exclusion of studies including arsenic and iodine as co-exposures in a sensitivity analysis resulted in a lower estimate, although the

difference was not significant. The exposed groups had access to drinking water with fluoride concentrations up to 11.5 mg/L (Wang SX et al. 2007); thus, in many cases concentrations were above the levels recommended (0.7–1.2 mg/L; DHHS) or allowed in public drinking water (4.0 mg/L; U.S. EPA) in the United States (U.S. EPA 2011). A recent cross-sectional study based on individual-level measure of exposures suggested that low levels of water fluoride (range, 0.24–2.84 mg/L) had significant negative associations with children's intelligence (Ding et al. 2011). This study was not included in our meta-analysis, which focused only on studies with exposed and reference groups, thereby precluding estimation of dose-related effects.

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 (Grandjean 1982). For neurotoxicants such as lead and methylmercury, adverse effects are associated with blood concentrations as low as 10 nmol/L. Serum fluoride concentrations associated with high intakes from drinking water may exceed 1 mg/L, or 50 $\mu\text{mol/L}$ —more than 1,000 times the levels of some other neurotoxicants that cause neurodevelopmental damage. Supporting the plausibility of our findings, rats exposed to 1 ppm (50 $\mu\text{mol/L}$) of water fluoride for 1 year showed morphological alterations in the brain and increased levels of aluminum in brain tissue compared with controls (Varner et al. 1998).

The estimated decrease in average IQ associated with fluoride exposure based on our analysis may seem small and may be within the measurement error of IQ testing. However, as research on other neurotoxicants has shown, a shift to the left of IQ distributions in a population will have substantial impacts, especially among those in the high and low ranges of the IQ distribution (Bellinger 2007).

Our review cannot be used to derive an exposure limit, because the actual exposures of the individual children are not known. Misclassification of children in both high- and low-exposure groups may have occurred if the children were drinking water from other sources (e.g., at school or in the field).

The published reports clearly represent independent studies and are not the result of duplicate publication of the same studies (we removed two duplicates). Several studies (Hong et al. 2001; Lin et al. 1991; Wang SH et al. 2001; Wang SX et al. 2007; Xiang et al. 2003; Zhao et al. 1996) report other exposures, such as iodine and arsenic, a neurotoxicant, but our sensitivity analyses showed similar associations between high fluoride exposure and the outcomes even after these studies were excluded. Large tracts of China

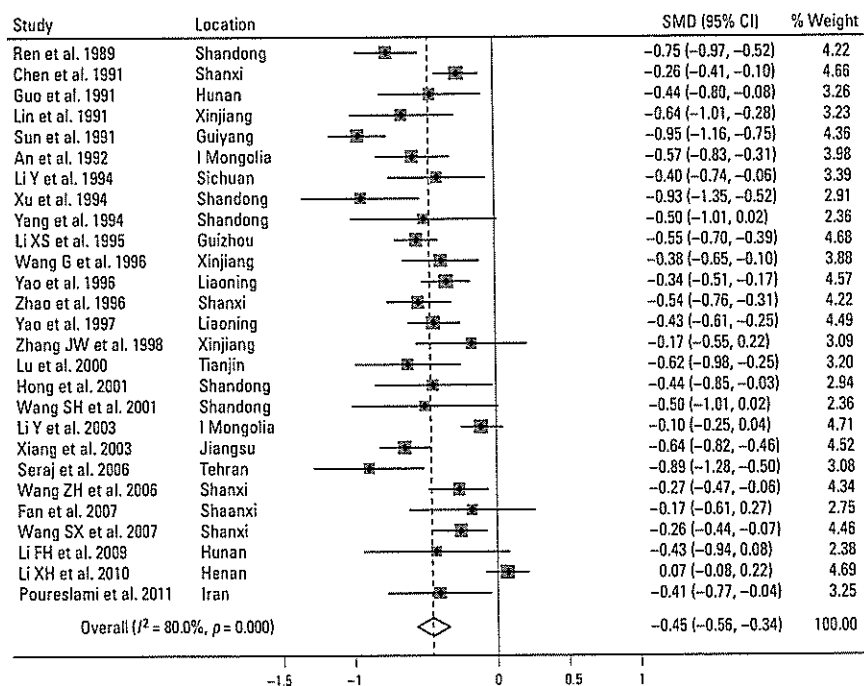


Figure 2. Random-effect standardized weighted mean difference (SMD) estimates and 95% CIs of child's intelligence score associated with high exposure to fluoride. SMDs for individual studies are shown as solid diamonds (\blacklozenge), and the pooled SMD is shown as an open diamond (\diamond). Horizontal lines represent 95% CIs for the study-specific SMDs.

Table 2. Sensitivity analyses of pooled random-effects standardized weighted mean difference (SMD) estimates of child's intelligence score with high exposure of fluoride.

Model	Available studies for analysis	SMD (95% CI)	I ²	p-Value test of heterogeneity
1. Exclude nonstandardized tests ^a	23	-0.44 (-0.54, -0.33)	77.6%	< 0.001
2. Exclude non-CRT-RC Tests ^b	16	-0.36 (-0.48, -0.25)	77.8%	< 0.001
3. Exclude studies with other exposures (iodine, arsenic) ^c or non-drinking-water fluoride exposure ^d	9	-0.29 (-0.44, -0.14)	81.8%	< 0.001

^aMental work capacity (Li Y et al. 1994); Japan IQ (Sun et al. 1991; Zhang JW et al. 1998); Chinese comparative scale of intelligence test (Yang et al. 1994). ^bWechsler intelligence test (An et al. 1992; Ren et al. 1989; Wang G et al. 1996); Chinese Binet IQ (Guo et al. 1991); Raven (Poureslami et al. 2011; Seraj et al. 2006); Binet-Simon (Xu et al. 1994). ^cIodine (Hong et al. 2001; Lin et al. 1991; Wang SH et al. 2001); arsenic (Wang SX et al. 2007; Xiang et al. 2003; Zhao et al. 1996); (Zhang JW et al. 1998 was already excluded, see note a). ^dFluoride from coal burning (Li FH et al. 2009 (Guo et al. 1991 and Li Y et al. 1994 were already excluded; see notes a and b)).

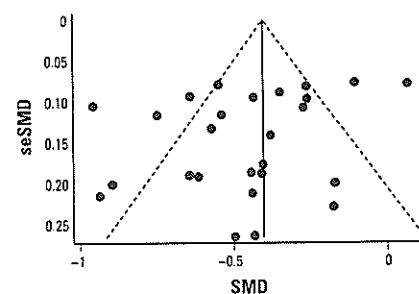


Figure 3. Begg's funnel plot showing individual studies included in the analysis according to random-effect standardized weighted mean difference (SMD) estimates (x-axis) and the SE (se) of each study-specific SMD (y-axis). The solid vertical line indicates the pooled SMD estimate for all studies combined and the dashed lines indicated pseudo 95% confidence limits around the pooled SMD estimate.

have superficial fluoride-rich minerals with little, if any, likelihood of contamination by other neurotoxicants that would be associated with fluoride concentrations in drinking water. From the geographic distribution of the studies, it seems unlikely that fluoride-attributed neurotoxicity could be attributable to other water contaminants.

Still, each of the articles reviewed had deficiencies, in some cases rather serious ones, that limit the conclusions that can be drawn. However, most deficiencies relate to the reporting of where key information was missing. The fact that some aspects of the study were not reported limits the extent to which the available reports allow a firm conclusion. Some methodological limitations were also noted. Most studies were cross-sectional, but this study design would seem appropriate in a stable population where water supplies and fluoride concentrations have remained unchanged for many years. The current water fluoride level likely also reflects past developmental exposures. In regard to the outcomes, the inverse association persisted between studies using different intelligence tests, although most studies did not report age adjustment of the cognitive test scores.

Fluoride has received much attention in China, where widespread dental fluorosis indicates the prevalence of high exposures. In 2008, the Ministry of Health reported that fluorosis was found in 28 provinces with 92 million residents (China News 2008). Although microbiologically safe, water supplies from small springs or mountain sources created pockets of increased exposures near or within areas of low exposures, thus representing exposure settings close to the ideal, because only the fluoride exposure would differ between nearby neighborhoods. Chinese researchers took advantage of this fact and published their findings, though mainly in Chinese journals and according to the standards of science at the time. This research dates back to the 1980s, but has not been widely cited at least in part because of limited access to Chinese journals.

In its review of fluoride, the NRC (2006) noted that the safety and the risks of fluoride at concentrations of 2–4 mg/L were incompletely documented. Our comprehensive review substantially extends the scope of research available for evaluation and analysis. Although the studies were generally of insufficient quality, the consistency of their findings adds support to existing evidence of fluoride-associated cognitive deficits, and suggests that potential developmental neurotoxicity of fluoride should be a high research priority. Although reports from the World Health Organization and national agencies have generally focused on beneficial effects of fluoride (Centers for Disease Control and

Prevention 1999; Petersen and Lennon 2004), the NRC report examined the potential adverse effects of fluoride at 2–4 mg/L in drinking water and not the benefits or potential risks that may occur when fluoride is added to public water supplies at lower concentrations (0.7–1.2 mg/L) (NRC 2006).

In conclusion, our results support the possibility of adverse effects of fluoride exposures on children's neurodevelopment. Future research should formally evaluate dose–response relations based on individual-level measures of exposure over time, including more precise prenatal exposure assessment and more extensive standardized measures of neurobehavioral performance, in addition to improving assessment and control of potential confounders.

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SUBMISSION FORM

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

<p>Name: TO: MEDSAFE, MINISTRY OF HEALTH, WELLINGTON, NEW ZEALAND DATE: DECEMBER 20, 2014</p>	<p>FROM: NEUROLOGICAL LEARNING SPECIALIST RE: FLUORIDE</p>
<p>If this submission is made on behalf of an organisation, please name that organisation here:</p>	<p>The Learning Clinic Worldwide, Inc.</p>
<p>Please provide a brief description of the organisation if applicable:</p>	<p>The Learning Clinic Worldwide assists children (and adults) to develop excellent learning strategies and to overcome learning challenges of all kinds (mental, emotional, social, behavioural, attentional).</p>
<p>Address/email: CANADA: Mark, A E Phone:</p>	<p>USA: 4 E Phone:</p>
<p>Your interest in this topic (for example, local body, consumer, manufacturer, health professional, etc.):</p>	<p>As a Neurological Learning Specialist, with a doctorate in Education, I am aware of the mild to moderate loss of learning capacity in children (and adults) caused by fluoride and fluoride-containing compounds, even in low amounts. It causes brain damage in babies.</p>
<p>Question 1 <i>Do you support the proposed amendment? If not, why not?</i></p>	<p>No. Fluoride acts as a medicine, with both good effects and bad side effects. Even a very small amount of fluoride added to community drinking water interferes with the learning capacity of a significant percentage of children, and causes brain damage in babies when their formula is made with fluoridated community drinking water.</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. All fluoride-containing compounds interfere with the learning capacity of a significant percentage of children (and adults), and cause brain damage in babies when their formula is made with fluoridated community drinking water.</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.



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

FROM:
I
Neurological Learning Specialist
The Learning Clinic Worldwide Inc.

4

RE: Fluoride

Re-labeling fluoride and fluoride-containing compounds as non-medicines does not change the fact that they act as medicines, and as with all medicines, they can have both good effects and bad side effects.

As a Neurological Learning Specialist, with a doctorate in education, I am aware of the fact that fluoridation of community drinking water diminishes the learning ability in a significant percentage of children (and adults).

Another bad side effect of fluoridation of community drinking water is that it causes brain damage in babies when their formula is made with fluoridated water.

Any good effects in the case of fluoride do not justify the negative side effects in the brains of humans and animals who ingest it, even in very small amounts in fluoridated drinking water.

The person(s) who are proposing to re-label fluoride as a non-medicine are obviously not aware of the extensive research on this questionable chemical.

To cite just one highly-reputable medical source (*The Lancet*):

"Since 2006, epidemiological studies have *documented* six additional *developmental neurotoxicants*—manganese, *fluoride*, chlorpyrifos, dichlorodiphenyltrichloroethane, tetrachloroethylene, and the polybrominated diphenyl ethers."

[*Emphasis added.*]

- "Neurobehavioural Effects of Developmental Toxicity,"
The Lancet Neurology, Volume 13, No. 3, p330-338, March 2014

LINK: [http://www.thelancet.com/journals/laneur/article/PIIS1474-4422\(13\)70278-3/fulltext](http://www.thelancet.com/journals/laneur/article/PIIS1474-4422(13)70278-3/fulltext)

SUMMARY AND CONCLUSION:

While fluoride may, or may not, be good for the teeth, it is a documented hazard for the developing brain, whether in a human fetus, or in a human child of any age.

Fluoride (whether labeled as a medicine or a non-medicine) causes brain damage in babies when their formula is made with fluoridated drinking water.

Sincerely,

neurological Learning Specialist
The Learning Clinic Worldwide



Fluoride

to:

askmedsafe@moh.govt.nz

20/12/2014 09:03 p.m.

Hide Details

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

Hello,

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:

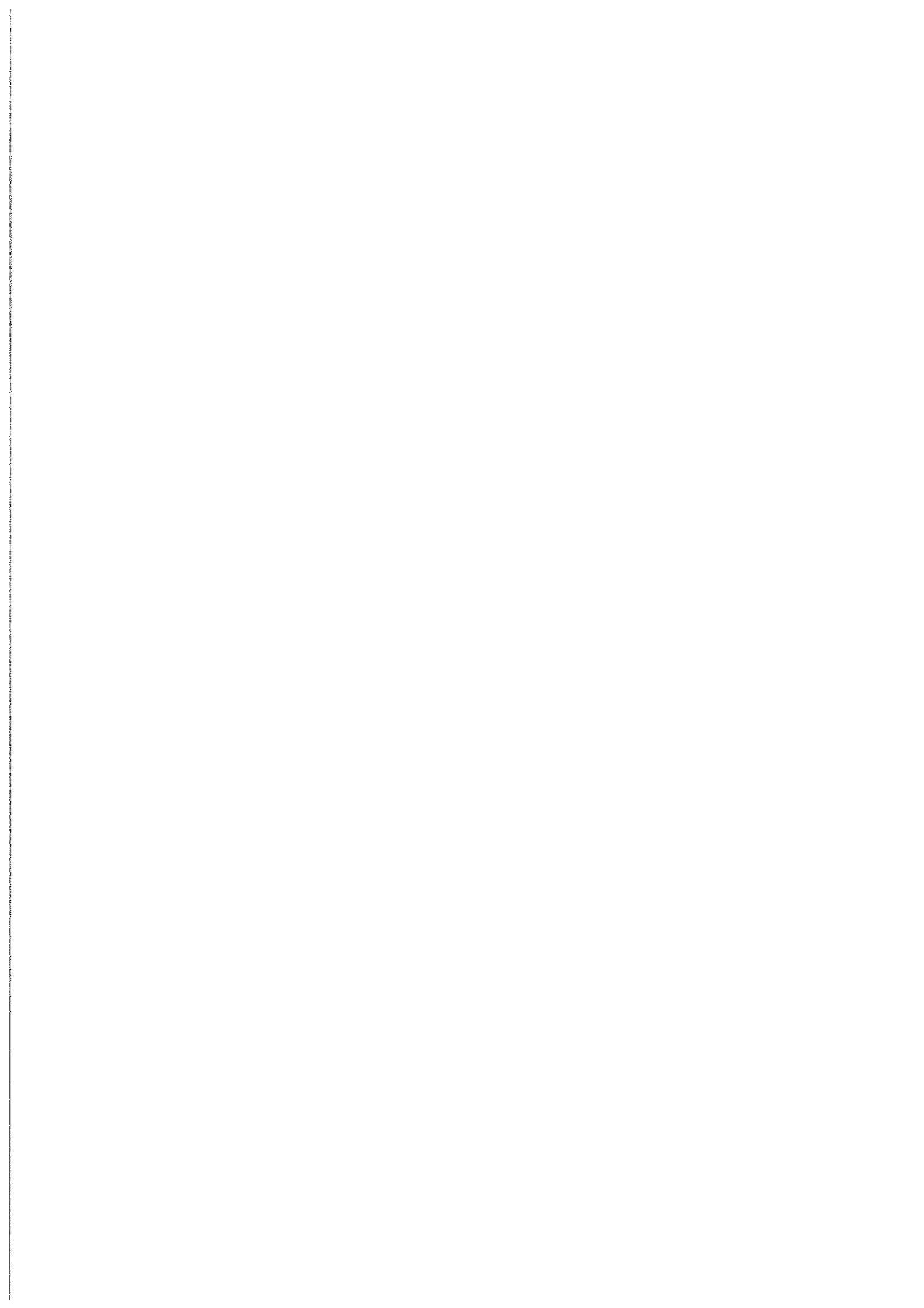
1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals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

Thank you

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





FLUORIDE

to:

askmedsafe

20/12/2014 01:44 p.m.

Cc:

j.coleman

Hide Details

From:

To: askmedsafe@moh.govt.nz,

Dear Medsafe

SUBMISSION ON PROPOSAL THAT HFA AND SSF ARE NOT MEDICINES FOR THE PURPOSES OF THE MEDICINES ACT WHEN THEY ARE MANUFACTURED AND SUPPLIED OR DISTRIBUTED FOR THE PURPOSE OF FLUORIDATING COMMUNITY WATER SUPPLIES

QUESTION 1: DO YOU SUPPORT THE PROPOSED AMENDMENT? IF NOT, WHY NOT?

ANSWER TO QUESTION 1

I oppose the proposed amendment for the following reasons:

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

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

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

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

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

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

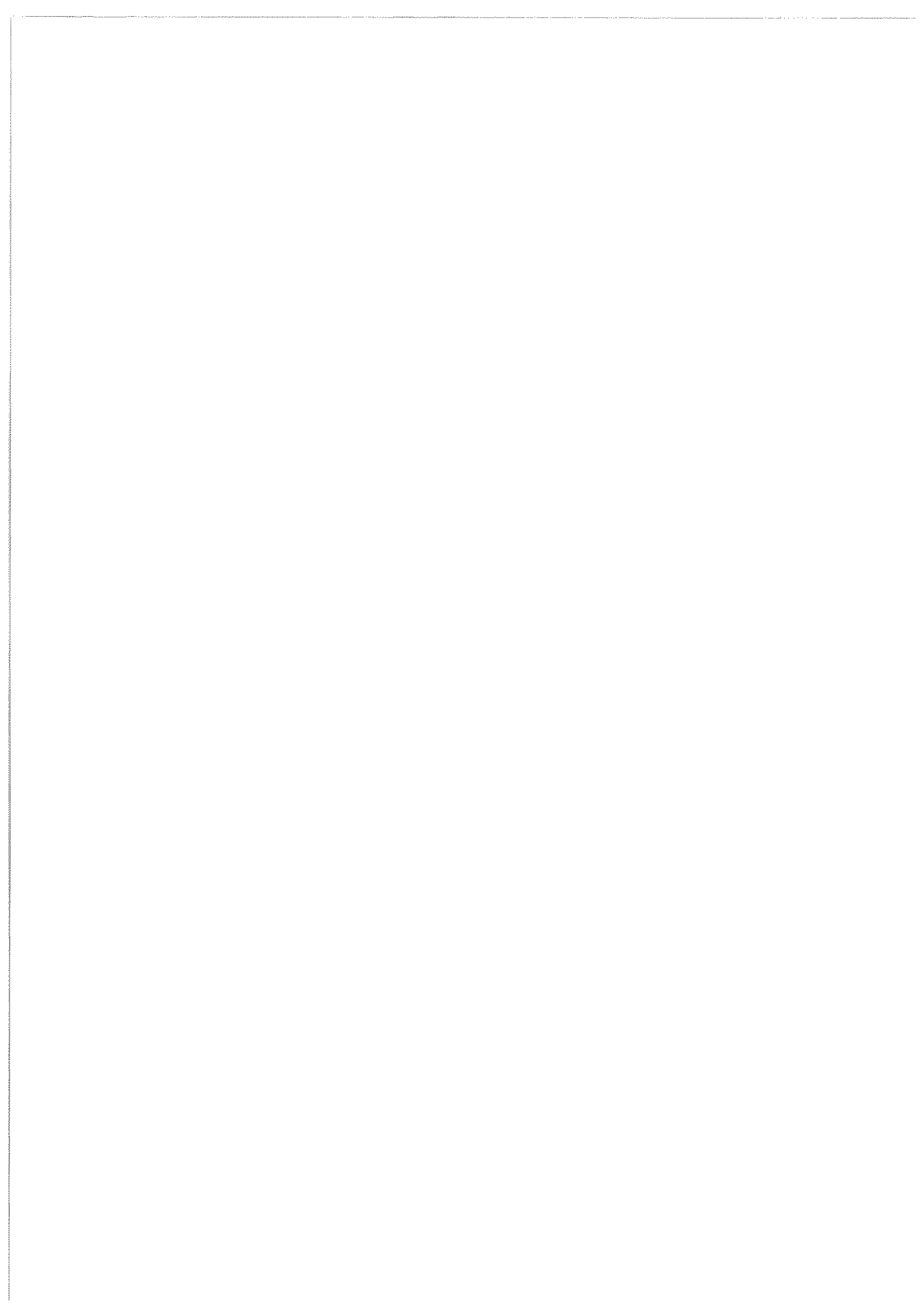
7 = No protection against dental decay is provided by swallowing fluoride; consequently HFA and SSF should not be swallowed.

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

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

ANSWER TO QUESTION 2: NO.

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





Fluoride

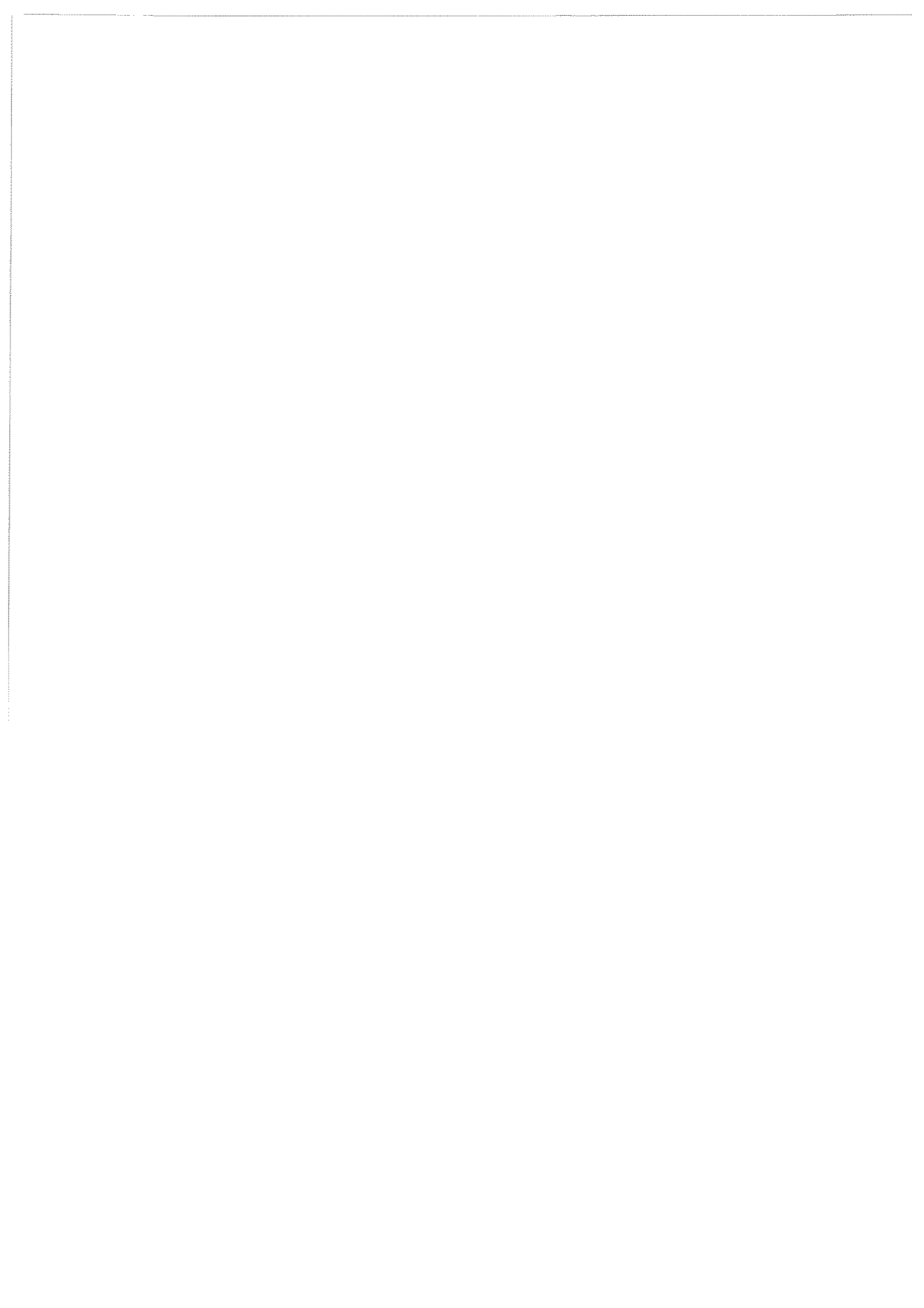
20/12/2014 01:27 p.m.

CC: J.

To who it may concern,

I do not think that fluoride is added to water to keep my car clean! I was formerly President of the Pure Water Association and corresponded with experts from all over the world, who were not in the pockets of BIG PHARMA, about the safety of fluoride. They were unanimous in declaring that it was not safe to use. You must be aware of how few countries in the world add this toxin to their water supplies. Lastly, there is no shadow of doubt that

this toxin is added to water ostensibly to prevent deterioration of teeth. This means that it CAN ONLY BE CLASSIFIED AS A MEDICINE. The real reason is that BIG PHARMA is scared that, if fluoride is banned from drinking water, it would likely be banned from toothpaste and many drugs. AND SO IT SHOULD BE - AFTER ALL IT IS A KNOWN TOXIN! IT is strange - I thought that the Ministry of Health existed to protect the population.





fluoride

to:

askmedsafe

20/12/2014 01:07 p.m.

Hide Details

From:

.o.nz>

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

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 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 **Id**
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.



fluoride

to:

askmedsafe

20/12/2014 11:19 a.m.

Hide Details

From: J

To: <askmedsafe@moh.govt.nz>

To : New Zealand Medicines and Medical Devices Safety Authority

Regarding the pending application to exempt fluoridation chemicals (hydrofluorosilicic acid and sodium silicofluoride) from the New Zealand Medicine's Act, please accept my comments.

By common usage the chemicals added to potable water distributed to a population for the purpose of preventing dental caries are medicines. Hydrofluorosilicic acid and its sodium salt are generally received unpurified and accompanied by a number of contaminants, some of which are recognized toxins associated with very serious adverse effects. Furthermore, fluoridation of a water supply is shown to be substantially ineffective and to be associated with a number of adverse effects. But the issue you ask opinions on is the legal classification of these chemicals as medicines.

Question 1

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

No, I do not support the proposed amendment.

Clearly no substance supplied for unavoidable and uncontrolled consumption should be exempted from regulation by government. I suppose that New Zealand shares with jurisdictions all over the planet the obligation to protect citizens from potential harm from substances distributed for human consumption as medicines or as additives to water supplies. Such protection requires that the legal regulator have the authority to monitor the purity and chemical behaviour of the medicine under the circumstances of its use. In addition the handling of the medicine prior to and during its application is an obvious expectation. As I understand it, exempting these chemicals from the normal regulations would remove basic safeguards.

Even where safeguards exist there have been many occasions of accidents and failures in handling and control of hydrofluorosilicic acid in adding it to a water supply. How much worse, in number and severity this record might be if no regulation had been in place where these mishaps occurred.

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?

All fluoride-containing compounds used for fluoridation should be subject to regulation. In addition to hydrofluorosilicic acid and its sodium salt the only compound used for fluoridation, as far as I know, is sodium fluoride. All three of these compounds should be subject to regulation, therefor not named in the proposed regulation.

Respectfully,

University of Calgary
Calgary, Alberta, Canada





Fluoride

to:

askmedsafe

20/12/2014 10:07 a.m.

Hide Details

From: I

To: askmedsafe@moh.govt.nz,

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

1) I do not support the amendment, and I believe that as the purported sole purpose of adding fluoride chemicals to water is to prevent tooth decay, that they would be most meaningfully classed as medicines.

2) I am not aware of other fluoride-containing compounds that should be named in the regulation .

-
.....
}



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:	<p>2000 ... 077 411J</p> <p>...</p>
Your interest in this topic (for example, local body, consumer, manufacturer, health professional etc):	<p>On local Health Committees for both the Tamworth Borough and Staffordshire County Councils in England.</p> <p>Consumer in a fluoridated water supply (South Staffordshire).</p> <p>Long term interest and researcher.</p> <p>Elected a number of times on the policy of removing fluoride from drinking water.</p>

<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.</p> <ol style="list-style-type: none"> 1. By passing this amendment the New Zealand government would be enabling a health intervention that would otherwise be illegal. That is not a sound basis for such a decision. 2. The government seems to be doing this for no other reason than to make legal a pre-existing practice that would otherwise be illegal. That is an argument that has no merit. 3. It does this without reference to the thousands of studies from around the world showing just how dangerous this substance is. 4. The government appears to be acting under pressure from the Health Industry – which is already very content to put fluoride into many of its medicines – whilst ignoring the effects of those medicines on the body’s skeletal, organic, brain, nervous system and, indeed serious damage to those very same teeth that they so ardently claim to be protecting! All of them which seem to be in part responsible for so many of today’s “modern” diseases. But at least those medicines may have the body dose monitored and controlled and the patient retains the “right to refuse”. 5. Also under pressure from the corporate industrial sector to dispose of these industrial waste products of theirs in a cost effective manner. That it is making law to allow industrialists to pollute. 6. This proposal would appear to set a number of legal precedents that may have as yet unforeseen consequences for New Zealand legislation. 7. The proposal would in any case fail to prevent future class action. First on the legality of a government making such a law. Second on their admitted high levels of other dangerous and toxic pollutants in this “product” which would not seem to be protected by this legislation. Third, by individuals being able to show damage by water fluoridation to their health (ie – people with existing kidney problems cannot properly process this poison out of their system, it builds up more easily, well above what would be expected for a

"normal" person and will cause serious health issues.). This law will be challenged time and again.

8. It is fundamental to medical law that a Health Intervention cannot be imposed except under very specific and individual circumstances. This amendment represents a significant and dangerous departure from that law.
9. It is now undeniable that any claimed benefit from fluoride is topical on the teeth (ie toothpaste – because it contains the poison and kills the cavity making bacteria and can then be washed and spat out of the mouth) and is NOT through swallowing and ingestion. Knowing this fact any Government that allowed and encouraged forced ingestion of this substance is a breach international human rights law.
10. Before any New Zealand government decides on this law they must read the affidavit of Dr John Colquhoun. Until 1980 he was keen supporter of fluoridation. This past Principal Dental Officer for the Auckland Health District dramatically changed his views upon doing some research both dentistry and Auckland social history. He was sent on a world study tour by the New Zealand Department of Health, for the purpose of investigating recent research into fluoridation. On his return he was appointed to the post of Chairman of the Fluoridation Promotion Committee of the New Zealand Dental Health Foundation. What he says in this legal affidavit linked here is testimony to the incredible deceit and subterfuge of the pro-fluoridation lobby in New Zealand.
<http://fluorideinformationaustralia.files.wordpress.com/2013/01/affidavit-of-dr-john-colquhoun.pdf>
11. Making a comment like this is necessarily ridiculously brief. But there are many scientific papers pointing to the dangers of fluoride – at any levels – in the human body. Only the most recent being a Harvard Study about damage to children's IQ levels – the latest of dozens of papers claiming the same. Such papers should form part of this consultation. I trust the New Zealand Government will give very careful consideration to this submission and – I am sure – very many other people's submissions against this invidious practice of deliberate mass medication through people's water supplies.

<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>There should be no fluoride containing substances whatsoever deliberately dosed into any New Zealand community water supplies.</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.



Fluoride poison

Γ

to:

askmedsafe

20/12/2014 09:49 p.m.

Hide Details

From: "

To: <askmedsafe@moh.govt.nz>

Hi, I am an Australian but I love New Zealand and always think of it as a clean beautiful and healthy place to live . I visited Auckland a while ago and was impressed by the beauty of the countryside & villages .but when I read that the Gov. was going to continue to put a S6 poison into the water supply it made me very sad . The more I investigate Fluoride the more I am convinced that it is a very damaging substance for people and the environment . the list of bad side effects is very long . people are effected by this poison before they are born and will continue to be effected for the rest of thier life with bone cancer, lower IQ , intestinal problems the list goes on .PLEASE TAKE IT OUT OUT OF ALL NEW ZEALAND!

R

I

Γ

