26 January 2017

Chair

Health Select Committee

Parliament Buildings

Wellington

Dear Sir

Health (Fluoridation of Drinking Water) Amendment Bill

Introduction

1. Water New Zealand ("The Association") appreciates the opportunity to provide a submission on the Health (Fluoridation of Drinking Water) Amendment Bill ("the Bill").
2. The Association is a national not-for-profit organisation which promotes the efficient management of New Zealand's three waters (freshwater, wastewater and storm water). The Association is the country's largest water industry body, providing leadership and support in the water sector through advocacy, collaboration and provision of technical advice. Its 1,500 members are drawn from all areas of the water management industry including regional councils and territorial authorities, consultants, suppliers, government agencies, academia and scientists.

Support for DHB Decision Making

3. The Association supports the transfer of decision making powers on whether or not to fluoridate public water supplies from Territorial Local Authorities to District Health Boards.

Existing Situation Unsatisfactory

4. The Association is aware that the status quo, where local councils are required to make the decision on whether or not to fluoridate, has become an increasingly contentious and acrimonious one. The matter calls for elected local body politicians to make decisions on technical and scientific matters for which they are often unqualified to do so.
5. The holding of local body referenda on the issue, while having the merit of being democratic, has also failed to quell opposition from a minority intent on preventing fluoridation. These people often live outside the district in which the decision to fluoridate or not is being made, and often engage in the distribution of misleading information to sway public opinion in their favour.

6. At least two councils (South Taranaki and Hamilton City) have had their decisions in favour of fluoridation tested in the courts at significant expense to ratepayers. That opponents of fluoridation have consistently lost their legal action appears not to have discouraged them.

Current Bill

7. The current Bill would transfer the decision making powers away from TLAs to DHBs. It also introduces a requirement for the DHB to consider scientific evidence on the effectiveness of adding fluoride, and to undertake a cost/benefit analysis.
8. On the face of it the Bill seems a sensible response by the Government to a situation where decision making by TLAs is becoming increasingly divisive within the community.
9. However the Bill before the Select Committee is but one possible solution to resolving the current conundrum. In our view it merits our support, but the committee might like to consider whether it will be truly effective.
10. For example, members of DHBs are elected by their local community, and some might argue equally exposed to lobbying and influence while trying to reach a decision. Some elected DHB members have actually stood on platforms opposing fluoridation. It might be that a DHB refuses to even consider issuing a directive to avoid court action. It remains to be seen whether the clauses of this Bill which require the DHB to consider scientific evidence in reaching a decision will prove any more effective in achieving an increased level of fluoridation.
11. At the very least it seems likely that all this Bill will achieve is shifting the focus of the debate from TLAs to DHBs. Court action against DHBs also seems to be a likely outcome.
12. The major flaw in the Bill is that it does not require DHB's to consider the issue of fluoridation – it just empowers them to do so. Therefore, if they choose not to consider the issue the decision making still appears to sit with Territorial Authorities.
13. The Bill is also limited in that it does not deal with the fluoridation of water supplies other than those provided by local government. It could be expanded to include other institutional suppliers.

Other Options Available

14. The Regulatory Impact Statement prepared for this Bill considered at least two other options that deserve the committee's attention; that of decision making by the Director General of Health, or making fluoridation mandatory by legislation.
15. The first of these options, the Director General of Health making the decision, has all the benefits of the current Bill, with the added advantage of a much reduced likelihood of that person being influenced by public opinion.
16. The second of those, installing a legislative requirement to fluoridate, is the most effective solution possible if the key consideration is improved public health outcomes by improving dental care. It would however eliminate case by case consideration of fluoridation and any further opportunity for public debate, and would impose costs on many small communities to install equipment to fluoridate. However those costs are considered by officials to be no higher than the option currently before the committee.
17. The Government would probably need to consider providing financial support to smaller communities if it were to go down this path.

A Role for Public Consultation?

18. At the first reading of this Bill NZ First expressed the view that they prefer communities to make decisions on fluoridation by locally run binding referenda. The Association does not support that approach. In an environment where fluoridation of public water supplies has been demonstrated time and again to have net health benefits we are firmly of the view that this is a public health issue where decisions such as this should be made by health officials.
19. Likewise, public consultation adds nothing to the process except the appearance of having given the public their say. Given that the scientific facts and health benefits are known in advance and are not generally in dispute, public consultation is effectively a waste of time and money.

Preferred Option

20. The Association is of the opinion that the current Bill is an improvement on the status quo, but only just – and for the reasons expressed above.
21. If the Government wished to drive immediate health benefits from legislative change then there are two better options which have been considered by officials and which would not be significantly more difficult or expensive to implement. The option which provides the greatest certainty of outcome, greatest health benefits, and which eliminates further public opposition is that of mandatory fluoridation supported by legislation.
22. If the committee were to pursue either of these options they would have the support of this Association.
23. I wish to be heard in support of this submission.



John Pfahlert

Chief Executive