



New Zealand Nurses Organisation

Submission to Food Standards Australia New Zealand

on Application A588

Voluntary Addition of Fluoride to Packaged Water

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INTRODUCTION

1. The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on the fluoridation of packaged water and congratulates FSANZ on this thorough and well balanced Assessment Report.
2. The New Zealand Nurses Organisation (NZNO) is the leading professional body of nurses and nursing union in Aotearoa New Zealand, representing over 42 000 nurses and health workers. Te Runanga o Aotearoa is the arm through which our Te Tiriti o Waitangi partnership is articulated.
3. NZNO has consulted its members and staff in the preparation of this submission; in particular the Primary Health Care Sector, Te Runanga o Aotearoa, the Nurses for Children and Young Persons Aotearoa Section and our Professional Nurse Advisers.
4. The New Zealand Nurses Organisation **supports** FSANZ's preferred approach to:
 - amend Standard 2.62 to permit the addition of fluoride to non carbonated packaged water to between 0.6 and 1mg/L (total of naturally occurring and added fluoride);
 - require mandatory labeling to indicated that fluoride has been added; and
 - to make consequential amendments to Standard 1.3.3 and 2.6.2 for clarification of permission for the addition of fluoride of packaged water.

DISCUSSION

1. NZNO is focused on both enhancing health and reducing inequalities in health in New Zealand. We believe that enabling the fluoridation of packaged water could contribute in a small way to both objectives.
2. Dental caries is an infectious disease, which is painful, expensive to treat and associated with other adverse health, education and social outcomes. NZNO

members working with young children are especially aware of the sustained costs that dental caries inflict and strongly advocate preventative measures being taken to reduce dental caries.

3. The benefits of water fluoridation on dental health are widely accepted as the safest, most effective intervention in reducing the level of dental caries (World Health Organisation 1994). However, there are still many areas in New Zealand where public water supplies are not fluoridated and where the protection it offers – estimated at 2.4 and 12 fewer decayed teeth per person in New Zealand - is not available (Ministry of Health 2004).
4. Māori have not benefited equally from water fluoridation because of differential access to fluoridated community water supplies which are more common in urban areas: a large proportion of Māori live outside of main centres compared with other populations (Te Puni Kōkiri 1999).
5. Pacific children are at particular risk from poor oral health because of the high rate of rheumatic heart disease in Pacific communities: infection in the oral cavity for these children can have life-threatening sequelae (Birse, 2004).
6. Oral health is a significant part of overall health and improving oral health is one of 13 key population health objectives of the New Zealand Health Strategy (Ministry of health, 2001), a necessary response to the decline in children's dental health since the 1990s.
7. High sugar intake, the replacement of water with fruit juice and soft drinks and, latterly, the substitution of fluoridated tapwater with non-fluoridated bottled water, as well as limited access to dental care, have all been identified as contributing factors to poor oral health. For young children who are totally dependent on others for their healthcare, it is essential that responsible, evidence-based decisions are made.
8. In this regard it is significant that the Assessment Report noted that “the majority of government stakeholders and public health professionals” supported the Application. Those at the ‘frontline’ who are responsible for

protecting public safety and enhancing health must rely on sound science to inform their decision making, and children's health must take precedence.

9. Similarly equity issues must be considered. For the 48% of New Zealanders who are currently not on public fluoridated water supply, bottled fluoridated water at the levels indicated offers a safer alternative than fluoride tablets which may impose a possible risk of fluorosis. As fluoride is a naturally occurring element and essential nutrient for the mineralization of teeth and bones, which happens to be deficient in New Zealand water supplies, the onus on authorities is to ensure adequate dietary intake, especially for children. The abysmal incidence of dental decay in areas where the water supply is not fluoridated through democratic choice, is evidence of the high level of public ignorance, misinformation and lobbying which has put a small number of consumers' 'rights' ahead of the majority of children's health. NZNO strongly believes that it is fairer and more cost effective to let those consumers who choose not to use fluoridated water to continue to use the low cost filters available to filter it out, rather than expecting others to pay for the high cost of dental decay which is largely preventable (Report to the Minister of Health from the Public Health Advisory Committee, 2003).
10. While the addition of voluntary fluoride to packaged water will not address the issue of oral health inequalities faced by Māori and other disadvantaged families unable to purchase bottled water in Aotearoa, the availability of this product will, hopefully, raise the profile of the benefits of water fluoridation and will offer choice to those able to afford it.

CONCLUSION

11. In conclusion NZNO recommends that you:

- **note** our **support** for amending Standard 2.62 to permit the addition of fluoride to non carbonated packaged water to between 0.6 and 1mg/L (total of naturally occurring and added fluoride); requiring mandatory labeling to indicated that fluoride has been added; and making

consequential amendments to Standard 1.3.3 and 2.6.2 for clarification of permission for the addition of fluoride of packaged water;

- **agree** that the availability of fluoridated packaged water will give some consumers a safer choice of addressing fluoride deficiency; and
- **note** that unacceptable inequalities exist in the oral health of New Zealand children, especially among Māori and Pacific children and those from low socioeconomic groups and though this measure cannot address them, it may help to raise the profile of the benefits of fluoridation.

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