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Dear Mr Clegg

Restoration of our Civil Liberties; Systemic Water Fluoridation

Your recent announcement to the House of Commons was very welcome indeed and, in line with your request, I am writing to ask you to consider restoring my civil liberties by having the following pieces of legislation repealed:

The Water Act 2003, Section 58
The Water Fluoridation (Consultation) Regulations 2005, SI 2005 No. 921
The Water Supply (Fluoridation Indemnities) Regulations 2005, SI 2005, No. 920.

While these pieces of legislation remain in force, those people living in areas threatened with fluoridation will eventually have their civil liberties denied. Perversely, the Medicines and Healthcare products Regulatory Agency (MHRA) refuses to accept that fluoridated water is a medicine. Consequently, it has never been put to the test, i.e. it has not been clinically tested and has not received a licence.

However, fluoridated water is undoubtedly a medicine because it is intended to change the composition of our bodies in order to strengthen children's teeth systemically. We say that it is a medicine 'by presentation and by design'. The attachment, written by Doug Cross of UKCAF, lists the relevant European legislation and ECJ rulings.

Because it's tap water, we cannot refuse fluoridated water and it is therefore compulsory. I'm sure that you'll agree that compulsory medicine is a serious infringement of our civil liberties.

The legal situation is a little more complicated with regard to areas which are already fluoridated (known as pre-1985 schemes). The relevant legislation is Section 91 of *The Water Act 2003*. Current fluoridation schemes were enforced during the 1960s and there were no consultations in the formal sense of the word. Today, there are approx. 6 million people who are compulsorily medicated. It would be true to say that many of these people do not know that they are fluoridated – but is that any reason to deny them their human rights? When people find out that they are getting a compulsory medicine and are given full impartial information about the reasons why they are fluoridated, they are more often than not opposed to the practice. This pattern of opposition is seen again and again every time a fluoridation scheme is proposed. Those who currently live

in fluoridated areas would not even get the chance to oppose fluoridation since they will never be afforded the dubious right of being consulted.

There are areas of England which have fluoridation 'by creep'. A large area south and south east of Sheffield is one such area and it is estimated that 56,000 homes receive fluoridated water at a concentration of 0.5ppm per litre of water because of the location of the water pipes and water treatment works. Many of these people were never consulted and most are unaware that they are fluoridated.

Finally, when accidents happen and overdosing occurs, the people who are overdosed find out after the event, after they have drunk the water. This happened in July and August 2008 in Wolverhampton and Bridgnorth when the concentration of fluoride rose to 2ppm fluoride per litre of water (twice the normal amount and 0.5ppm above the legal limit). Premature and full-term babies at that time received an overdose of fluoride in their baby formula. During the first 6 weeks of life, when the blood-brain barrier is undeveloped, fluoride is capable of entering the brain. Because fluoride is an enzyme inhibitor, brain development will have been adversely affected.

In these financially straightened times, how could any government countenance the use of public money to buttress further fluoridation schemes and to maintain current ones? Already, £11.1 million has been spent in the financial years 2009-2010 and 2010-2011 to pay for the refurbishment of 24 of Severn Trent's fluoride dosing kiosks. The Department of Health will undoubtedly apply for further fluoridation funding from HM Treasury for future financial years. Water fluoridation is not an essential service, no-one will die or become ill if fluoridation ceases or if the dosing plants break down and cease operating. As a non-vital service, the waste of tax-payers' money on fluoridation schemes is nothing short of scandalous.

I am therefore writing to urge you to end the highly controversial practice of water fluoridation. Those people in England who know that they are currently fluoridated and those who are opposed to becoming fluoridated will be eternally grateful if you succeed.

Yours sincerely

cc. <Sender's MP>

European Union Legislation and ECJ rulings on the status of a medicinal product

Compiled by Doug Cross, Environmental Analyst and Forensic Ecologist, UKCAF

1. The definition of a medicinal substance was originally included in *the Medicines Directives 65/65/EEC* and *2001/83/EC* was amended by *2004/27/EC* to:

Article 1. 2. Medicinal product:

- a) *Any substance or combination of substances presented as having properties for treating or preventing disease in human beings; or*
- b) *Any substance or combination of substances which may be used in or administered to human beings either with a view to restoring, correcting or modifying physiological functions by exerting a pharmacological, immunological or metabolic action, or to making a medical diagnosis.'*
- c)
- d) *'Any product satisfying either set of criteria laid down in Article 1(2) of Directive 65/65/EEC is a medicinal product. Such products are subject to the relevant legal rules relating to proprietary medicinal products . . . '*

2. *Official Journal of the European Communities, 1989, C112, 89.*
Following a number of cases involving both foods and cosmetics, the ECJ made a number of relevant rulings. For example, In the Ter Voort decision (C219,91) the ECJ stated:

'A product which is recommended or described as having preventive or curative properties is a medicinal product . . . even if it is generally considered as a foodstuff and even if it has no known therapeutic effect in the present state of scientific knowledge'.

and

a publication, sent to the purchaser at his request and setting out the therapeutic properties of the product, constitutes a presentation of the product within the meaning of the directive where it emanates from the supplier or the seller of the product or from a third party acting on behalf of or in connection with the supplier or the seller.

3. *Official Journal of the European Communities, 1991, C219, 91.* Definitively :

'if a product is represented to the public so that any averagely well-informed person gains the impression that the substance might have a beneficial effect on some medical condition, then that substance is a medicine under the terms of this Directive'.

and

'if a product is represented to the public so that any averagely well-informed person gains the impression that the substance might have a beneficial effect on some medical condition, then that substance is a medicine under the terms of this Directive'.

(See Case C-60/89, 21 March 1991, re Monteil and Samanni, European Court Reports 1991;I:1547.

Case C219-91 28 October 1992 re Ter Voort, European Court Reports 1992;I:5485.

Case C368-88 21 March 1991 re Delattre, European Court Reports 1991;I:1487.

4. In the case of Delattre, the ECJ ruled that:

A statement that the product is not medicinal is persuasive evidence which the national court may take into consideration but is not in itself conclusive.

5. A 1982 decision re Van Bennekom was a bit vague and has been superseded by the above. Also there was a German case re Garlic Capsules that the ECJ had some debate over, and finally which was adjudicated on with all of the above in mind. **So if a SHA or the DoH claim that fluoridated water has prophylactic properties, then it IS a medicinal product (even if it doesn't actually work!).**