



**New Zealand House of Representatives**  
Te Whare Māngai o Aotearoa

## **Health Committee**

Komiti Whiriwhiri Take Hauora

54th Parliament  
February 2026

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# **Petition of Fluoride Free New Zealand: Stop water fluoridation**

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Presented to the House of Representatives  
by Sam Uffindell, Chairperson

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## Petition of Fluoride Free New Zealand

### Recommendation

The Health Committee has considered the petition of Fluoride Free New Zealand—Stop water fluoridation—and recommends that the House take note of its report.

### Request to stop adding fluoride to drinking water

This petition was signed by 20,619 people. It was presented to the House by Jenny Marcroft on 11 February 2025 and transferred to us on 3 July 2025, and requests:

That the House of Representatives stop water fluoridation.

### The law regarding fluoridation

The Ministry of Health recognises fluoridation of drinking water as a safe and effective measure to improve dental health in children and the general population. New Zealand has low levels of naturally occurring fluoride in water (approximately 0.2 mg/L). Fluoridation of community supplies increases this to a level shown to be effective for oral health (between 0.7 mg/L and 1.0 mg/L). The Water Services Authority | Taumata Arowai monitors fluoride levels to ensure they do not exceed the maximum acceptable value of 1.5 mg/L. Both the maximum level and the range for artificial fluoridation are in line with the World Health Organization's (WHO) guidelines.

The Director-General of Health has the power under the Health Act 1956 to direct local authorities to fluoridate drinking water. This power was added to the Health Act via the Health (Fluoridation of Drinking Water) Amendment Act 2021. Prior to this, decisions to fluoridate water rested with local authorities.

The Act requires the Director-General to base decision-making on the scientific evidence of fluoridation's effectiveness and whether the benefits outweigh the cost, taking local population size and dental health into account.

### Comments from the petitioner

Fluoride Free New Zealand (FFNZ) told us that water fluoridation is causing neurological harm and is not effective at reducing dental decay. It also considers that the Ministry of Health's advice is outdated and unscientific, and that New Zealand is an outlier in continuing with fluoridation.

### Risk of harm

The petitioner told us there is no safe level of fluoride in water and the evidence used by the ministry to make decisions on fluoridation is outdated and not reflective of the latest science. FFNZ's submission focused on neurological harm and lower IQ in children, but the petitioner told us that fluoride has many other adverse health effects. We asked the Ministry of Health to address these claims. Its response is provided below.

FFNZ cited a number of studies that it asserts show that fluoride is a neurotoxin with no safe level in drinking water. It drew our attention to a 2024 systematic review by the United States' National Toxicology Program (NTP) linking high levels of fluoride exposure to lower IQ in children.<sup>1</sup> This review found an association with moderate confidence between low IQ in children and drinking water containing over 1.5 mg/L of fluoride. We note that this level is above the WHO guidelines, and over the acceptable value in New Zealand, as monitored by the Water Services Authority.

The petitioner told us that the ministry relies on evidence reviews carried out by the ministry and the Prime Minister's Chief Science Advisor. The petitioner believes US agencies such as the NTP are significantly more qualified than agencies in New Zealand. It disagreed with the findings and methodology used by the ministry and Chief Science Advisor in the evidence reviews, and did not think that they had taken more recent evidence into account.

### **New Zealand an outlier in mandating fluoridation**

The petitioner told us that only a minority of countries fluoridate their water, and New Zealand is one of only three countries (along with Ireland and Singapore) that have a national mandate to do so. It told us that the current US administration is looking into stopping fluoridation of water supplies, which would reduce the proportion of the global population drinking artificially fluoridated water from 4 to 2 percent.

### **Preference for targeted campaigns**

The petitioner agrees that there is benefit from topical use of fluoride, such as in toothpaste and other dental uses. It considers that targeted campaigns for groups at risk of dental decay, combined with topical fluoride application, is the most effective and cost-efficient approach. It used the example of Scotland's Childsmile programme that uses a range of measures including promoting toothbrushing and fluoride varnish to address inequalities in dental health.

The petitioner maintains that all the latest scientific evidence shows low or no benefits for dental health from fluoridating water, and that the infrastructure costs involved make it a poor intervention financially. It pointed out that, given the high use of tank water in Northland, many children in this region will not be reached by fluoridation of the community water supply.

## **Comments from the Ministry of Health**

The ministry told us that New Zealand has high rates of preventable tooth decay, and that this is higher in Māori and Pasifika children and those who come from deprived backgrounds. In 2024, 10,000 children were hospitalised for dental treatment in New Zealand, and the ministry estimates that over 90 percent of these hospitalisations were preventable. It estimates the economic burden of poor dental health to be around \$6.2 billion

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<sup>1</sup> [NTP Monograph: State of the Science Concerning Fluoride Exposure and Neurodevelopment and Cognition: A Systematic Review; August 2024](#)

a year. It is confident in the safety and effectiveness of community fluoridation as part of the suite of programmes targeting dental health.

### **Safety of fluoridation**

The ministry told us that water fluoridation in New Zealand is safe. It said that evidence is regularly reevaluated as new studies are carried out, with four reviews since 2014. The latest review in 2024 supported the safety and ongoing benefits of community water fluoridation in New Zealand. The ministry noted that its reports on fluoridation have already considered and addressed most of the studies raised by the petitioner. The only publication not already directly addressed by the ministry's previous publications is a meta-analysis drawing on evidence that it has already covered. The ministry's review of these same studies did not find any evidence of neurodevelopmental delay caused by water fluoridation at the levels used in New Zealand.

We asked the ministry what it does to provide digestible information to communities about implementing fluoridation. It told us that it has been actively visiting local councils that are about to fluoridate water, and speaking both to councillors and local communities about the benefits and safety of fluoridation.

### **A suite of measures to improve dental health**

The ministry told us that community water fluoridation is effective, and that this has repeatedly been shown in New Zealand and globally over the last 60 years. It told us that it is important to have a suite of measures targeting oral health, and water fluoridation is only one part of this. Other measures include free dental services for under-18-year-olds, free toothbrushes and toothpaste for families with preschoolers, and healthy eating support. Since the free toothbrushes and toothpaste intervention began in 2021, the number of children aged 0 to 4 who regularly brush their teeth increased from 40 to 60 percent. The ministry said this shows the success of more targeted measures, but also why they should be part of a larger suite including water fluoridation. It added that water fluoridation has the benefit of not requiring families to change their behaviour or spend money, making it an equitable measure.

We asked the ministry how many of the children at risk of poor dental health would be on tank water and therefore would not be reached by fluoridation measures. It told us that in a theoretical case where fluoridation was used for a population of 500 or more, the share of the general population receiving fluoridated water would be around 85 percent. The remaining 15 percent will be using water supplies such as tank water that are not covered by community fluoridation. The ministry agreed that this is a limitation, and that alternative measures need to be considered for these populations.

### **Comments from the New Zealand Dental Association**

The New Zealand Dental Association (NZDA) told us it has reviewed and supports the Ministry of Health's submission, and considers the regulatory system established by the Health (Fluoridation of Drinking Water) Amendment Act to be appropriate. It notes that the petitioner raises rulings from courts in the United States where different risk and regulatory systems operate. Other countries might also have higher naturally occurring fluoride in their water, or might fluoridate grocery items like milk or salt instead.

Like the ministry, the NZDA did not agree with the petitioner's interpretations of the evidence it cited. The NZDA told us that these studies did not show harmful effects on cognition for fluoride levels under 1.5 mg/L—the maximum acceptable level in New Zealand. It also said that the methodology the submitter used to claim there is no difference in the prevalence of decay between fluoridated and unfluoridated areas in New Zealand was faulty, and could not be used to reach this conclusion.

The NZDA did not agree with the submitter that contemporary scientific evidence shows little to no benefit from fluoride in reducing dental decay. It noted that the difference between fluoridated and unfluoridated populations was larger before 1975, when the use of fluoridated toothpaste was much lower. It agreed that fluoridated toothpaste also made an important contribution to reducing dental decay levels in New Zealand, but said that the benefits accrue together with fluoridated water.

## **Our response to the petition**

We agree with the Ministry of Health that contemporary evidence shows that fluoridation at the levels used in New Zealand is a safe and effective tool to support oral health. We note that some studies have suggested a potential for harmful neurological effects at levels above 1.5 mg/L, although with moderate confidence. However, we are satisfied that the Water Services Authority monitors New Zealand's water supplies to ensure that fluoride remains at safe levels. We agree with the Ministry of Health that fluoride is an equitable and cost-effective part of community oral health measures. We also recognise the importance of other oral health interventions like regular toothbrushing and avoiding excessive consumption of sugar.

We thank the petitioner for its work bringing this petition to Parliament.

## **New Zealand First differing view**

New Zealand First believes the decision-making power regarding the fluoridation of drinking water must be restored to the local community. Important public health measures such as this should be decided with transparency, debate and local voices. A binding referendum will ensure a fundamental right for communities to determine through democracy whether or not their water supply is fluoridated.

## Appendix

### Committee procedure

The petition was signed by 20,619 people on the Parliament website and on paper. It was presented to the House by Jenny Marcroft on 11 February 2025 and transferred to us on 3 July 2025. We met between 16 July 2025 and 11 February 2026 to consider it. We received written submissions from Fluoride Free New Zealand, the Ministry of Health, and the New Zealand Dental Association. We heard oral evidence from Fluoride Free New Zealand and the Ministry of Health.

### Committee members

Sam Uffindell (Chairperson)  
Dr Hamish Campbell  
Dr Carlos Cheung  
Ingrid Leary  
Cameron Luxton  
Hūhana Lyndon  
Jenny Marcroft  
Debbie Ngarewa-Packer  
Hon Dr Ayesha Verrall

### Related resources

The documents we received as evidence in relation to this petition are available on the [Parliament website](#).

Recordings of our hearings can be accessed online on the Parliament website at the following links:

- [Hearing with the petitioner on 13 August 2025](#).
- [Hearing with the Ministry of Health on 22 October 2025](#).