Environmental Scan: The status of community water fluoridation in New Zealand
March 2011 – March 2012
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- Hutt Valley DHB Community Dental Services
- Environmental Science and Research
- Centre for Public Health Research at Massey University
- National Poisons Centre.

Our work includes:

- Following public debate and choices on water fluoridation
- Monitoring international research on the usefulness of water fluoridation
- Critically reviewing emerging research
- Working with District Health Boards and Councils to provide accurate and up-to-date information to their communities
- Providing clinical advice to the Ministry of Health
- Monitoring water fluoridation policy
- Providing access to New Zealand oral health data and research
- Sharing information via quarterly e-newsletters and e-briefings and the NFIS website.
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INTRODUCTION

This environmental scan follows on from the one completed in February 2011 as part of the establishment phase of the National Fluoridation Information Service (NFIS). The purpose of this document is to provide a summary of fluoridation activity in New Zealand in the past 12 months up until 31st March 2012.

The report notes the decision-making processes used by councils.

BACKGROUND

The oral health status of New Zealanders is variable. Good Oral Health for All, for Life; The Strategic Vision for Oral Health In New Zealand (Ministry of Health, 2006) notes that:

“The most dramatic and consistent inequities in oral health status are those between children in fluoridated and non-fluoridated areas. Key to supporting an environment that supports good oral health is promoting the use of fluoride.”

The Ministry of Health’s current policy promotes community water fluoridation as a safe and effective means of improving oral health and recommends that the range of fluoride in drinking water to be 0.7 to 1.0 milligrams per litre of drinking water where technically feasible. The Drinking Water Standards for New Zealand (Ministry of Health, 2005) also state this recommendation and Good Oral Health for All for Life calls for District Health Boards to support and promote community water fluoridation where feasible.

While both District Health Boards and Local Authorities have responsibilities for the health of the populations they serve, the decision to adjust the level of fluoride in water supplies is held by Local Authorities. The requirements are set out in the Local Government Act 2002 and the Health Act 1956. Specifically, under section 23 of the Health Act, territorial authorities have a duty to improve, promote and protect public health, and under section 25, to provide sanitary works including drinking water supplies.1

1 Submission to Kapiti District Council by Dr S Palmer, May 2010
The Local Government Act 2002 also provides a framework for local authority decision-making and community consultation. It contains a greater emphasis on community involvement in decision-making than the 1974 Act it replaced and requires councils to take account of:

- the diversity of the community, and the community’s interests, within its district
- the interests of future, as well as current communities
- the likely impact of any decision on each aspect of well-being (social, environmental, economic and cultural).

Most of the areas in New Zealand with fluoridated water supplies commenced fluoridation prior to either of these two Acts.

The requirements of District Health Boards and Public Health Units concerning community water fluoridation are stated in the Service Specification for Public Health. These are to:

- provide advice on the benefits of water fluoridation when the issue becomes a significant issue in the community
- assist and work with Maori and other ethnic groups and communities as appropriate to provide advice around the benefits of water fluoridation.

In 2011, approximately 56% of New Zealanders were receiving fluoridated drinking water\(^1\). The map below shows fluoridated water supplies serving communities of 500 people or more. Since this map was published the towns of Tapanui, Milton and Kaitangata in the South Island have started community water fluoridation, and Ranfurly will do so in the near future. In the North Island, New Plymouth and Taumarunui have stopped their community water fluoridation programmes.

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\(^1\) This calculation is based on the population currently on fluoridated drinking water approximately 2,272,832 (MoH) divided by the total New Zealand population counted in the 2006 census of 4,027,947.
Map 1. New Zealand’s fluoridated water supplies serving populations of 500 or more people as at 8 March 2010

3 www.drinkingwater.org.nz Permission granted from ESR
RECENT COMMUNITY WATER FLUORIDATION ACTIVITY

The document talks about Community Water Fluoridation (CWF) programmes. CWF programmes involve the deliberate adjustment of natural level of fluoride in the water supply to between 0.7 ppm and 1.0 ppm. This is the optimal amount that provides therapeutic protection against tooth decay\(^4\).

There are several different ways that scientific literature talks about fluoride:

**Oral health fluoridation programmes:**
The scientific literature talks about the value and effectiveness of fluoridation programmes and interventions such as fluoridated milk, fluoridated salt and putting fluoride varnishes on children’s teeth. These programmes are common in many countries with low naturally occurring levels of fluoride, but are not used in Aotearoa New Zealand.

**High naturally occurring fluoride:**
There is also a significant amount of scientific literature which talks about the effects of high naturally occurring levels of fluoride. This comes from countries such as Pakistan and India who experience endemic fluorosis (nearly everyone having dental or skeletal fluorosis because of high levels in drinking water). In Aoteroa New Zealand we have naturally low levels of fluoride in our drinking water sources and do not experience endemic fluorosis.

**Community water fluoridation:**
The third way the scientific literature talks about fluoride is in relation to CWF. In Aoteroa New Zealand this is the fluoridation programme promoted by the Ministry of Health as fitting best because:

- we have mostly (comparatively modern) centralized drinking water supply filtering and processing plants
- CWF is cheap compared with other programmes, such as school based varnish programmes
- CWF reaches nearly everyone compared with programmes such as fluoridated salt or fluoridated milk which requires people to purchase those products to benefit from the fluoride.

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The National Fluoridation Information Service works with councils and DHBs to ensure they, and communities have up to date and scientifically accurate information about CWF.

**Auckland**

**Waitemata**

Currently approximately 85% of Waitemata has access to CWF. The Clinical Director for public health dental services in Auckland presented to the Community and Public Health Advisory Committee in mid 2011 and received the support of the Chair of the District Health Board and other councillors. Currently the status quo is maintained (Waitemata District Health Board, Personal Communication, March 2012).

**Bay of Plenty**

**Whakatane**

Whakatane and Ohope in the Bay of Plenty began their CWF programme in 1972\(^5\). In response to submissions during the 2010 and 2011 annual plan process the Whakatane District Council Monitoring and Policy Committee undertook a review, looking at options for consulting with the CWF. In April 2012 a decision to hold a non-binding referendum in the 2013 local body elections was made by the Council (Whakatane District Council, Personal Communication, February 2012; Carisson, S. 2012).

**Rotorua**

Rotorua does not have a CWF programme. Lakes District Health Board’s efforts to get Rotorua District Council to consider CWF have not been successful. In 2007 the Council voted against CWF during annual plan deliberations.

Health Rotorua Primary Health Organisation have included oral health as one of their strategic health priority areas based on the poor oral health status and oral health disparities in their community. They have developed a draft Fluoridation Position Statement currently out for consultation which supports the Ministry of Health’s policy and the Lakes District Health Board support for a CWF programme (Te Toi Ora, Personal Communication, March 2012; Akuhata, W. 2012).

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\(^5\) All dates for commencing water fluoridation have been provided by the Ministry of Health 2011.
Waikato

The Waikato includes 10 Territorial Local Authorities, of which the Ruapehu, Waikato and Thames-Coromandel District Councils, and Hamilton City Council, have recently reviewed their communities’ water fluoridation status. A presentation by the local Medical Officer of Health and the Chief Dental Officer to the Community Public Health Advisory Committee resulted in the committee recommending the Waikato District Health Board accepting and supporting the position statement supporting CWF (Waikato District Health Board, personal communication, February 2012). In addition, a Waikato District Health Board member requested the Board review their position statement supporting CWF.

Taumarunui

Taumarunui began its CWF programme in 1982. Fluoride Action Network New Zealand submitted to the Ruapehu District Council to end the programme as part of the 2009/2010 annual planning process. In the 2010/2011 annual planning process the Fluoride Action Network New Zealand submitted again along with members of the community. Consultation on CWF was again included in the Exceptions Annual Plan 2011-2012 in which 34 submissions were received. These were split 16 for and 18 opposed to the programme.

In April 2011 an international anti-fluoride campaigner, on a speaking tour of the country, presented to the Council and achieved a high level of engagement with the councillors. A District Health Board Medical Officer of Health was also invited to present to councillors but was unavailable. However five weeks prior to the meeting the Council were provided information outlining current evidence supporting the safety and efficacy of CWF programmes sourced from the Ministry of Health.

In June 2011 the Waikato District Health Board was represented at the Council hearings meeting by a team leader from the Community Oral Health Service, with input from the Medical Officer of Health. A local dentist also spoke in support of continuing the towns CWF programme.

While most councillors supported continuing the CWF programme for Taumarunui, a councillor who felt strongly against CWF crossed the floor to vote and made an impassioned plea. The Council’s management advised a continuation of the programme, however, the Council voted to stop Taumarunui’s CWF programme.

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6 This was part of a speaking tour funded by Fluoride Action Network New Zealand to promote their views throughout New Zealand
(Ruapehu District Council, personal communication, March 2012; Waikato District Health Board, personal communication, 2011; Unknown author, 2012).

The council’s strategic development team leader gave the following reasons to the media for stopping the CWF programme:

• Introduction of CWF in the 1960s was done without extensive consultation, and on prevailing medical advice
• The decision to end the CWF came after consultation with the community
• The Council does not consider itself a health or dental organisation and cannot provide medical expertise or confidence on the issue
• The Council is not a provider of health or dental products and is not funded to provide dental treatment
• It cannot be guaranteed that CWF programmes are 100% safe for 100% of the population 100% of the time
• The treatment of the drinking water supply made ingestion compulsory which took away people’s free choice
• Fluoride is readily accessible in toothpaste and tablet form.

Key points:

• Although Council management and almost all councillors supported maintaining their CWF programme, the passionate engagement of one councillor influenced colleagues to the extent that they voted to stop CWF
• The early high level engagement with councillors by an international anti-fluoride campaigner may have had a strong influence on their trust of and engagement with accepted and relevant scientific evidence.

Hamilton

Hamilton City began its CWF programme in 1966 currently CWF costs $40,000 a year. A 2006 referendum resulted in the continuation of CWF for the city. In April 2011 an international anti-fluoride campaigner presented to the Council, and at a public presentation. The Medical Officer of Health also presented at the same Council meeting having been invited at short notice, but was not invited to present at the public meeting.

During the 2011/12 annual planning process over 100 submissions were received requesting an end to Hamilton’s CWF programme. In response, Council made a resolution to hold a binding referendum during the 2013 local body elections and this
intention has been stated in their 2012-2022 draft Long Term Plan (Waikato District Health Board and Hamilton City Council, personal communications, March 2012).

**Thames**

Of the ten water supplies the Thames-Coromandel District Council has responsibility for only Thames has CWF and has done so since 1976. In February 2011 the Medical Officer of Health presented information regarding CWF to a council workshop. Council noted in the draft LTP 2012 – 2022 that they had a CWF programme but did not seek feedback on it. Written submissions are currently being received with some opposing the CWF programme, this will be followed by a hearings meeting where the community can present orally. In May, Council will have a deliberations meeting to consider all issues submitted on, and to prioritise decision-making (Thames-Coromandel District Council, personal communication, April 2012).

**Waikato District**

Currently Horotiu, Ngaruawahia and Huntly have access to CWF. The Waikato District Council is considering expanding the programme to include Hopuhopu and Te Kauwhata supplies. Following a presentation by the local Medical Officer of Health in 2011, the water and facilities committee supported funding for CWF in the 2012-2022 Long Term Plan, and agreed to consult communities through the LTP process. Public consultation started in April 2012, followed by hearings in May. The Council reported to the Taupiri Community Board, plus the Te Kauwhata and Meremere Community Committees and received their support for the proposals (Waikato District Council, personal communication, February 2012; Leaman, A. 2011).

**Taranaki**

**New Plymouth**

New Plymouth began its CWF programme in 1970. The connection of Waitara and Lepperton (in 1990) and Urenui (in 1999) to the New Plymouth drinking water supply meant these communities also had access to the programme. The water supplies of Inglewood, Okato and Oakura do not have fluoride added. CWF has been on the Council agenda many times over the years with the New Plymouth District Council voting each time to maintain the programme (for a full history see NFIS, 2011).

In March 2011 however, the Council decided to undertake consultation by way of a tribunal hearing (similar to one undertaken in 2002). The Taranaki Oral Health Group was formed, led by the Taranaki District Health Board, and by July the Board had
prepared and adopted a Position Statement which supported continuing the CWF programme. Following this, the Medical Officer of Health contacted local iwi and a representative of Ngati Mutunga (one of the Northern Taranaki Iwi) spoke at the tribunal in support of fluoridation.

An international anti-fluoride campaigner of CWF held a public meeting in April 2011, and several requests were made to the District Health Board to provide a speaker at the community meetings that followed. However given the limited capacity of the team and the experience of adversarial meetings in the past, the Taranaki Oral Health Group decided not to attend these meetings.

Written submissions were called for by Council in July 2011. 417 written submissions were received, and during the two day hearing in September, 45 oral submissions were heard. These included primary presentations from the Taranaki Oral Health Group and Fluoride Action Network NZ, and a number of individual submissions. The majority of submissions were opposed to CWF. Many of the submissions were identical, and a coordinated approach was taken that saw different speakers deliver sections of one submission put together by Fluoride Action Network NZ.

Three options were considered by the Council: 1) the status quo, 2) introducing CWF to townships not currently fluoridated (Okato, Oakura and Inglewood) or 3) ceasing CWF altogether. The Councillors vote was split with five voting to retain the status quo and eight voting to end the CWF programme, with the decision being recorded as unanimous.

The Council decided to put the $18,000 formerly spent on the CWF programme toward a dental health education programme for the New Plymouth District. To date this money is being used for a variety of oral health promotion activities lead by the Taranaki Oral Health Group (based at the Taranaki DHB) (Crombie, M. & Manning, B. 2011; Rilkoff, M. 2011; Harper, L. 2011; personal communication, TDHB 2012).

**Key points**

- A tribunal style hearing provides a challenging setting for Councillors decision making
- Councils have a mandate to respond to community concerns
- Fluoride Action Network NZ’s coordinated approach using multiple copies of the same submission may have overwhelmed Councillors abilities to view the weight of evidence objectively.
**Hawke’s Bay**

**Waipukurau**

Waipukurau began its CWF programme in 1979. In 2009 the Central Hawke’s Bay District Council was prompted to address its CWF programme when the fluoridation dosing system at the town’s water treatment plant needed replacing. The Council consulted with the community, and despite the majority of those who voted in the poll voting against CWF, the Council resolved to continue with the programme. In 2011 some of the current councillors wanted to include consultation on CWF in the Long Term Plan process, however this was decided against in view of addressing other priorities (Central Hawke’s Bay District Council, personal communications, March 2012).

**Update May 2012:** A number of submissions were received by council from Fluoride Action Network NZ and their supporters and the council has decided to review their position on CWF in the coming months.

**Hastings**

Hastings began their CWF programme in 1954 and was the first city in New Zealand to do so. The programme includes the wards of Hastings, Havelock North and Flaxmere. The annual costs of CWF to the Hastings District Council are around $29,000 per year. The Council has recently considered whether to continue its programme (for more detail see NFIS 2011).

In April 2011 the mayor accepted a request by an international anti-fluoride campaigner to present to the new council during his speaking tour of the country. Representatives from the Hawke’s Bay District Health Board were invited to present to Council also and did so in support of continuing CWF. The District Health Board asked NFIS to provide expertise on the latest scientific evidence at the meeting. Following this meeting the mayor requested a paper be brought to the council to allow debate on the issue of holding a referendum (NFIS, 2011).

In July 2011 Council voted unanimously to hold a binding referendum at the 2013 local body elections. The Hawke’s Bay District Health Board is currently considering how best to raise community awareness about the importance of oral health and the impact of CWF on the communities oral health status in preparation for the referendum (Hawke’s Bay DHB, personal communications, March 2012; Maguire, M. 2011).
Whanganui

Whanganui has never had a CWF programme. However in 2006 a referendum was held to consider beginning CWF. Of those who participated 74% voted against beginning a CWF for the city.

The Whanganui District Health Board document "Strategies for Improving Oral Health" identifies "supporting and promoting water fluoridation to reduce inequalities" as a priority. In 2011 the Waikato District Health Board Community and Public Health Advisory Committee debated a recommendation from its management team that it encourage local councils to consider CWF as part of their annual plan process. CWF had also been discussed at a committee workshop in August 2011, where there was input from the Community Dental Service Manager and a dental specialist, and Whanganui’s relatively poor childhood oral health status was noted.

The Community and Public Health Advisory Committee agreed that extensive consultation would be required before the community decided on CWF and to therefore include in its oral health strategy information to provide a more collaborative and informed debate about the impacts of CWF. The outcome was that "The Committee resolves to support the Whanganui DHB’s Oral Health Strategy, seven point plan, and continue its intersectoral approach to improving oral health outcomes in its communities".

In November 2011 meeting the Board resolved "that the Board support an approach to the three district councils in their region, asking them to consider the introduction of water fluoridation in support of their strategy for improving oral health. A councillor who is also a member of the District Health Board has been discussing the introduction of community water fluoridation with other councillors, which continues (Personal communication, Whanganui District Council, 2012; Maskin, J. 2011).

Wellington

Lower Hutt

Lower Hutt began its CWF programme in 1959. In 1998 a new reservoir was needed for Petone’s drinking water supply. The Wellington Regional Council, which supplied water to the Hutt City Council, proposed to supply Petone from the Waterloo Treatment Plant which is fluoridated instead of the old Buick Street Pump Station (which had no

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7 The DHB uses Whanganui, while the council uses Wanganui. In this document Whanganui is used apart from the Wanganui City Council.
adjustment of natural fluoride levels). However, following a public referendum in 2000, in which 74% of those who voted, voted against having fluoridated water supplied from Waterloo, a separate pipeline of unfluoridated water was connected to the pumping station. This now supplies Petone and parts of Korokoro. There is also a bore head and public fountain in Petone supplying unfluoridated water direct from an underground aquifer. Another bore head is due to be opened in the Dowse Square in June 2012.

Over a number of years Fluoride Action Network New Zealand has submitted to Hutt City Council annual plan process asking the Council to end its CWF programme. The Council last considered the issue during the consultation on the 2009-2019 LTCCP.

In March 2011 an international anti-fluoride campaigner presented to a small meeting at the Hutt City Council. In October 2011 the a Council policy committee met to discuss whether a review the council’s fluoridation policy was needed, and rejected holding a referendum on the grounds that the most vulnerable would suffer worse dental health without the CWF programme.

The debate was taken to a full council meeting in November where there were presentations in support of and opposed to continuing the CWF programme. The District Health Board provided a group of speakers who all briefly spoke in support of CWF – the Chief Executive Officer, the Medical Officer of Health (via skype), the Director Planning, Funding, & Public Health, the Service Manager Community Dental Service, the Clinical Head of the Dental Department and the Chief Dental Officer from the Ministry of Health. There was tense debate and strong views were presented from those in the community opposed to fluoridation during the meeting. One councillor had conducted his own poll of his local constituents, finding more than 70% supported continuing CWF (Councillor David Bassett, personal communication, 2011). A resolution to retain the CWF programme succeeded by eight votes for, to five against (Personal communication, HCC, 2012; Moore, W., 2011; Boyack, N. 2011).

Key points

- Those providing evidence in support of CWF were well organised, and supported by key DHB decision makers who participated in and maintained a presence throughout the Council meeting
- A councillor who had done some regular community consultation provided important anecdotal evidence for Council of the opinions of the wider local electorate
• Council staff advised that the use of Skype technology was disruptive and added confusion to the discussion.

Upper Hutt

Upper Hutt began its CWF programme in 1965. In April 2011 an international anti-fluoride campaigner presented to councillors and Fluoride Action Network New Zealand and several individuals made several submissions to the council as part of the 2011/12 annual planning process.

In response to these submissions the councillors discussed whether to amend the annual plan, and a resolution was made to lobby Greater Wellington Regional Council (GWRC) to end the cities CWF programme. They wrote to GWRC advising of the Council motion to remove fluoride but concluded with the statement that “Council understands that removal of fluoride from the Wellington Region’s water supply has significant counter arguments and is not a straightforward process. However the council believes that when the appropriate time arises a wider form of public consultation should be undertaken to ensure that all residents in the region are fully informed and can form their own views on the subject” (Personal communication, UHCC May 2012).

In July 2011 the Medical Officer of Health and other dental representatives from the Hutt Valley DHB held a workshop with several councillors on the current weight of evidence which supports the continued usefulness of CWF programmes and to answer questions. The Council has taken no further action from this time (Personal communication, UPCC, April 2012 and HVDHB April 2012).

Nelson Marlborough

Nelson

Other than the Woodbourne RNZAF base, there are no CWF programmes in the Nelson Marlborough DHB region. In addition to the towns of Nelson, Richmond and Blenheim, there are seven other water supplies in the area that service populations of over 1000 people (Hope/Brightwater, Motueka, Waimea/Mapua Ruby Bay, Wakefield, Picton/Waikawa, Renwick and Seddon), where a CWF programme would be cost effective.

Concerned about the oral health disparities within the community, the current Principal Dental Officer has developed a draft CWF policy for the DHB. Approval has
been given in principle but final approval is still required (NFIS 2011; Personal communication, NMDHB, 2012).

**Otago**

**Kaitangata, Milton, Tapanui**

Following the health promotion project ‘Vote Fluoride’ in 2007, the district councils of Southland, Waitaki, Clutha and Central Otago agreed to hold referenda on CWF in tandem with the 2007 local government elections. The results of the referenda saw a ‘Yes’ vote achieved in the three towns in the Clutha District Council that were polled (Tapanui, Kaitangata and Milton), and in three areas in the Central Otago District (Alexandra, Cromwell and Maniototo).

The Clutha District Council subsequently sought funding from the Ministry’s Sanitary Works Subsidy Scheme to cover 100% of the capital costs of implementing fluoridation. This was granted and following upgrades to the water treatment plants in Tapanui and Milton, CWF commenced on December 1, 2010. It was commenced in Kaitangata in February 2011 when the upgrade of the water treatment plant was completed (NFIS 2011; Constantine, E., 2011).

**Alexandra, Cromwell, Clyde**

Central Otago District Council (CODC) considered the recommendation of the Otago District Health Board to plan for CWF for Cromwell, Clyde and Alexandra, in 2008. The Council resolved to leave the decision to the appropriate community boards.

The Vincent Community Board decided against a CWF programme for the Alexandra and Earnslceugh/Manuherikia’s public drinking water supply as board members felt that the community had not given the board a clear mandate in the referendum held with the local body elections (Alexandra residents voted for by a majority of four votes, 1177 voting for and 1173 against; Earnslceugh/Manuherikia residents voted against, with 608 votes against and 545 for).

The Cromwell Community Board also decided against a CWF programme for the town’s drinking water supply. Board members decided against it even though residents had voted in favour of it in the referendum held with the local body elections (979 for, 730 against). The board chairman was not convinced that the referendum had provided a balanced way for people to reach a decision (Public Health South, 2008; Marguet, S. 2011; Personal communication, PHS 2011).
**Ranfurly**

A 2007 referendum alongside the local body elections in the Maniototo resulted in a vote in favour of CWF (385 for, 323 against). The resolution by the Community Board to begin CWF of Ranfurly’s water supply was revisited in late 2011 when they agreed to investigate the installation of a fluoridator and obtained clarification on the Ministry of Health subsidy for set up costs. Ranfurly’s CWF programme is expected to begin in late 2012 after instalment of the necessary equipment and monitoring systems (Personal communication, PHS 2011).

**Dunedin**

Dunedin began a community water fluoridation programme in 1967. While opponents have campaigned for the Council to end the programme, the Council has received support and evidence from Southern DHB, the Public Health Unit and the Ministry of Health and continue to support water fluoridation of the city.

In 2011 Dunedin City Council, along with every other council in New Zealand who have a CWF programme, received ‘a notice of legal action’ by Fluoridate Legal Action New Zealand if they continued these programmes. The Ministry of Health legal team drafted and disseminated a letter stating that the notice had no legal standing and did not require a response. The Dunedin City Council has no plans to cease its CWF programme (Boucher, J., 2011).
DISCUSSION AND CONCLUSIONS

While the balance of evidence from the most up to date science supports continued benefits and safety from community water fluoridation, it continues to be debated by parts of the community. Coordinated multiple submissions of the same document by Fluoride Action Network New Zealand and others opposed to CWF have served to overwhelm councillors, in several cases in 2011.

Fluoridegate Legal Action NZ, a subsidiary of FANNZ, wrote to all councils in New Zealand late 2011 stating they were issuing a formal notice of legal action if the councils continued CWF. While the Ministry of Health found the letter had no legal standing, the threat of legal action for collective and individual liability may have served to intimidate many councillors.

Decision Making

Local authorities are required by law to consider community concerns including making decisions about CWF programmes. Because of the perceived complexity and ambiguity of the science, councils are often electing to take the decision to a referendum during local body elections. Referenda have been identified as a flawed mechanism for decision making (Barnett et al. 2008) as there is often low voter turnout and results may therefore not be representative of the community as a whole.

Campaigns that have successfully engaged the community in CWF decision making in Australia and New Zealand have involved a combination of approaches including media reporting of factual information, the engagement of community organisations, public forums, and independent household surveys on randomly selected households (Sivaneswaran & Chong 2011; Sivaneswaran et al 2010; Gowda & Thomas 2008; Barnett et al 2008).

There was strong interest in New Plymouth’s two day tribunal process which was streamed live to the internet, and councils will likely be watching the outcome of other decision making processes around the country with interest.

In preparation for the planned referendums on CWF occurring in 2013, some DHBs are undertaking fluoride advocacy programs (including both CWF and other forms of fluoride i.e. toothpastes, dental varnishes & gels) to help inform the community in their decision making. In the case of Taranaki, the DHB have been allocated the funding from Council redistributed from the CWF programme, and are undertaking oral health initiatives with the funds ($18,000), including the promotion of other forms
of fluoride. However, successful oral health initiatives, such as the national Childsmile oral health initiative in Scotland, require strong and sustained political and financial support, with Childsmile costing more than eleven million pounds annually\(^8\).

**Drinking-Water Fluoridation Subsidy**

While the Sanitary Works Subsidy Scheme is now closed, the Ministry of Health consider applications for funding for set up costs for councils to commence CWF programmes. A draft policy currently in development, considers partial or full subsidies for applications made via the local Medical Officer of Health, to the Ministry of Health. Funding for operating costs is not included. If the programme ceases within 10 years of the grant being made, the MoH intends to recover the funding on a pro-rata basis. Currently Ranfurly has benefited from this subsidy.

**Conclusions**

There is no doubt that community water fluoridation will remain a contentious issue in the near future. Those in opposition are well organised and often passionate about their views regardless of where the weight of relevant\(^9\) recent scientific evidence stands on the issue. With councils mandated to consult with their communities, it is vital that councils, DHBs and other interested parties continue to work towards the goal of broad community engagement. This needs to involve a strategy of resourceful and varied approaches of information provision so that true community engagement is harnessed to achieve effective decision making.

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\(^9\) Relevant science includes that which looks at the evidence associated with areas with a similar geological background, oral health status, and water supply infrastructure to New Zealand Aotearoa.
REFERENCES


NFIS (2011) *Environmental Scan: an overview of recent water fluoridation activity in New Zealand*. 


