

<b>COMPLAINT NUMBER</b>	15/503
<b>COMPLAINANT</b>	C. Atkinson
<b>ADVERTISER</b>	Fluoride Free New Zealand
<b>ADVERTISEMENT</b>	Fluoride Free NZ Newspaper
<b>DATE OF MEETING</b>	26 January 2016
<b>OUTCOME</b>	Upheld, in part

## SUMMARY

Three newspaper advertisements by Fluoride Free New Zealand appeared in the lead-up to the Thames Fluoride referendum. The advertisements cautioned readers about the health concerns that arise from an excess of fluoride.

The Complainant said the advertisements included numerous statements that were factually incorrect and misleading. As such, the Complainant said these advertisements were designed to play on readers' fears.

The Complainant also said the material was not distinguishable as advertisements and appeared as "factual news articles". The Complainant also said it was not clear who the Advertiser was.

The Complaints Board disagreed. It noted the word "advertisement" appeared at the top of the page. It also noted the Advertiser was clearly identified as Fluoride Free New Zealand and its contact details were clearly displayed on its website ([www.fluoridefree.org.nz](http://www.fluoridefree.org.nz)). Therefore, the Complaints Board said the advertisements met the identification provision for Rule 11.

The Complaints Board acknowledged water fluoridation was a contentious public issue. It also acknowledged the findings of experts such as Sir Peter Gluckman in the Gluckman/Skeggs Report 2014 that supported the benefits of water fluoridation and its efficacy in reducing dental decay and the low risk of water fluoridation to the public's health. It also noted these findings were endorsed by the Ministry of Health. However, the Complaints Board also acknowledged there was growing body of evidence that challenged the benefits and safety of water fluoridation. It said oppositional evidence in the context of an advocacy advertisement was often adequate evidence to substantiate contradictory claims.

Using these guidelines, the Complaints Board ruled the following parts of the advertisement were Upheld as they went beyond the latitude provided for under the rules of advocacy:

- "What will you choose toxic waste or toothpaste." Upheld

- “*Study signals water fluoridation increases hormone disorder.*” Upheld

The remaining headings and statements were Not Upheld by the Complaints Board as they were opinion statements of the Advertiser based on oppositional evidence it supplied.

Accordingly, the Complaints Board ruled the complaint was Upheld (in part).

### **[Advertisement to be amended]**

Please note this headnote does not form part of the Decision.

## **COMPLAINTS BOARD DECISION**

The Chairman directed the Complaints Board to consider the advertisement with reference to Basic Principle 4 and Rules 2, 6 and 11 of the Code of Ethics. This required the Complaints Board to consider whether the advertisements created an overall impression which directly or by implication, omission, ambiguity or exaggerated claim is misleading or deceptive, or likely to deceive or mislead the consumer, or without justifiable reason, played on fear. The Complaints Board was also required to consider if the advertisement had been prepared with a due sense of social responsibility to consumers and to society.

The Complaints Board considered the provisions of Rule 11 of the Code of Ethics which allows for expression of opinion in advocacy advertising, provided that the expression of opinion is robust and clearly distinguishable from fact.

The Complaints Board noted also relevant were the Advocacy Principles, developed by the Complaints Board in previous Decisions for the application of Rule 11. These said:

1. That Section 14 of the Bill of Rights Act 1990, in granting the right of freedom of expression, allows advertisers to impart information and opinions but that in exercising that right what was factual information and what was opinion, should be clearly distinguishable.
2. That the right of freedom of expression as stated in Section 14 is not absolute as there could be an infringement of other people’s rights. Care should be taken to ensure that this does not occur.
3. That the Codes fetter the right granted by Section 14 to ensure there is fair play between all parties on controversial issues. Therefore in advocacy advertising and particularly on political matters the spirit of the Code is more important than technical breaches. People have the right to express their views and this right should not be unduly or unreasonably restricted by Rules.
4. That robust debate in a democratic society is to be encouraged by the media and advertisers and that the Codes should be interpreted liberally to ensure fair play by the contestants.
5. That it is essential in all advocacy advertisements that the identity of the advertiser is clear.

It noted where the Complainant stated: “it wasn’t clear that all the ‘articles’ formed part of the advertisement. Although the anti-fluoridation theme ran through all articles, each was

separated by diverse subject matter. Each 'article' was presented as indistinguishable from any other news article in the paper. There were no notices or disclaimers highlighting who authored these articles. Under rule 1 of the ASA Code of Practice, Advertisements should be clearly distinguishable. There is no indication from this 'article' that these statements are opinion, they are presented as fact, nor is there any indication whose opinion they may belong to."

The Complaints Board disagreed. It noted the word "advertisement" appeared at the top of the page. It also noted the Advertiser was clearly identified as Fluoride Free New Zealand and its contact details were clearly displayed on its website ([www.fluoridefree.org.nz](http://www.fluoridefree.org.nz)).

The Complaints Board said the advertisements before it were clearly advocacy advertisements, warning the reader to the potential effects of excessive fluoridation. Therefore, the Complaints Board said the advertisements met the identification provision for Rule 11.

The Complaints Board then turned to consider the statements that were the subject of the Complainant's concerns.

The Complainant said the advertisements included numerous statements that were factually incorrect and therefore, misleading. The Complainant said these statements have been designed to play on readers' fear.

#### **Advertisement No. 1: "Fluoride – too much of a good thing."**

The Complainant expressed a number of concerns about statements in this advertisement saying the statements contradicted the key findings of the 2009 New Zealand Oral Health Study report.

It noted the Complainant expressed concerns with the statements:

- *"We now know that the benefits of Fluoride arise from direct action on the surface of the tooth...There is no need to swallow it to benefit."*

and dental fluorosis was found in:

- *"44.5% of eight - 30 year olds by the 2009 New Zealand Oral Health Study"...with 2% having moderate fluorosis a level severe enough to compromise the tooth integrity."*

Before considering the statements, the Complaints Board acknowledged water fluoridation was a contentious public issue. It also acknowledged the findings of experts such as Sir Peter Gluckman in the Gluckman/Skeggs Report 2014 that supported the benefits of water fluoridation and its efficacy in reducing dental decay and the low risk of water fluoridation to the public's health. It also noted these findings were endorsed by the Ministry of Health.

However, the Complaints Board also acknowledged there was growing body of evidence that challenged the benefits and safety of water fluoridation. Oppositional evidence in the context of an advocacy advertisement was often robust enough to substantiate a claim in the context of advocacy advertising.

With regard to the first statement, the Complainant said it was at odds with the findings in the 2009 New Zealand Oral Health Study that found: "Fluoride acts both systemically and topically to prevent dental caries..."

The Complaints Board noted studies provided by the Advertiser in previous complaints about fluoride's action. For example Featherstone (1999) stated: "it has generally been accepted since the 1990's that fluoride's action is on the tooth surfaces, reducing the impact of acid produced by bacteria from sugar. Another study stated: "There is no need to swallow fluoride in order to have this benefit as it can be had from fluoride toothpaste or varnish. This fact plus the fact that some people are susceptible to side-effects makes the delivery of fluoride via the drinking water unethical. No doctor would give a systemic treatment when a topical treatment was effective" (Marinho, 2009).

The Complaints Board reiterated oppositional evidence in advocacy was permitted. While the evidence provided was at odds with 2009 New Zealand Oral Health Study, this did not mean contradictory studies were invalid. Similarly, the Complaints Board said the use of those studies in advocacy advertisements was valid substantiation and were adequate to support the Advertiser's claims.

Therefore, the Complaints Board said the statement: "*We now know that the benefits of Fluoride arise from direct action on the surface of the tooth...There is no need to swallow it to benefit,*" was not likely to deceive or mislead the consumer, nor had it or without justifiable reason, played on fear. As such, the Complaints Board said this part of the advertisement had been prepared with a due sense of social responsibility to consumers and to society and ruled it was not in breach of Basic Principle 4 and Rules 2, 6 and 11 of the Code of Ethics.

The Complaints Board then turned to the second statement that said dental fluorosis was found in:

- "*44.5% of eight - 30 year olds by the 2009 New Zealand Oral Health Study"...with 2% having moderate fluorosis a level severe enough to compromise the tooth integrity,*"

The Complainant said Advertiser had inflated the figures "in this way, this 'article' gives the reader an overall impression that fluorosis is a problem in New Zealand when in fact there are only 2% of people with moderate forms of fluorosis and absolutely no instances of severe fluorosis. ... This article misrepresents statistics to give the impression dental fluorosis is a bigger problem than what it actually is."

The Complaints Board said the Advertiser was allowed to interpret statistics in any way that suited when advocating its position. In this case, the Advertiser had used the statistics to support its argument in a way that inflated the amount of 30 year old with dental fluorosis. However, the Complaints Board said such an interpretation and opinion did not reach the threshold to be considered misleading.

Therefore, the Complaints Board said this part of the advertisement had been prepared with a due sense of social responsibility to consumers and to society and ruled it was not in breach of Basic Principle 4 and Rules 2, 6 and 11 of the Code of Ethics.

- "*With no significant difference between fluoridated and non-fluoridated areas it seems likely that that fluoride toothpaste has had a significant part to play in ...*"

Referring to the statement above, the Complainant said the "The 'article' is attempting to attack the efficacy of community water fluoridation by incorrectly asserting there are no benefits from swallowing 'fluoride' when scientific evidence confirm there are both topical and systemic benefits to ingesting fluoride, contradicts the key findings of the 2009 New Zealand Oral Health Study report.

As with the earlier statements, the Complaints Board said the Advertiser's view of what a "significant difference" was, again came down to the Advertiser's opinion, based on evidence

contradicting the findings of the *2009 New Zealand Oral Health Study* report which the Complaints Board said which was provided for under the rules of advocacy.

Therefore, the Complaints Board said this part of the advertisement had been prepared with a due sense of social responsibility to consumers and to society and ruled it was not in breach of Basic Principle 4 and Rules 2, 6 and 11 of the Code of Ethics.

- *“Due to a lack of recent research it is not known if there is any benefit from water fluoridation when fluoride toothpaste is available.”*

The Complainant said: “This statement not only sits in complete opposition to the key findings of this report but to also with the views of a vast number of international and national health organizations.”

The Complaints Board said the Advertiser was not required to present a balanced view e.g. reference findings in any of the reports that existed when advocating its position. It said it was the Advertiser’s opinion there was a lack of information and was not misleading. The Complaints Board said despite the Complainant citing numerous references, the Advertiser was not required to reference research that did not support its philosophical position.

Therefore, the Complaint Board ruled this part of the advertisement was not in breach of Basic Principle 4 or Rules 2, or 11 of the Code of Ethics.

- *“What will you choose toxic waste or toothpaste?”*

The Complainant stated: “The implication is that community water fluoridation is toxic waste. It is either toxic, or waste. By asking this question, an absurd false dichotomy is presented. The use of the words 'toxic' and 'waste' when used in conjunction with drinking water is emotive and inflammatory, designed to play on the fear of readers.”

The Complaints Board referred to Complaints Board Decision 15/425 that dealt with a similar statement: *Your choice TOXIC WASTE or TOOTHPASTE. Stop fluoridation.* That decision stated, in part:

“... the Complaints Board said the wording *“Your choice TOXIC WASTE or TOOTHPASTE,”* went beyond the provision of robust opinion allowed for under the rules of advocacy advertising as it incorrectly implied fluoridated water was toxic. The Complaints Board said the advertisement presented an opinion as a statement of fact in manner that was likely to exploit consumers’ lack of knowledge and had unjustifiably played on fear.”

The Complaints Board said this decision was directly applicable to the statement: *“What will you choose toxic waste or toothpaste?”*

The Complaints Board said the likely consumer takeout of the above statement would be fluoridated water was toxic. In line with its findings in 15/425, the Complaints Board said this was an unsubstantiated claim that was likely to unjustifiably played on consumers’ fears and as such, went beyond what was provided for under the rules of advocacy.

Therefore, Complaints Board said the statement *“What will you choose toxic waste or toothpaste,”* was in breach of Basic Principle 4 and Rules 2, 6 and 11 of the Code of Ethics.

**Advertisement No. 2: “Study signals water fluoridation increases hormone disorder.”**

The Complainant said: “A number of statements in this article strongly imply that fluoridated water is unsafe to drink.” They were:

- *“A Kent University Study that looked at data from nearly every general practice in England suggests that water fluoridation may increase the risk of developing hypothyroidism - an underactive thyroid.”*
- *“It found that locations with fluoridated water were more than 30% more likely to have high levels of hyperthyroidism, compared with areas with low levels of the chemical in the water.”*
- *“That fluoride impairs the activity of the Thyroid has long been known. In fact Fluoride was used to treat the over active Thyroid in the 1950's.”*

The Complainant stated: “This 'article' doesn't identify any study, not giving the reader the opportunity to evaluate the credibility or otherwise of any claims.” However, the Complainant said they assumed the statement was from a paper by Stephen Peckham who had declared his conflict of interest as an anti-fluoridationist in this paper.

Fluoridated water is safe to drink and must comply with the Health (Drinking Water) Amendment Act 2007. Article #2 has been quite selective in quoting a singular flawed study, giving an overall impression that strongly implies that fluoridated water may cause hypothyroidism, a serious medical condition, therefore playing on fear by misleading the reader.”

In response the Advertiser stated: “The Complainant is correct the advertisement is referring to the Peckham paper (Peckham et al, 2015) ... Despite the criticism by Newton et al to which a reply was made the research was still published in a peer review journal and sends out a signal that even at water fluoridation levels fluoride may be affecting thyroid function. Indeed this study adds weight to the National Research Council (US) Review on fluoride in drinking water finding that fluoride was an endocrine disruptor including affecting thyroid function at levels that water fluoridation exposes people to (NRC, 2006).”

The Complaints Board noted the confirmation from the Advertiser the findings were from the Peckham 2015 study.

The Complaints Board said the author's anti-fluoride stance was not an issue within the context of advocacy. However, it noted the statement: “this study illustrates there is potential harm [with water fluoridation] that needs large scale studies to explore; at the same time there is no reason to panic.” The text went on to state: “But who is going to do this research when it has failed to happen over the last 60 years and when the government won't even acknowledge there is a problem?”

The Complaints Board was of the view the study indicated the lack of study in this area. Therefore, it said the headline “Study signals water fluoridation increases hormone disorder” was too strong for the evidence provided given the text clearly stated large scale studies were yet to be undertaken on this issue.

The Complaints Board noted the Peckham Study, cited by the Advertiser to substantiate the claim “*Study signals water fluoridation increases hormone disorder,*” found larger scale studies were needed for a robust conclusion. Consequently, the Complaints Board said the implication in the headline was not adequately supported by the evidence provided and went beyond the provision for advocacy.

As such, the Complaints Board said this part of the advertisement was likely to unjustifiably play on the public's fears. Therefore, the Complaints Board said this part of the advertisement had not been prepared with the due sense of social responsibility to consumers and to society. Consequently, it ruled the headline was in breach of Basic Principle 4 and Rules 2, 6 and 11 of the Code of Ethics.

**Advertisement No. 3: "HEALTH PROFESSIONALS. Let the Hippocratic Oath be your guide."**

- *"PROFESSIONALS Let the Hippocratic Oath be your guide"*
- *"Delivering Fluoride to the community via the drinking water unnecessarily doses the whole body..."*
- *It is not possible to control the dose...*
- *What Physician do you know, in his right mind, would treat somebody..."*

The Complainant was of the view the following statements exploited medical jargon and said "When combined, these statements, give the reader the impression that community water fluoridation is somehow a medical intervention, a drug."

The Complainant also stated:

In response, the Complaints Board noted where the Advertiser stated: "The article was targeted at medical professionals so the use of language that is meaningful to them is not unreasonable."

With regard to the statements:

- *"Delivering Fluoride to the community via the drinking water unnecessarily doses the whole body..."*
- *"It is not possible to control the dose..."*

The Complainant the above statements were misleading and stated: "On March 14th, 2014 in the High Court, Justice Hansen stated "While I accept that fluoridation has a therapeutic purpose, I conclude that the means by which the purpose is effected does not constitute medical treatment."

In response the Advertiser stated: "A later ruling to Hansen's was by Judge Collins and he found that the fluorides used in water fluoridation not only had therapeutic purpose but were administered (Hansen's contention was they were not) and thus fulfilled the definition of a medicine. However, by virtue of the dilution he found they did not need to be regulated by the Medicines Act and therefore were not medicines for the purpose of the Act. However like many over the counter medicines they are still medicines in essence. We believe the dilutional argument is flawed as fluoridated water is drunk by the glass full and not by the teaspoon as most medicines. The definition is still the subject of appeal."

The Complaints Board said this part of the advertisement was the philosophical view of the Advertiser. It also said the statements under this heading were adequately supported by the findings of Judge Collins and was subject to appeal.

The Complaints Board disagreed with the Complainant's view the statement *"It is not possible to control the dose..."* was likely to convey to the majority of the public, that

fluoridation was “a medical intervention, a drug.” The Complaints Board said given the context of mass water fluoridation, the statement was valid and provided for under the rules of advocacy. Therefore, the Complaints Board said this part of the advertisement was not in breach of Basic Principle 4 and Rules 2, 6 and 11 of the Code of Ethics.

When considering the rhetorical question posed by the statement: “*What Physician do you know, in his right mind, would treat somebody...*” the Complaints Board said there was nothing unreasonable about posing such a question to the medical profession in the context of possible health consequences of water fluoridation. It said it was a provocative question posed to the medical profession that was relevant in light of the Advertiser’s anti-fluoride stance.

The Complaints Board said this part of the advertisement was not misleading and could not be considered to have unjustifiably played on people’s fear. Therefore, the Complaints Board ruled this part of the advertisement was not in breach of Basic Principle 4 or Rules 2, 6 or 11 of the Code of Ethics.

### Summary

The Complaints Board were of the view the advertisements were clearly identified as advocacy advertisements by Fluoride Free New Zealand. However, when considering the contents of the advertisement, it said some components went beyond the latitude provided for under advocacy. The components that were Upheld were:

- “*What will you choose toxic waste or toothpaste.*” Upheld
- “Study signals water fluoridation increases hormone disorder.” Upheld

The remaining headings and statements were Not Upheld by the Complaints Board.

Accordingly, the Complaints Board ruled the complaint was Upheld (in part).

### DESCRIPTION OF ADVERTISEMENT

The newspaper advertisements by Fluoride Free New Zealand warned readers about the health concerns that arise from an excess of fluoride. The advertisements were headed

- “Fluoride – too much of a good thing.”
- “Study signals water fluoridation increases hormone disorder.”
- “HEALTH PROFESSIONALS Let the Hippocratic Oath be your guide.”

### COMPLAINT FROM C. ATKINSON

I wish to complain about advertisement(s) placed in the 'Hauraki Herald' newspaper, dated 02/10/15 (Pg 15).

I believe there are several areas that contravene the ASA Code of Practice.

This 'advertisement' comprises 4 elements.

#1 Fluoride - too much of a good thing

#2 Study signals water fluoridation increases hormone disorder

#3 HEALTH PROFESSIONALS Let the Hippocratic Oath be your guide

## #4 Fluoride Film Night

**#1 Fluoride - too much of a good thing**

Several ASA rules appear to have been contravened in this 'article'. There are numerous statements that are factually incorrect and therefore misleading (Rule 2). These statements have been designed to play on readers fear by (Rule 6).

In addition, I also understand that regarding Advocacy advertising, opinions may be robust. However, these opinions should be clearly distinguishable from factual information. There is no indication from this 'article' that these statements are opinion, they are presented as fact, nor is there any indication whose opinion they may belong to.

1) The 'article' states the following;

*"We now know that the benefits of Fluoride arise from direct action on the surface of the tooth"*

*"There is no need to swallow it to benefit"*

These statements are untrue. On page 158 of the very study that this 'article' misrepresents, the 2009 New Zealand Oral Health Study (attached), it states unequivocally that;

Fluoride acts both systemically and topically to prevent dental caries....

And on page 27;

Fluoride has a number of benefits for oral health. When fluoride is ingested regularly when teeth are developing, it is deposited across the tooth's entire surface and this slows down decay. Because of this, tooth decay in fluoridated areas progresses more slowly.

(My emphasis added)

The 'article' is attempting to attack the efficacy of community water fluoridation by incorrectly asserting there are no benefits from swallowing 'fluoride' when scientific evidence confirm there are both topical and systemic benefits to ingesting fluoride. Because this information is provided within the same document that the 'article' draws its information from, it appears that the author is purposely attempting to deceive the reader.

2) The 'article' states regarding dental fluorosis;

*"It was found in 44.5% of eight - 30 year olds by the 2009 New Zealand Oral Health Study"*

Below is the table from which the article's information was based; Page 172 of the 2009 New Zealand Oral Health Study. You will see clearly that the figure of 44.5% includes the category 'Questionable' (27.2%).

<b>Level of fluorosis</b>	<b>Prevalence (95% CI) among 8–30-year-olds</b>		
	<b>All</b>	<b>Living in fluoridated areas</b>	<b>Living in non-fluoridated areas</b>
None (level 0)	55.5 (49.0–62.0)	54.5 (45.9–63.0)	56.9 (48.3–65.6)

Questionable(level 1)	27.2 (22.2–32.2)	30.6 (23.3–37.9)	22.7 (16.3–29.0)
Very mild (level 2)	10.2 (6.6–15.0)	10.2 (5.5–16.9)	10.3 (5.7–16.8)
Mild (level 3)	5.1 (2.9–8.1)	3.0 (0.8–7.6)	7.8 (4.3–12.7)
Moderate (level 4)	2.0 (0.7–4.4)	1.7 (0.3–5.5)	2.3 (0.5–6.8)
Severe (level 5)	0.0 (0.0–0.8)	0.0 (0.0–1.5)	0.0 (0.0–1.8)

By definition, the data included in the 'articles' statement includes observations so mild that it is not possible to make positive findings of fluorosis, they are 'questionable'.

By.

3) *"...with 2% having moderate fluorosis a level severe enough to compromise the tooth integrity"*

This statement is not only untrue, it is nonsensical. Moderate fluorosis is not severe fluorosis. There were no cases of severe fluorosis found in this report. The 2009 New Zealand Oral Health Study states on page 171;

Many studies on fluorosis confirm that, in optimally fluoridated areas, dental fluorosis is usually only mild or very mild. A recent review concluded that mild fluorosis was not a concern for people, and that mild fluorosis was sometimes found to be associated with improved oral health-related quality of life. Severe fluorosis was consistently reported to have negative effects on oral health-related quality of life (Chankanka et al 2010).

(My emphasis added)

In addition, the study states on page 157;

There were no significant differences in the prevalence of dental fluorosis in people aged 8–30 years between those living in areas with water fluoridation and those in areas with no water fluoridation, after adjustment

This article misrepresents statistics to give the impression dental fluorosis is a bigger problem than what it actually is. In addition, fluorosis is represented only to have a negative effect on an individual's oral health when the opposite is true; in the majority of cases, fluorosis actually improves an individual's oral health related quality of life. Lastly, when viewed overall, the impression of the 'article' implies a link between dental fluorosis and community water fluoridation, when the study explicitly states that there were no significant differences between fluoridated and non-fluoridated areas.

4) On the issue of dental decay it was stated that there is

*"...no significant difference between fluoridated and non-fluoridated areas..."*

Under the Summary and Conclusion, on page 292 it is states;

The survey found that children and adults living in fluoridated areas had significantly lower lifetime dental decay experience (ie, lower dmft/DMFT) than children and adults living in non-fluoridated areas

The 'article' is not only factually incorrect but contradicts the key findings of this report.

5) Another statement questions the efficacy of community water fluoridation;

*"Due to a lack of recent research it is not known if there is any benefit from water fluoridation when fluoride toothpaste is available"*

This statement not only sits in complete opposition to the key findings of this report but to also with the views of a vast number of international and national health organizations; American Dental Association, Australian Dental Association, British Dental Association, British Fluoridation Society, Centers for Disease Control, Drinking-water New Zealand, Fluoride Facts (New Zealand Govt), National Fluoridation Information Service, New Zealand College of Public Health Medicine, New Zealand Dental Association, Public Health Association of New Zealand, World Dental Federation and the World Health Organization.

This statement is not truthful.

6) *"What will you choose toxic waste or toothpaste?"*

The implication is that community water fluoridation is toxic waste. It is either toxic, or waste.

By asking this question, an absurd false dichotomy is presented. The use of the words 'toxic' and 'waste' when used in conjunction with drinking water is emotive and inflammatory, designed to play on the fear of readers.

## **#2 Study signals water fluoridation increases hormone disorder**

1) A number of statements in this article strongly imply that fluoridated water is unsafe to drink.

*"A Kent University Study that looked at data from nearly every general practice in England suggests that water fluoridation may increase the risk of developing hypothyroidism - an underactive thyroid"*

*"It found that locations with fluoridated water were more than 30% more likely to have high levels of hyperthyroidism, compared with areas with low levels of the chemical in the water"*

*"That fluoride impairs the activity of the Thyroid has long been known. In fact Fluoride was used to treat the over active Thyroid in the 1950's"*

This 'article' doesn't identify any study, not giving the reader the opportunity to evaluate the credibility or otherwise of any claims. However I assume that comments are based on this (attached);

"Are fluoride levels in drinking water associated with hypothyroidism prevalence in England? A large observational study of GP practice data and fluoride levels in drinking water".

S Peckham, D Lowery, S Spencer. J Epidemiol Community Health 2015;69:619-624

The lead author of this paper, Stephen Peckham declared his conflict of interest as an anti-fluoridationist in this paper. Shortly after this paper was published, scathing commentary of this study was printed in the same journal (attached); Newton JN, et al. J Epidemiol Community Health July 2015 Vol 69 No 7, where the following was said;

The authors have not established a clear prior hypothesis for the association, have misrepresented the conclusions of the existing literature, seem not to have taken adequate account of the potential for confounding, have categorised variables with arbitrary cut-offs that deviate from normal practice, and seem to have made a basic

error in reporting the results of their own model. Most important is that they have drawn conclusions which greatly exceed the evidence available from this study, even if the methods used had been reliable.

Fluoridated water is safe to drink and must comply with the Health (Drinking Water) Amendment Act 2007. Article #2 has been quite selective in quoting a singular flawed study, giving an overall impression that strongly implies that fluoridated water may cause hypothyroidism, a serious medical condition, therefore playing on fear by misleading the reader.

### **#3 HEALTH PROFESSIONALS Let the Hippocratic Oath be your guide**

1) Several statements in this article exploit medical jargon.

*"PROFESSIONALS Let the Hippocratic Oath be your guide"*

*"Delivering Fluoride to the community via the drinking water unnecessarily doses the whole body..."*

*"It is not possible to control the dose..."*

*"What Physician do you know, in his right mind, would treat somebody..."*

When combined, these statements, give the reader the impression that community water fluoridation is somehow a medical intervention, a drug.

It is not, despite many legal attempts by anti-fluoridationists to show otherwise.

The overall impression this 'article' gives is intended to mislead and deceive the reader, thus playing on fear.

To conclude, although page 15 of the Hauraki Herald was headed with a small banner "WWW.FLUORIDEFREE.ORG.NZ ADVERTISEMENT", it wasn't clear that all the 'articles' formed part of the advertisement. Although the anti fluoridation theme ran through all articles, each was separated by diverse subject matter. Each 'article' was presented as indistinguishable from any other news article in the paper. There were no notices or disclaimers highlighting who authored these articles. Under rule 1 of the ASA Code of Practice, Advertisements should be clearly distinguishable.

This page was clearly a political device in order to further the goals of anti-fluoridationists. Under Rule 11, Advocacy Advertising, opinions should be clearly distinguishable from factual information. I have shown much of the information contained on this page was not factual, yet there were no disclaimers or notices indicating that any of the information was simply someone's opinion.

On the contrary, they were presented as though they were factual news articles.

### **CODE OF ETHICS**

**Basic Principle 4:** All advertisements should be prepared with a due sense of social responsibility to consumers and to society.

**Rule 2: Truthful Presentation** - Advertisements should not contain any statement or visual presentation or create an overall impression which directly or by implication, omission, ambiguity or exaggerated claim is misleading or deceptive, is likely to

deceive or mislead the consumer, makes false and misleading representation, abuses the trust of the consumer or exploits his/her lack of experience or knowledge. (Obvious hyperbole, identifiable as such, is not considered to be misleading).

**Rule 6: Fear** - Advertisements should not exploit the superstitious, nor without justifiable reason, play on fear.

**Rule 11: Advocacy Advertising** - Expression of opinion in advocacy advertising is an essential and desirable part of the functioning of a democratic society. Therefore such opinions may be robust. However, opinion should be clearly distinguishable from factual information. The identity of an advertiser in matters of public interest or political issue should be clear.

## RESPONSE FROM ADVERTISER, FLUORIDE FREE NZ

The Complaint is about a Fluoride Free New Zealand (FFNZ) advertisement in the Hauraki Herald newspaper dated 2.10.15 on page 15. It has four elements: Fluoride-too much of a good thing; Study signals water fluoridation increases hormone disorder; Health Professionals Let the Hippocratic Oath be your guide; Fluoride Film night.

The complaint claims breaches of the following ASA code of ethics:

**Code of Ethics - Basic Principle 4.** All advertisements should be prepared with a due sense of social responsibility to consumers and to society.

**Code of Ethics – Rule 2. Truthful presentation** – Advertisements should not contain any statement or visual presentation or create an overall impression which directly or by implication, omission, ambiguity or exaggerated claim is misleading or deceptive, is likely to deceive or mislead the consumer, makes false and misleading representation, abuses the trust of the consumer or exploits his/her lack of experience or knowledge. (Obvious hyperbole, identifiable as such, is not considered to be misleading).

**Code of Ethics – Rule 6. Fear** – Advertisements should not exploit the superstitious, nor without justifiable reason, play on fear.

**Code of Ethics – Rule 11. Advocacy Advertising** – Expression of opinion in advocacy advertising is an essential part of the functioning of a democratic society. Therefore such opinions may be robust. However, opinion should be clearly distinguishable from factual information. The identity of an advertiser in matters of public interest or political issue should be clear.

### 3. Response to Complaint

The advertisement is a clearly advocacy advertising. The whole page is framed by thick lines. The word 'ADVERTISEMENT' is at the top of the page and the word, size and placement is as suggested by the Hauraki Herald staff. The FFNZ website features twice on the page, at the top of the page and in the body of the advertisement highlighted by being white on black in contrast to the other print.

The fonts in the articles have been used differently to distinguish them from the Hauraki Herald usual style (a smaller font with more space between lines and a different non serif font for the box article that is the subject of the complaint).

The presentation of material as an article is not unique to this advertisement which in fact was inspired by an advertisement, using the article style, by the Waikato District Health Board in the Hamilton News leading up to the Hamilton fluoridation referendum in 2013.

The content was prepared with a due sense of social responsibility. It contains evidence-based facts that are designed to inform readers, not to play on fear, and provide links to sources of further information. A referendum on water fluoridation is the nearest thing to individual informed consent. This advertisement was used as part of a campaign to provide information so that the people of Thames could make an informed choice about how to vote.

### **3.1 Fluoride-too much of a good thing**

The Complainant claims various of the statements made are untrue. Similar claims have been made in previous complaints and we have provided the scientific evidence base for them. Lack of time prevents us from reproducing them here but hope the Board can remember them if not in detail but in the fact that all our statements have been evidenced based.

### **3.2 Study signals water fluoridation increases hormone disorder**

The Complainant is correct the advertisement is referring to the Peckham paper (Peckham et al, 2015). This paper has been the subject of a number of newspaper articles. Despite the criticism by Newton et al to which a reply was made the research was still published in a peer review journal and sends out a signal that even at water fluoridation levels fluoride may be affecting thyroid function. Indeed this study adds weight to the National Research Council (US) Review on fluoride in drinking water finding that fluoride was an endocrine disruptor including affecting thyroid function at levels that water fluoridation exposes people to (NRC, 2006).

### **3.3 Health professionals let the Hippocratic Oath be your Guide**

The article was targeted at medical professionals so the use of language that is meaningful to them is not unreasonable. However, most people are familiar with the concept of the Hippocratic Oath and it is in the dictionary.

A later ruling to Hansen's was by Judge Collins and he found that the fluorides used in water fluoridation not only had therapeutic purpose but were administered (Hansen's contention was they were not) and thus fulfilled the definition of a medicine. However, by virtue of the dilution he found they did not need to be regulated by the Medicines Act and therefore were not medicines for the purpose of the Act. However like many over the counter medicines they are still medicines in essence. We believe the dilutional argument is flawed as fluoridated water is drunk by the glass full and not by the teaspoon as most medicines. The definition is still the subject of appeal.

## **4. Summary**

The advertisement was prepared with a due sense of social responsibility so that Thames residents could be informed of both sides of the fluoridation debate in the lead up to the Thames fluoridation referendum. The information is all evidenced based and was therefore not misleading and was not designed to create fear.

### References

Collins, 2014. New Health New Zealand Inc. vs Attorney General for and on behalf of the Minister of Health. CIV-2014-485-004138. [2014] NZHC 2487.

Hansen, 2014. New Health New Zealand Inc. vs South Taranaki District Council. CIV-2013-443-107. [2014] NZHC 395.

NRC, 2006. Fluoride in drinking water: A scientific review of EPA's standards. Committee on Fluoride in Drinking Water, National Research Council. National Academies Press. <http://www.nap.edu/catalog/11571.html>

Peckham S, Lowery D, Spencer S, 2015. Are fluoride levels in drinking water associated with hypothyroidism prevalence in England? A large observational study of GP practice data and fluoride levels in drinking water. J Epidemiol Community Health;0:1-6. Doi10.11.36/jech-2014-204971.