

Submission to Select Committee on Health (Fluoridation of Drinking Water) Amendment Bill 208-1

Our group requests presentation time to appear before the committee.

This submission is on behalf of the group Fluoride Free Wellington.

## A Successful Solution: CHILDSMILE

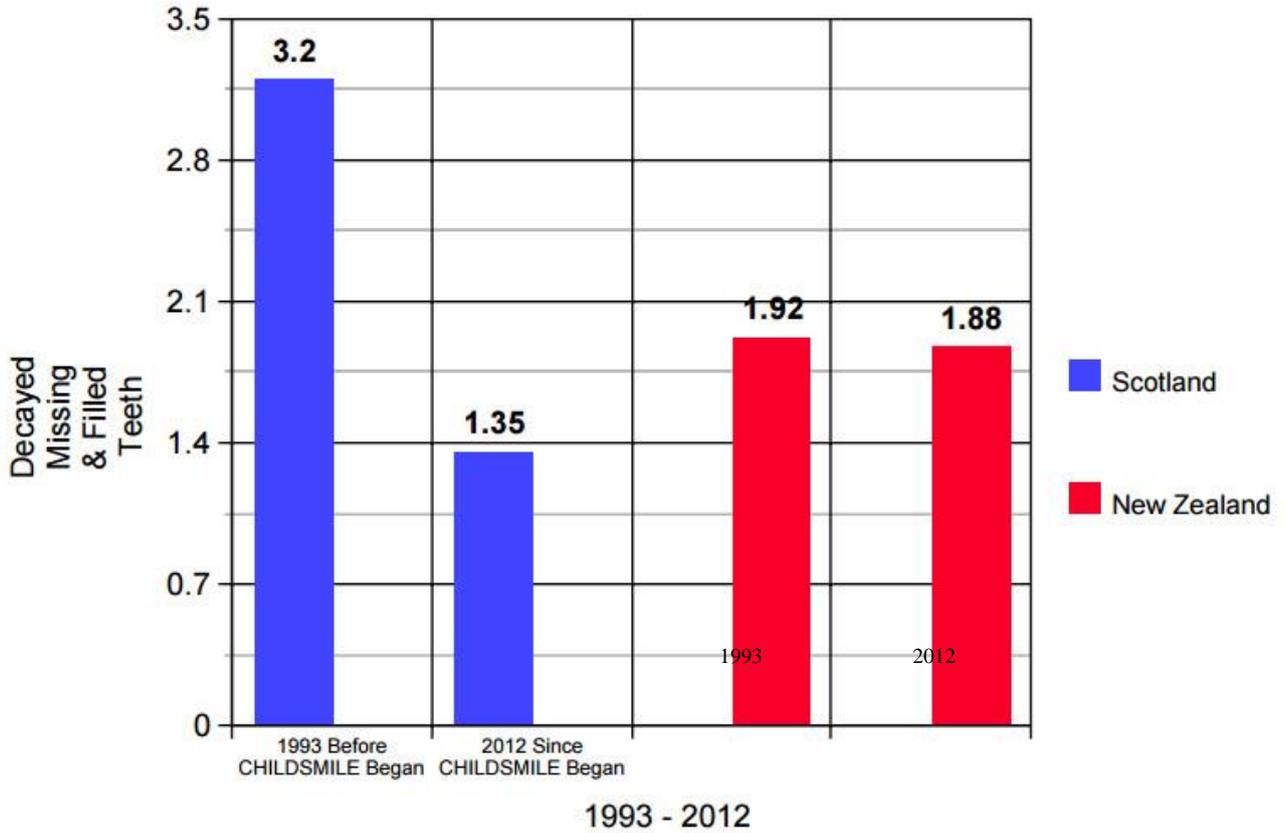
An abbreviated list of reasons we oppose this Amendment:

- 1) The Amendment applies to an ineffective policy. Extending something that is ineffective is illogical.
- 2) It will extend exposure of a harmful neurotoxin to 50% more New Zealanders
- 3) It will be expensive harm. Instead, money should be saved by starting a NZ version of the CHILDSMILE programme, which is proven successful, giving non-fluoridated Scottish children better teeth than NZ children
- 4) DHBs will not be required to consult with anyone or examine ingested fluoride toxicity
- 5) This Bill will effectively force fluoridation on everyone
- 6) There are no provisions in this Bill for fluoride testing for anyone, including tens of thousands of fluoride-sensitive New Zealanders including people with Diabetes, Thyroid Disease, Kidney Disease and Bottle-Fed Babies

The first step on improving oral health in NZ is for the Health Select Committee to not pass this new piece of legislation. The Committee can instead help everyone win by passing new legislation providing Central Government funding to begin the CHILDSMILE programme across NZ. Fluoridation doesn't work and it's causing harm. The CHILDSMILE programme is **saving Scotland more than 5 million pounds a year and they have never had fluoridation**. Scottish children used to have high levels of tooth decay, but now that they have CHILDSMILE, Scottish kids have better teeth than Kiwi kids. There are other successful programmes around the world now modeled after the CHILDSMILE programme.

CHILDSMILE improves health overall with life-long education about brushing and sugar consumption. The Health Select Committee needs to take the broader view when considering this bill and take this opportunity to finally leave the costly out-of-date fluoridation programme in the past where it belongs. Now is the time to make the switch to funding the NZ Childsmile programme: Saving teeth, Saving Pain and Saving Money. This is a win for everyone.

### Non Fluoridated Scotland Has Less Tooth Decay Than New Zealand



NZ Ministry of Health School Dental Statistics 2014 & Scotland CHILDSMILE

# **A Successful Solution:**

**NON-FLUORIDATED Scotland's  
CHILDSMILE Programme  
has brought tooth decay rates  
far below New Zealand's rates.**

**CHILDSMILE Saves £5 Million  
PER YEAR  
in dental health costs for Scotland's  
population of 5 million**



**Preventing THOUSANDS  
of surgeries and fillings**





In non-fluoridated Scotland, the Government has undertaken a comprehensive programme to combat dental decay, particularly in poor areas.

The CHILDSMILE programme, which started in 2001, involves tooth-brushing schemes in pre-schools and primary schools, ensuring children are seen by a dental therapist early, and children and parents get education about sugary foods and drinks.

This is having great success with falling dental decay rates and the need for general anaesthetic oral surgeries being cut in half. This saves Scotland approximately 5 million pounds per year, it prevents tens of thousands of fillings, and saves immeasurable childhood pain and suffering.

There are now other successful programmes around the world modeled on the Scottish CHILDSMILE programme.



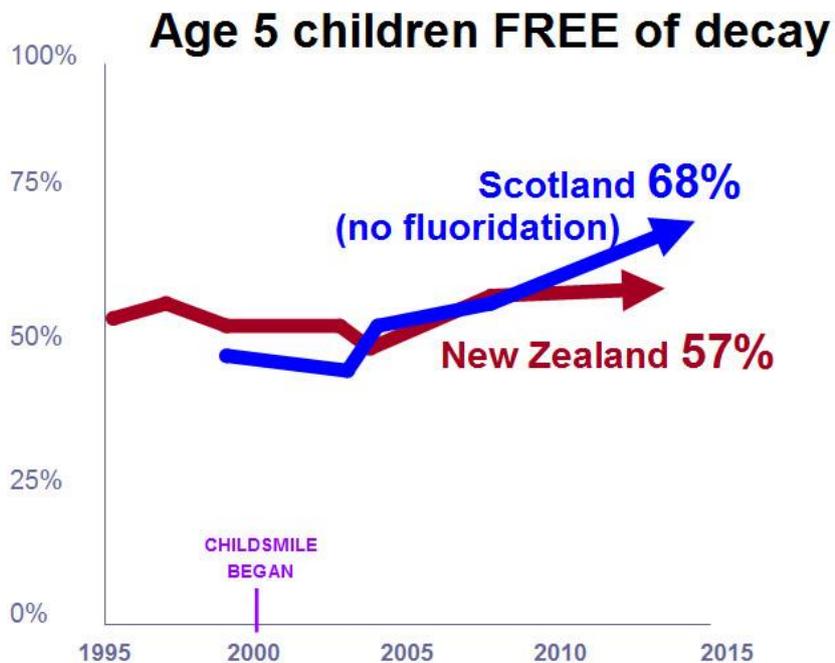
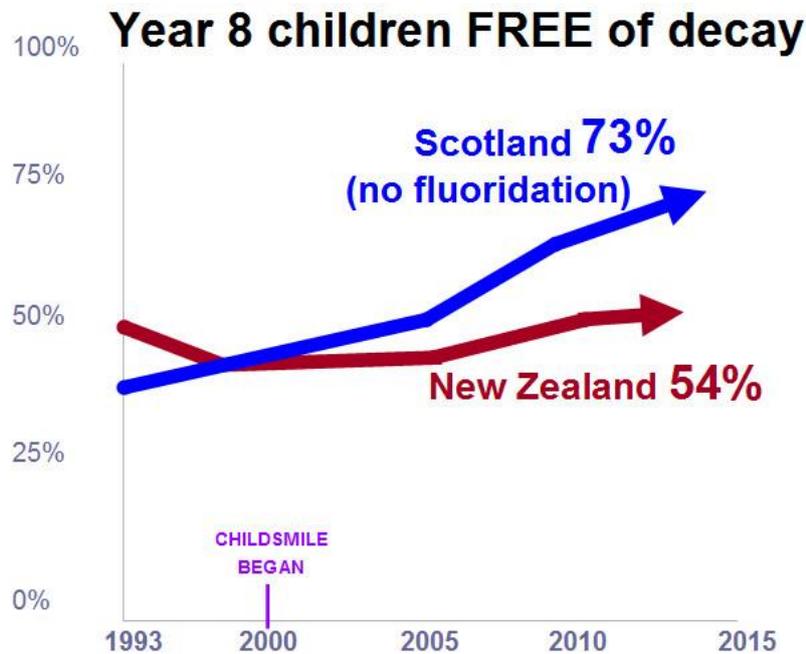
## COMPARISON of age 5 children:

<p>In 20 years, Scotland's rate of dental fillings for age 5 children has been <b>cut by more than half</b>. (2.93 to 1.27).</p>	<p>New Zealand's rate of dental fillings for age 5 children has unfortunately <b>INCREASED</b> in that time, from 1.71 to 1.88 average fillings per child.</p>
<p>The only areas listed in the 2013 NZ Ministry of Health statistics that have better teeth than Scotland's rate for children <b>FREE</b> of decay are two <b><u>non-fluoridated areas</u></b>: Wairarapa &amp; Waitemata.</p>	<p>Non-fluoridated areas of NZ often have better teeth than fluoridated areas, according to Ministry of Health statistics.  This is also true overseas.</p>
<p>Since CHILDSMILE began in 2001, the rate of age 5 Scottish children <b>FREE</b> of decay has gone from 45% to <b>68%</b>. This is an improvement of 23%.</p>	<p>NZ has improved only by 4%.  Now, at 57%, we are much lower than Scotland.</p>
<p>High decile areas of Scotland now have 83% of children <b>FREE</b> of decay.</p>	<p>No area listed in NZ MoH statistics comes even close to this rate.</p>

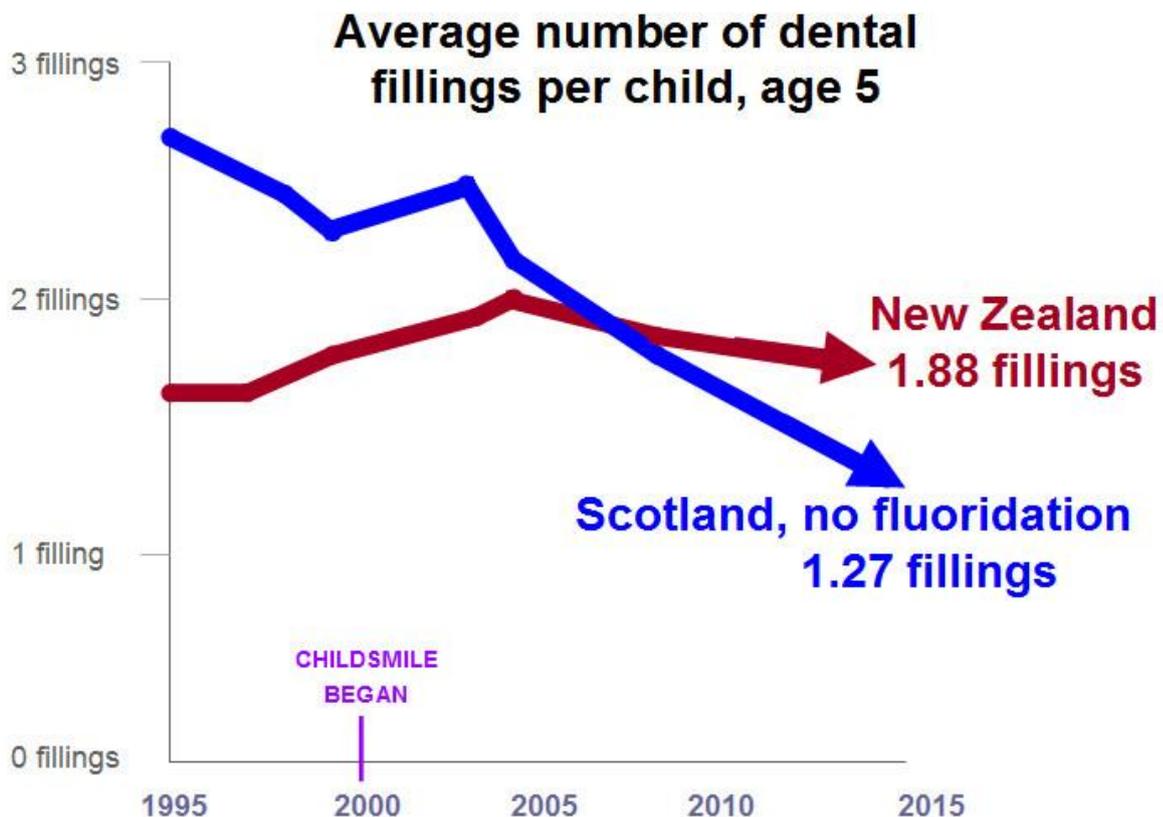
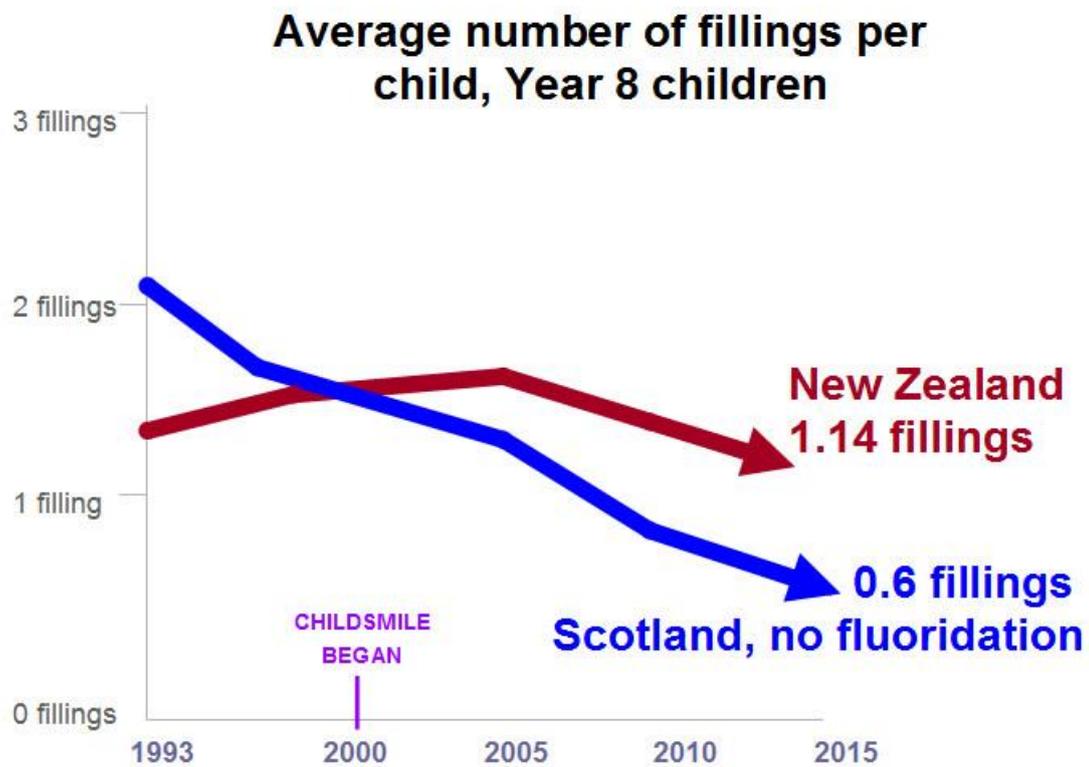
## COMPARISON of Year 8 children:

<p>In 20 years, Scotland's rate of fillings for Year 8 children was slashed by <b>TWO-THIRDS</b> (from 2.08 to 0.6).</p>	<p>NZ's rate has barely dropped at all (1.33 to 1.14).  Nowhere now in NZ is near Scotland's extremely low fillings rate.</p>
<p>In 20 years, the rate of Scottish Year 8 children <b>FREE</b> of decay has almost <b>DOUBLED</b>. An improvement from 37.9% to <b>72.8%</b>.</p>	<p>NZ has improved only by 5% in this same time period.  It is now 54%.</p>

# CHILDSMILE's children far surpass New Zealand's children in all four measured dental health standards:



# Scotland's children have FAR FEWER dental fillings than New Zealand:



# 3 KEY PROGRAMME ELEMENTS

CHILDSMILE in Scotland  
DESIGNED TO SMILE in Wales  
NEXO in Denmark  
Japanese school dental programmes:

## 1) Regular pre-school and primary school dental screenings



## 2) Daily supervised brushing at pre-schools and low decile primary schools



Classroom brushing programmes and resident school dentists are the norm in Japan

## 3) Education for parents and children about healthy foods and drinks



And avoiding sugar



## Fluoridation does NOT reduce the number of general anaesthetic oral surgeries on pre-school children with severe tooth decay

### CHILDSMILE CUT NUMBER OF SURGERIES IN HALF

General anesthetic surgeries on pre-school children with severe dental decay are NOT performed more in non-fluoridated areas. In fact, DHB surgery records show the *fluoridated* area of Taranaki is in an oral health crisis.

Shockingly, while fluoridated Hawera has less than one-sixth of the population of non-fluoridated New Plymouth, it has a frightening **THIRTY TIMES** higher rate of children's general anaesthetic surgeries for severe dental decay than non-fluoridated New Plymouth.

Taranaki	Total Number of GA surgeries for Age 5 children: 2012, 2013, 2014 (fluoridation stopped in New Plymouth in 2011)	Population	Number of Age 5 children	Percentage of Age 5 children having GA surgery for severe tooth decay
Fluoridated Hawera	34	11,600	208	16.35%
Non-fluoridated New Plymouth	7	74,100	800	00.88%

Note: New Plymouth stopped fluoridation in 2011 and GA surgeries have not increased.

Hutt Valley DHB had 447 age five children over the last decade who required GA oral surgery. Severe tooth decay is caused by poverty, sugar, and lack of resources. DHB statistics from around New Zealand, show it is NOT related to fluoridation.

Each child's general anesthetic oral surgery costs \$4,000 in New Zealand. There are an estimated 5000 performed here every year, costing \$20 million, nationwide.

Glasgow researchers found that CHILDSMILE reduced the cost of treating childhood dental disease by more than half between 2001 and 2010. CHILDSMILE saves teeth, saves pain, and saves money.

#### **Nationwide in NZ, we currently spend approximately:**

\$20 million on pre-school GA oral surgeries  
 \$1 million on fluoride chemicals  
 Hundreds of thousands or more promoting, defending, maintenance and staffing for fluoridation

**If NZ implements CHILDSMILE nationwide, we will save more than \$10.5 million a year by:**

- Reducing GA surgeries, potentially by half
- Not wasting \$\$ on fluoridation



**When we stop fluoridation, those funds are available for a transition to CHILDSMILE. Unlike fluoridation, CHILDSMILE is really helping children, especially those who need it most.**

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