

INQUIRY INTO COASTAL INFRASTRUCTURE.

Submission to the NSW Standing committee

Legislative Council

Parliament House

Sydney 2000

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A SUBMISSION TO
NSW standing Committee on Public works
Legislative Council

Submitted by
Mid North Coast Fluoride Free Alliance
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INTRODUCTION

Please accept the following as a submission on the chemical addition of Fluoride into the Public Water supplies.

I make this submission in good faith in the knowledge that full public participation is sought in the development of the NHMRC Guidelines and recommendations for Drinking Water Fluoridation Chemicals .Safety and Effectiveness.

The Mid North Coast Fluoride Free Alliance appreciates the opportunity to present this submission and would request your consideration of the information, evidence and arguments presented in this document.

Fluoridation using the chemicals Sodium fluoride, Hydrofluoroisilic acid and Sodium silicofluoride are NOT used for water Treatment but for the therapeutic dosing of the population at large for the disease Dental Caries.

The safety of the chemicals used for water fluoridation are detrimental to health and at the very least suspect by a large body of scientific researchers world wide and is evidenced by the fact that 98% of European countries do not use this method for caries prevention.

The effectiveness of water fluoridation claimed is at best a fraction of a tooth surface per child and is in some studies shown not to be of benefit at all. The marginal benefit has to be considered and weighed against the increasing problem of Dental Fluorosis which is evident in both Fluoridated and Non fluoridated areas.

Water fluoridation is not to treat the clarity or purity of water or as a direct improvement of water quality.

Mid North Coast Fluoride Free Alliance submits this document in anticipation of a full and comprehensive study of the latest up to-date research and literature and evaluation of all studies and expert affidavits and testimonials in order to determine what is safe, effective, acceptable and expected by the Australian Population

1. In the view of the M.N.C Fluoride Free Alliance , the principle of using Hydrofluorosilic acid Sodium Silicofluoride or Sodium fluoride(10% usage) in Water fluoridation schemes as a method of reducing dental caries cannot be justified, given the difficulty of controlling dosage and the risk of causing unwarranted side effects.

2. Unwarranted side effects such as Dental fluorosis , a problem in this country with 56.8% of children in South Australia and 40% in Western Australia having some form of dental fluorosis (ref ch 8 p 4 NHMRC 1999 review)

Considering the fact that these quotes are over six years old it would be safe to assume that these figures have increased. And therefore this is an unacceptable level of dental disfigurement and disability.

3. Increased bio-availability of chemically produced fluorides worldwide has led to a dramatic increase in fluorosis over the past two decades and since drinking water is typically the most significant source of fluoride according to the WHO's Water-related diseases --Fluorosis

http://www.who.int/water_sanitation_health_diseases/fluorosis/en.html

an in-depth risk assessment is now urgently called for.

4. The claimed benefits by the Health Dept and the Australian Dental association are exaggerated and do not reflect the true picture refer to "The Child Dental Health Survey 2000" Table 12. many parts of fluoridated Sydney have worse decay than Non fluoridated communities such as Mid North Coast only 1/3rd fluoridated and Nambucca Shire fluoridated for over 30 years has worse decay than NON fluoridated Kempsey Hasting and Port Macquarie (ref:SOKS data prepared by Phillip Gray,HIRO Population Health and Planning, Mid North Coast AHS April 2004).

5. Recent publications in the Sydney Morning Herald 15th February 2005 stating Sydney Has a Dental Health Crisis. (www.smh.com.au). The Women's and Children's Hospital Adelaide have advised:- In recent years thousands of young South Australian children have been admitted to hospital to have teeth removed under general anaesthetic. Further states by the time children reach five 1 in 3 children have one or more decayed teeth. Every year 800 are treated in hospital for severe tooth decay.

It is very clear that fluoridation is not the panacea that is claimed.

www.wch.sa.gov.au/services) The psychological and social impact of dental fluorosis must also be considered in any risk assessment.

6. All unwarranted side effects and total intake of fluoride have not been thoroughly investigated in this country. This is evidence by the fact that The Mid North Coast Area Health Service when asked for a recent study in the total fluoride intake, referred to research in Chicago, Illinois and Mexico. None from Australia for Australian conditions. (Copies of abstracts encl)

(ref Erdal S Buchannan SN. A quantitative look at fluorosis, fluoride exposure, intake in children using a health risk assessment approach. *Environ Health Perspect.* 2005. Jan 2005; 113(1):111-

AND (ref Martinez-Mier EA, Soto-Rojas AE, Urena-Cirett JL, Stookey GK, Dunipace AJ. Fluoride intake from foods, beverages and dentifrices by children in Mexico. *Community Dent Oral Epidemiol.* 2003 Jun; 31(3):221-30)

Further Extracts available from

<http://www.ncbi.nlm.gov/entrez/querie.fcgi?cmd=Retr>.

7. Of considerable concern is the increased blood lead levels in children in Fluoridated areas reported by Roger D Masters Dartmouth College and Myron J Coplan The effect of which is neurological and brain disorders. Silicofluorides disturb dopamine function (in the brain) which can lead to loss of impulse control, violent behavior and subsequent incarceration AND an additional financial cost to the taxpayer

8. The widespread use of Hydrofluorosilic acid and Sodium Silicofluoride is tantamount to criminal negligence by the Water Authorities and the Department of Health due to the fact that these chemicals have only just been accepted for testing by the National Toxicological Profile in 2002. (see enclosure)

<http://ntp.niehs.nih.gov/index.cfm/printFriendly.cfm?objectid=25BC6AF8-BDB7-CEBA-F18554656CC4FCD9> (1 of 2)24/03/2005 2:50:19 AM

9. Human rights issues are of vital importance when mass medication of a community without informed consent is considered. As Hydrofluorosilic Acid and sodium Silicofluoride has not been tested or the Toxic effects studied It would have to be considered an experiment and The Nuremburg code is quite specific on experimental medical procedures.(see enclosure).

10. The world Health Organisation is quite clear when it states that the administrators be aware of the total fluoride exposure in the population before introducing any additional fluoride programme for caries prevention. Ref:- WHO 1994 *fluorides and Oral Health. WHO Technical Report series 846*

11. The WHO 'Drinking Water Guidelines' states that fluoridating governments should set fluoridation standards by considering 'climatic conditions, volume of water consumed, and intake from other sources'. The entry for Fluoride in the WHO Drinking Water Guidelines is as follows:

Fluoride	<1.5ppm	Climatic conditions, volume of water consumed, and intake from other sources should be considered when setting national standards
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12. The National Health and Medical Research Council in 1991 & 1999 recommended in view of the classification of fluoride as an equivocal carcinogen in high dosage in rats it was imperative that public health recommendations in the future be based on accurate knowledge of the total fluoride intake of Australians. Further:- they suggested that studies should be undertaken by multidisciplinary groups to monitor this load. (Ref:-NHMRC 1999)ch8 p6).

It was also recommended that due to fluoride having an effect on bone mineral density there is a need for on going research.(ref:- NHMRC 1999 ch 8 p 5)

13. Certain Subsets of the population are at more risk of exposure to fluoride intake being those with renal impairment diabetes, poor nutrition, low calcium magnesium and vitamin c deficiencies. Indigenous Australians are at particular risk of harm as most of the above listed deficiencies are evident in this section of the population.,

Although requests have been made to the Department of Health several times there has been No indication that certain sub-sets of the population including Aboriginal and Torres Straight Islanders have been the subject of research and the effects of Hydrofluorsilic and Sodium Silicofluoride ingestion on health.

14 Only about 1% of the water is consumed and the rest is totally wasted the corrosive effect of Silicofluoride cost the taxpayer and the community and enormous amount and is and therefore is not acceptable to the community, when other methods of treating dental decay are an option and at a cheaper cost **RECOMMENDATIONS to the Stat government and Health authorities.**

1. That the Fluoridation of water supplies be the subject of a full and complete double blind class one research into the all detrimental effects on health.
2. That a moratorium on water fluoridation be implemented immediately until these studies conclusions are know.
3. That research be carried out on the use of the untested chemicals
Hydrofluorsilic
acid and sodium Silicofluorides
4. To express the urgency of implementing the recommendations of the National Health and Medical Research Council which were made in 1991 and again in 1999.
5. To take heed of the recommendations of the World Health Organisations and the total fluoride ingestion from all sources.
- 6 comprehensive studies should be undertaken into the effect of Silicofluorides on Asbestos Water pipes and ageing infrastructure.

REFERENCES

1. Table 12 Child dental Health survey 2000. and SOKS data
2. .references to areas with dental health crisis in fluoridated areas
3. North coast Area Health referral to research on total fluoride intake.
4. abstracts of research total fluoride intake 1) Erdal Buchanan and 2) Martinez-Mier.
5. Master & Coplan fluoride and blood lead levels documents
6. National Toxicological Profile nomination for testing of Silicofluorides.
7. Nuremburg code.