

Aide-Mémoire

Update on community water fluoridation

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To:	Hon Dr Shane Reti, Minister of Health		
Consulted:	Health New Zealand: <input type="checkbox"/> Māori Health Authority: <input type="checkbox"/>		

Contact for telephone discussion

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Date due: 26 January 2024

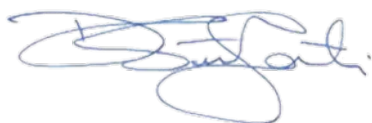
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Comment:

- Note the contents of this aide-mémoire.
- This aide-mémoire discloses all relevant information.



Dr Diana Sarfati

Director-General of Health

Te Tumu Whakarae mō te Hauora

Update on community water fluoridation

Purpose

1. At the 15 January 2024 Health Officials meeting, you requested information on community water fluoridation (CWF). This aide-mémoire includes background context on CWF, next steps following the recent judicial review, and information on any issues that will need to be navigated.

Background

CWF is a safe, effective, and affordable measure to improve oral health

2. CWF is a safe, effective, and affordable public health measure to improve oral health. It has been endorsed by the World Health Organization and other international health authorities as one of the most effective public health measures for the prevention of dental decay.
3. Tooth decay is the most common disease, and is also one of the leading reasons for preventable hospital stays, among children in New Zealand. A 2015 report examining the benefits and costs of CWF estimated that, for New Zealand, CWF would result in benefits including 40% lower lifetime incidence of tooth decay among children and adolescents, and 48% reduction in hospital admissions for the treatment of tooth decay among children aged 0-4 years.
4. Oral disease causes pain and suffering, impairment of function and self-consciousness. Oral disease can have a profound effect on quality of life and ability to gain employment. Furthermore, millions of school and work hours are lost globally due to pain and infection from dental diseases or from the time required to treat them.
5. An emerging body of evidence also suggests that poor oral health has risk factors in common with other chronic diseases. Research has shown associations between poor oral health and conditions such as diabetes, respiratory disease, heart disease, oral cancer and premature, low-birth-weight babies.
6. In 2021, the Prime Minister's Chief Science Advisor released an update on the evidence regarding fluoridation finding that there are no significant health risks with fluoridation at the level used in New Zealand; and that CWF is beneficial to New Zealanders of all ages, and especially to Māori, Pacific peoples, children, and those with poorer oral health outcomes.
7. Approximately 50% of the population of New Zealand has access to fluoridated drinking water. If all reticulated drinking water supplies that service populations over 500 were to be fluoridated, this percentage would increase to over 80%. There are some communities served by non-reticulated or private water supplies that will not be reached by government regulated CWF.


The Director-General of Health has the power to direct local authorities to fluoridate drinking water supplies

8. In December 2021, the Health Act 1965 (the Act) was amended to enable the Director-General of Health to direct local authorities to add fluoride to drinking water supplies. The Act also leaves local authorities free to fluoridate in the absence of any direction from the Director-General of Health. The Health (Fluoridation of Drinking Water) Amendment Bill was initially introduced in 2016 by the then National-led Government.
9. In July 2022, the Director-General of Health made the first set of directions to 14 local authorities to fluoridate some, or all, of their drinking water supplies (see Appendix One). The New Plymouth District Council is the first local authority to successfully implement its direction, with fluoridation of its urban water supply beginning on 31 July 2023. A further 4 local authorities with compliance dates in 2024 have commenced fluoridation capital works.

There are further local authorities to be considered for possible directions to fluoridate

10. There are 53 local authorities, with a total of 210 drinking water supplies, about which no decisions on directions to fluoridate have been made.
11. The Director-General of Health is actively considering 27 of these local authorities for possible directions to fluoridate. These 27 local authorities have been prioritised based on having water supplies in areas with poor oral health outcomes or high deprivation. Population size served, and geographical spread have also been considered. The Director-General of Health wrote to these local authorities in September 2023 to let them know that she is taking further time to consider these decisions.

s 9(2)(h)



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Further issues to be navigated

Funding for capital works to introduce fluoridation

25. CWF is a cost-effective measure to improve oral health, with savings for both the health sector and for individuals. However, there is a significant initial cost of introducing CWF, and there are currently significant service delivery pressures across the water services and broader local government sector.
26. When the Health (Fluoridation of Drinking Water) Amendment Bill was introduced in 2016, the then National-led Government also provided, through Vote: Health, funding of \$3 million per year for 10 years towards the capital costs. This funding is enabling the Ministry to fund the capital cost of implementing the first 14 directions.
27. The Ministry is working with these 14 local authorities, and is currently in contract with 5 local authorities, for funding totalling \$8.3 million. Due to the increase in costs from initial broad estimates from local authorities to detailed design work, the current budget may not be enough to fund the capital works for all 14 local authorities to implement their directions. s 9(2)(f)(iv)
[REDACTED]
[REDACTED]
28. In October 2021, the then Associate Minister of Health and Minister for Local Government agreed that implementation of any future directions to fluoridate would be funded through the Department of Internal Affairs (DIA) by the new Water Services Entities being created as part of the Water Services Reform. In line with this, in November 2022, the Ministry informed each of the 27 local authorities that are now under active consideration that any future fluoridation compliance dates would be set for after the establishment of the new Water Service Entities.
29. With the Government's new direction for the water services sector, the issue of funding for capital costs to introduce fluoridation needs to be re-considered, both for the 27 local authorities currently under active consideration, and for any further local authorities that are considered in future.
30. While it is possible for the Director-General of Health to make directions to fluoridate without central government funding to implement those directions, the Ministry is aware that the funding has influenced both how well the first set of directions have been

received, and the local authorities' ability to implement the directions. The water services and local government sectors are under pressure, and it may be difficult for them to implement any future directions to fluoridate if specific funding is not provided. For example, some local authorities may have to choose between prioritising fluoridation and prioritising water safety needs.

31. The size of the funding required for fluoridation implementation is significant. The most recent estimates that the Ministry has from local authorities, obtained in February 2022, indicate that to fully fund implementation, if local authorities were directed to fluoridate all 210 water supplies, would cost approximately \$173 million. These are initial estimates only, and the cost may change when detailed designs are finalised.
32. This funding could be phased over a number of years. There are also options for scaling, for example by partially funding rather than fully funding capital works projects, or by prioritising funding based on the needs of the population served by the water supply.
33. **s 9(2)(f)(iv)**
[REDACTED]
34. The Ministry is also liaising with the DIA as any policy changes to the management of water services are developed, and will investigate with the DIA other possible options for funding capital costs of CWF.

Monitoring and compliance

35. As part of its role in administering the Act, the Ministry will monitor compliance with the Act, and take appropriate action where there is non-compliance.
36. The water services regulator Taumata Arowai is responsible for overseeing, administering, and enforcing the drinking-water regulatory system, including setting the regulations for drinking water standards. Its role includes overseeing compliance with the maximum acceptable values (MAVs) for compounds found in water, including fluoride. It requires mandatory reporting of exceedances of the MAV for fluoride (i.e., 1.5mg per litre). There is currently no reporting of whether fluoridation reaches the optimal level for oral health which is between 0.7 and 1mg per litre.
37. The Ministry is working closely with Taumata Arowai to develop a monitoring framework. This will include Taumata Arowai collecting monitoring data on behalf of the Ministry on water supply compliance with the optimal level of fluoridation.
38. To ensure that fluoride levels in drinking water remain within the optimal range for oral health benefits, monitoring would cover both local authorities fluoridating in response to a direction from the Director-General of Health, and also those that were already fluoridating when the Act came into force. A 2022 study led by a University of Otago researcher found that in those water supplies that are currently fluoridated, the concentration was only within the optimal level approximately half of the time over the past 30 years.
39. When deciding on the timing for implementing the monitoring framework, the Ministry will take into account the state of the legal challenge.

Next steps

40. The Ministry is working with Crown Law on the next steps following the Court's preliminary judgment on the legal challenge. The directions remain in effect and further decisions are pending the outcome of the relief hearing in early February 2024.
41. The Ministry continues to support the local authorities that are choosing to continue to implement directions to fluoridate, through processes already underway when the Court made its finding on the preliminary issue.
42. The Ministry will continue to work with the DIA on funding options for fluoridation implementation.
43. Ministry officials can provide further information on CWF at your request.

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Appendix One: List of local authorities and associated water supplies issued a direction to fluoridate in July 2022

Local authority	Water supply	Compliance date
Auckland Council	Onehunga	30 June 2024
	Waiuku	30 June 2026
Far North District Council	Kaitaia	30 June 2024
	Kerikeri	30 June 2024
Hastings District Council	Hastings Urban	30 June 2023
Horowhenua District Council	Levin	30 April 2024
Kawerau District Council	Kawerau	30 June 2023
Nelson City Council	Nelson	30 April 2024
New Plymouth District Council	New Plymouth	Began fluoridating on 31 July 2023
Rotorua Lakes Council	Rotorua Central	30 April 2024
	Rotorua East	30 April 2024
Tararua District Council	Dannevirke	30 June 2024
Tauranga City Council	Tauranga	31 July 2024
Waipa District Council	Cambridge	31 July 2023
Waitaki District Council	Oamaru	30 June 2024
Western Bay of Plenty District Council	Athenree	31 July 2025
	Wharawhara	31 July 2025
Whangārei District Council	Whangārei	31 August 2024
	Bream Bay	30 June 2026