

Nau mai haere mai,

Meri Kirhimete and welcome to the second issue of "On Tap". We would like to thank those of you who provided positive feedback and suggestions on our first edition and would love to hear more from you on what you found helpful, or would like to know more about.

The past three months have been busy with water fluoridation being a hot topic in several areas of New Zealand. We have provided information review, and expert presentations and opinions for meetings at the New Plymouth District Council and for the Hutt Valley (Upper and Lower) Wellington Regional and City Councils.

Starting in January we will have a new section to our website "News and Views" for a sampling of water fluoridation articles and opinions in the media around the country, so look out for this to find out what is happening in other areas around the motu.

Our consortium partners have been busy completing our first six monthly review which is now available on the website and the second six monthly review of new science will be available very soon.

Another core piece of work we have begun is an evaluation of the knowledge and interest across the public health sector for working with councils on water fluoridation issues in their areas of responsibility. The results of this evaluation will enable us to align the information we produce with the gaps which are discovered by those working with councils. Look out for the results in the next issue of On Tap.



Emmeline Haymes and Deputy Mayor David Bassett

AN INNOVATIVE APPROACH

Interview with Hutt City Councillor/Deputy Mayor David Bassett

At the Hutt City Council meeting on the 2nd of November where the continuation of water fluoridation was considered, David Bassett Deputy Mayor described his innovative approach to discover the feeling of his constituents on this matter. Understanding his constituents feelings and concerns allowed Mr Bassett to be confident in his decision to vote for the retention of water fluoridation for most of the city*.

Reflecting on his approach in an interview with On Tap councillor Bassett explained that he had lived in the city of Lower Hutt all his life and remembers well the local debate surrounding the initiation of fluoridating the city's water supply when his colleague, the late Sir John Kennedy Good was Mayor. Mr Bassett described how, despite having a good quality upbringing, growing up in Lower Hutt pre-fluoridation meant that in his early 20s he had to have a large amount of dental work done which proved to be quite a harrowing experience. He also notes a clear difference in the oral health his four children's (aged between 20 and 42) who all grew up in Lower Hutt with fluoridation and "still have brilliant teeth".

Retiring early councillor Bassett decided to stand for council to give back to the city he has such an obvious pride in. On election he "made a commitment to myself to keep in close contact with my constituents". He does this in a novel and admirable way, the Deputy Mayor talks to people, lots of people. Every Saturday morning at 9.30 am he walks around the electorate knocking on doors, he knocks on about 30 doors each Saturday, touching base with every house in his electorate between each election. At around lunchtime he goes home and writes up the notes from the mornings conversations. Sometimes these conversations cover jobs people would like done and sometimes they cover topical issues. In relation to water fluoridation David notes he started with, "fluoridation is one thing that is coming up

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soon, should we keep fluoridation in our water or should we have it removed”?

Of the 122 people Mr Bassett talked with on this issue 78% wanted to retain water fluoridation to protect against tooth decay. Twenty two percent wanted it removed, mainly because of concerns about not having the choice to not have it in their drinking water and because fluoride is available in other dental products. Two percent of the people talked to didn't know whether or not they wanted to retain water fluoridation. Mr Bassett also noted the door knocking survey revealed a trend for “a higher proportion of those who strongly supported the retention of water fluoridation to live in the less affluent areas of the electorate.”

Along with his survey, national statistics showing a dramatic improvement in oral health over the past three decades, and an observation of older people keeping their own teeth longer, Mr Bassett decided to vote for the retention of water fluoridation in the areas of the city currently fluoridated. Mr Bassett noted also that highly skilled doctors and dentists, with a lot of experience in the field, whom he is connected continue to be very supportive of water fluoridation.

On the issue of choice of drinking water supply councillor Bassett noted that as well as the Buick street well in Petone, consideration is being given to increasing access to the aquifer across the city. This will start with a new drinking water well in the civic square, currently under development, opposite the council chambers.

* The Borough of Petone has a different water supply than the rest of the City having direct access to the cities underground aquifer.

The use of Fluoride Tablets

Recommendations for Health Professionals working in New Plymouth

🌊 BY ROBYN HAISMAN-WELSH, CHIEF DENTAL OFFICER, MINISTRY OF HEALTH

Following the New Plymouth District Council's decision to remove fluoride from the town's water supply, a local pharmacist reported a rush on fluoride tablets. Plunket has also asked what advice their nurses should be giving to parents and caregivers of young children once the safety net protective effect of water fluoridation ceases in the area. Dr Robyn Haisman-Welsh, Chief Dental Officer for the Ministry of Health offers the following advice to health professionals working in New Plymouth.

Fluoride tablets can be recommended, but not for everyone

Fluoride tablets use to be recommended in areas without water fluoridation, however are no longer recommended in New Zealand or Australia as a population health measure. Fluoride tablets are available through pharmacies, but they are not fully subsidised. The use of fluoride tablets may be beneficial to some individuals and can be recommended by general health and oral health professionals for people aged three years and over who are at high risk of dental decay. High risk is described as having experience of dental decay in the past 3 years and/or a health professional's assessment of individual and/or family risk of dental decay.

Fluoride tablets are not recommended for young children and pregnant women

Fluoride tablets are not recommended for children younger than three years of age because of the possible risk of dental fluorosis. Fluoride tablets are not recommended for pregnant women, in line with general advice that unnecessary tablets should be avoided during gestation. More information about fluoride tablets can be found in Guidelines for the Use of Fluorides, available on the Ministry of Health website.

Encourage early enrolment with the Community Oral Health Service

Plunket nurses and health professionals who work with children can play a pivotal role in child oral health. Children are at risk of dental decay as soon as their teeth begin to break through the gum (around the age of six months). Preventing dental decay in very young children has major benefits.

Encourage parents and caregivers to enrol their child with the Community Oral Health Service early, preferably before the age of 12 months. The service is free. Call 0800 TALKTEETH (0800 825 583) to enrol. Children can then be assessed for their individual risk of dental decay early in their life course. Preventive strategies can be put in place, including providing advice and support to parents and caregivers as how to protect their child's teeth from dental decay.

Children and Adults - use regular strength fluoride toothpaste - twice a day

In New Zealand, it is recommended that regular strength fluoride toothpaste be used for both children and adults. This advice is based on the consensus of many years of research on the effectiveness of different strength toothpastes. Teeth should be brushed twice daily with a

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Waimarama

🌊 BY EMMELINE HAYMES

As recently reported in the New Zealand Herald & noted by the community and public health advisory committee (CPHAC) of the Waikato District Health Board, District Health Boards are required to support water fluoridation initiatives in their communities under the Public Health and Disability Act 2000. But how does this actually work? The Act itself does not discuss oral health or water fluoridation but requires DHBs District Annual Plans to be consistent with the New Zealand Health Strategy.

The Health and Disability Act requires District Annual Plans to 'reflect the overall direction set out in, and not be inconsistent with, the New Zealand health strategy and the New Zealand disability strategy.'

The New Zealand Health Strategy notes:

“To improve oral health, initiatives will include support for the fluoridation of reticulated water supplies, increasing preschool and adolescent attendance, and increased health promotion and clinical prevention for lower socioeconomic groups, including Maori and Pacific peoples.”

This means that when looking at oral health statistics in their districts and considering how to plan to reduce oral health inequities in their populations, support for water fluoridation of reticulated water supplies may form one part of the interventions outlined in DHBs district annual plans.

With the development of Long Term Plans for 2012-2022 beginning early next year it is timely for DHBs to think about their ongoing collaboration with local authorities in their district and how their own planning can effectively link into the LTP process.

References

www.nzherald.co.nz

http://www.legislation.govt.nz/act/public/2000/0091/latest/viewpdf.aspx?search=sw_096be8ed806eb58f_Strategy&p=1

<http://www.health.govt.nz/publications/new-zealand-health-strategy>

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soft toothbrush and regular strength toothpaste, after breakfast and before bed. Parents and caregivers should be advised that a smear of fluoride toothpaste is recommended until the age of 5 years. From age 6, a pea sized amount should be used. Children should be taught to spit out toothpaste after brushing their teeth, rather than rinsing their mouth with water as a small amount of fluoride toothpaste left around the teeth will help protect them. Toothpaste should not be eaten and children should be supervised until the age of eight years when using toothpaste.

Where the safety-net of water fluoridation has been taken away, it is important to re-emphasise key oral health messages:

- 1 **brush twice a day with fluoride toothpaste – baby teeth need brushing too**
- 2 **floss daily**
- 3 **reduce sugary foods and soft drinks/juices and limit them to mealtimes**
- 4 **drink water or milk**
- 5 **Enrol children with the Community Oral Health Service early and have regular dental check ups**

Fluoride and Science

One of the National Fluoridation Information Service's main objectives is to keep on top of the latest scientific research that addresses questions about fluoride and water fluoridation. Our latest review includes the following three topical yet very different aspects of the fluoridation debate. More in depth discussion and analyses of these and other studies can be found in the Review of Scientific Papers Relating to Water Fluoridation Published between January 2011 and August 2011 on the NFIS website.

[Drinking water fluoridation and osteosarcoma incidence on the island of Ireland.](#)

Comber, H.; Deady, S.; Montgomery, E. & Gavin, A. (2011). *Cancer Causes and Control*, 22. pp 919-924

The 'Island of Ireland' was the focus of a study that investigated whether there was any difference in the incidence of osteosarcoma (a rare bone cancer that typically affects young people) between regions with fluoridated (Republic of Ireland) and non-fluoridated water supplies (Northern Ireland). Data from their respective national cancer registries were used to estimate age-standardised and age-specific incidence rates between the two. No statistically significant differences were observed between fluoridated and non-fluoridated areas on osteosarcoma incidence at any age or for either sex.

[Evidence-based clinical recommendations regarding fluoride intake from reconstituted infant formula and enamel fluorosis: a report of the American Dental Association Council on Scientific Affairs.](#) Berg, J.; Gerweck, C.; Hujoel, P.P.; King, R.; Krol, D.M.; Kumar, J.; Levy, S. et al. (2011). *Journal of the American Dental Association*, 142(1). pp 79-87

This report by the American Dental Association discusses the findings of an expert multidisciplinary panel convened to address the question of whether infant formula reconstituted with fluoridated water given to infants from birth to age 12 months is associated with an increased risk of fluorosis in permanent teeth. Evidence reviewed included a systematic review and two clinical studies. The panel concluded that although parents need to be aware of the potential risk of fluorosis, children are exposed to other sources of fluoride during tooth development, such as toothpaste and other beverages, and reducing fluoride intake from infant formula alone will not eliminate the risk of fluorosis.

[Investing in professional advocacy: a case study of a successful fluoridation campaign in rural New South Wales, Australia.](#) Sivanewaran & Chong (2011). *Community Dental Health*, 28(3), pp 243-247

This case study describes the role community education and consultation strategies played in the implementation of fluoridation in two rural towns in New South Wales, Australia. Water fluoridation had been hindered by organised and vocal opposition yet there was a clear disparity in oral health between these communities and those of nearby fluoridated communities. Methods in the campaign included a 100% subsidy on capital costs, public forums, wide dissemination of fluoridation information kits and building relationships with the local media. Key features included availability of contemporary local data that highlighted the disparity, affirmative endorsement by numerous national and international scientific and health organisations, and community consultation conducted by an independent research organisation on randomly selected households.

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[Plain English summary of advisories on the EPA report](#) on appropriate fluoridation levels, published in January 2011.

[Report from the 2010 Centre for Disease Control "National Centre for Health Statistics Data Brief No. 53"](#).

[Inclusion Criteria](#) have been developed to provide guidance in deciding which papers should be selected for review by NFIS.

[The Grey Literature Guideline](#) discusses how and why it may be necessary for NFIS to include grey literature and literature which falls outside the NFIS inclusion criteria in scientific reviews and expert advisories.

FAST FLUORIDE FACTS

Naturally-occurring fluoride levels in drinking water vary, depending on the type of soil and rock through which water drains.

Concentrations in surface water tend to be low (0.1-0.5 mg/L), while water from deeper wells may have higher fluoride concentrations (1-10 mg/L) if the rock formations are fluoride rich.

The major dietary source of fluoride is fluoridated water, and fluoridated water used in cooking, the preparation of beverages or the manufacture of other foods and beverages.

Some foods that have high concentrations of fluoride include many fish (canned sardines, mullet, salmon) and some dairy foods (ice cream, cheese). Tea leaves are naturally high in fluoride.

Foods containing low levels of fluoride include fruit, vegetables, fats, oils, and cereal based products.

Reference: FSANZ (2009) Final Assessment Report Application A588: Voluntary Addition of fluoride to packaged water. www.foodstandards.gov.au

CONSORTIUM PARTNER

Introducing...

CHRIS NOKES

Chris Nokes is a water scientist with Environmental Science and Research (ESR) and has been working in the area of drinking water supply for over 25 years.

Most of his work has been assisting the Ministry of Health in developing and implementing tools for water supply management. This has included involvement in the preparation of three editions of the Drinking-water Standards for New Zealand.



Chris brings water treatment expertise and an understanding of the chemistry of water fluoridation to NFIS.

To date he has had responsibility for the compilation of two literature reports: the review of scientific reviews published between 2000 and 2010, and the first of the six-monthly update reviews describing scientific studies published during 2010.

ESR is a crown research institute (CRI). ESR's science and research underpins the health and justice systems in New Zealand. It is ESR's focus on the human dimension that distinguishes it from the other CRIs.

It contributes to NFIS through provision of expertise in water chemistry, epidemiology and risk communication.

FLUORIDATION FEEDBACK

On 30 September the New Plymouth District Council finished hearing submissions on its policy in relation to fluoridation of New Plymouth and some surrounding townships. Much work had been undertaken on preparing submissions in the lead up to the Council hearing by the Taranaki Oral Health Group which consisted of current and retired Taranaki District Health Board clinicians and managers. During this time NFIS provided a large amount of expert analysis of what is a vast quantity of literature on the safety and efficacy of fluoridation. NFIS also provided access to subject matter experts to respond to specific queries as and when they arose. While the Council's decision to cease fluoridation was disappointing, it is my view that NFIS provided a valuable source of information on fluoridation that greatly assisted the case for continuing fluoridation in New Plymouth.

Dr Greg Simmons, Medical Officer of Health Taranaki

As the father of a 4 year old it is personally important to me that we maintain fluoride in our water supply, and as the Chief Executive of Hutt Valley DHB it is of utmost importance for the DHB to support our communities dental health with water fluoridation. Having lived in a community where fluoride was removed from the water supply and witnessed the negative impact on the dental health of that community, I cannot understand why we would consider removing such a vital service. With fluoridation in our water supply we are providing a fence at the top of the cliff rather than an ambulance at the bottom.

Graham Dyer, CEO, Hutt Valley District Health Board

FLUORIDE IN THE NEWS

No more fluoride in New Plymouth water

NEWSTALK ZB - 14 OCTOBER 2011

Disappointment for New Plymouth now the local council's opted to stop fluoridating the city's water supplies.

The district council has voted eight to five for the move to ensure no water in the district is fluoridated. It'll instead spend the money on dental health education in schools.

New Zealand Dental Association president Geoff Lingard says there's evidence to suggest children, adolescents and adults living in fluoridated areas suffer significantly less tooth decay. "I think it's unfortunate that the councillors will now leave a legacy of increasing dental decay in the New Plymouth district." He told Newstalk ZB's Susan Wood.

"Usually the reduction in dental decay in a water fluoridated area is up to 30 percent which is a massive decrease."

"The safety of it has been extensively reviewed both in New Zealand and overseas and there have been no studies that have consistently found adverse general health effects from it."

He says water fluoridation has been present in communities since 1954.

Fluoride to remain in Lower Hutt water

INFONEWS.CO.NZ - 3 NOVEMBER 2011

Hutt City Council last night voted to retain the status quo on fluoride in the Lower Hutt water supply.

Mayor Ray Wallace presided over a packed public gallery as more than 30 speakers, some holding anti-fluoride banners, sought time to have their say in the public forum prior to the meeting getting under way.

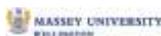
Mayor Wallace allocated a minute a piece across all the speakers but with set ups for presentations including one contributor Skyping into the meeting from overseas, the meeting proper did not start till two hours later.

"There have been many passionate expressions of support for both sides of the fluoride debate and council welcomes the opportunity for all views to be heard," he told the meeting.

After a further debate within council, the resolution to retain the status quo was finally put and succeeded by eight votes to five.



NFIS CONSORTIUM PARTNERS:



Up and coming documents:

- ♦ The second six monthly report reviewing new scientific research relevant to the NZ policy setting on water fluoridation, available in early January 2012.
- ♦ Look out for our 'Frequently Asked Questions' fact sheets which will be appearing early in the New Year. These are being developed based around queries received by the Service and will include information such as 'how much fluoride ends up in infant formula made up with fluoridated water' & 'how long do fluoridation plants last'.