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Submission on the Inquiry into Supplementary Order Paper No. 38 on the Health (Fluoridation of Drinking Water) Amendment Bill 2021

To: Hon Andrew Little, Minister of Health

This submission is from:

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Child Poverty Action Group (CPAG) is an independent charity working to eliminate child poverty in New Zealand through research, education and advocacy. CPAG believes that New Zealand's high level of child poverty is not the result of economic necessity, but is due to policy neglect and a flawed ideological emphasis on economic incentives. Through research, CPAG highlights the position of tens of thousands of New Zealand children, and promotes public policies that address the underlying causes of the poverty they live in.

We are grateful for the opportunity to submit on the Inquiry into Supplementary Order Paper No. 38 on the Health (Fluoridation of Drinking Water) Amendment Bill 2021.

We support this Amendment Bill to shift control of water fluoridation decisions to the Director-General of Health.

Child Poverty Action Group has long advocated for the introduction of fluoride into community drinking water in areas where water is not currently fluoridated. It has been well-established scientifically that the addition of fluoride to drinking water provides

protection against dental decay, particularly in children.¹ The evidence is clear, and yet, today, only 2.3 million New Zealanders have access to fluoridated drinking water.²

In our 2018 report, [Too soon for the tooth fairy](#), we highlighted the devastating life-long consequences of poor dental health in childhood and made many recommendations to improve outcomes, including fluoridating all drinking water supplies. Given the strong link between poverty and many indicators of poor oral health, strategies to improve children's oral health in Aotearoa must be considered in conjunction with larger and faster steps to reduce child poverty.

Dental decay can affect children's nutrition, speech, growth and jaw development. Tooth decay is one of the most common chronic diseases seen in children, and one of the key causes of hospitalisation for children in Aotearoa. Research from the University of Canterbury,³ as referenced in the Department of Prime Minister and Cabinet's 2020 Child Poverty Related Indicators Report,⁴ suggests that up to one in three hospitalisations for children under five could be avoided with good access to quality housing, health services, and fluoridated drinking water. Current policy settings are detrimental for children's health, and create a burden on the health system.

In light of the devastating impacts of poor oral health on children, and in light of the clear evidence supporting the fluoridation of water, we commend the Government for simplifying and centralising decision-making on this issue. Previously, the delegation of responsibility to local authorities has led to some children going without fluoridated water and experiencing poorer oral health than others; an unacceptable outcome, given the fact that this situation is preventable.

Given the national importance of this issue, and the clear evidence supporting community water fluoridation with a good safety profile, the population health benefits outweigh any concerns over infringement of individual choice or freedoms. The opposition of some vocal anti-fluoridation groups should not derail making evidence-based decisions that will improve the short and long-term health of many children. We saw the importance of the leadership of health experts through Covid-19 lockdowns, which saved many lives in spite of some minority, yet vocal, opposition.

This Amendment Bill will benefit many children living in poverty, making it consistent with this Government's focus on reducing child poverty and mitigating its effects. There is a socioeconomic gradient for dental caries, with children from lower socioeconomic

¹ World Health Organisation (2004). *Fluoride in Drinking-water: Background document for development of WHO Guidelines for Drinking-water Quality*. Retrieved from https://www.who.int/water_sanitation_health/dwg/chemicals/fluoride.pdf

² Hon. Dr Ayesha Verrall (2021). *Strengthening water fluoridation decisions*. Retrieved from <https://www.beehive.govt.nz/release/strengthening-water-fluoridation-decisions>

³ Matthew Hobbs, Melanie Tomintz & Simon Kingham (2019). *Investigating the rates and spatial distribution of childhood ambulatory sensitive hospitalisations in New Zealand*. Report written for the Ministry of Health by GeoHealth Laboratory. Retrieved from <https://ir.canterbury.ac.nz/handle/10092/16898>

⁴ Department of Prime Minister and Cabinet (2020). *Child Poverty Related Indicators Report*. Retrieved from <https://dpmc.govt.nz/publications/child-poverty-related-indicators-report-html#section-6>

households more likely to experience poor oral health.⁵ The potential gains from having fluoridated water are the greatest among those living in the most deprived areas; children living in these areas are among the least likely to utilise free dental health services and have their teeth brushed regularly.

A consistent national approach to fluoridation of drinking water is an important, upstream public health intervention that will prevent some of the country's poorest children from hospitalisation due to dental caries. It will ensure that more of these children are able to eat, talk and smile with confidence, without having to endure the pain and disruption associated with dental decay.

⁵ Prathibha Sural & Rob Beaglehole (2018). *Too soon for the tooth fairy: The implications of child poverty for oral health*. Child Poverty Action Group: Auckland. Retrieved from <https://www.cpag.org.nz/assets/180423%20Too%20soon%20for%20the%20toothfairy%20ORAL%20HEALTH2.pdf>