

Submission
No 262

INQUIRY INTO DENTAL SERVICES IN NSW

Organisation:

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Theme:

Summary

From: "Meryl Haines"
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Meryl Haines

NSW Upper House Dental Inquiry
Chair The Hon Jan Burnswoods
Legislative Council
Parliament House
SYDNEY 2000

Dear Members of the Inquiry

I have just become aware of this Inquiry which, I believe is looking at many issues pertaining to dental health including water fluoridation and also the fluoride status of bottled waters.

I would like to place a personal submission before this Inquiry on some water fluoridation issues that I am concerned about.

Fluoride compounds are only added to public water supplies because fluoride purportedly has a beneficial effect on decreasing tooth decay.

With Queensland residents now facing the prospect of having our public water supplies forcing fluoridated, my family, friends and work colleagues have become concerned about the impact that fluoridation will have upon our lives.

I work as a Scientist in the field of Pathology and I have always been suspicious about the health risks of ingested fluoride.

I know that fluoride inhibits glycolysis; indeed it is added to blood glucose collection tubes specifically for that purpose. By inhibiting glycolysis, true, not falsely lowered glucose levels can be obtained. I know that fluoride inhibits most enzymes, not just those in the glycolysis pathway.

I have been recently researching many issues to do with water fluoridation and I believe from studies done overseas and here in Australia, that water fluoridation is almost ineffectual in decreasing dental decay.

In the American "Brunelle and Carlos" dental study, which looked at 39000 children (the largest and reportedly best children's dental study ever done) when comparing fluoridated to nonfluoridated areas there was a mere 0.6 of a tooth surface difference less in decay. When you consider that there are 128 tooth surfaces in a child's mouth, 0.6 or one half of one tooth surface difference out of 128 surfaces in absolute terms is almost insignificant. I believe however, that Dental authorities manipulate the data and instead of using absolute figures, express this tiny difference as a grand sounding 25%

decrease in decay. I believe that this is very dishonest on their part.

In Queensland, on looking at the latest Children's Dental Survey results that have been published, it is seen that children in many unfluoridated areas have slightly less tooth decay than children from fluoridated Townsville. I believe this is also the case in New South Wales, with children from nonfluoridated areas showing less decay than children from some fluoridated areas. How can that be if fluoride supposedly decreases decay?

In my readings, I have become aware of many potential health risks associated with the long-term ingestion of fluoride. Fluoride that is absorbed by the human body is poorly excreted. In a very healthy person only about half of the amount of fluoride that is absorbed is ever excreted, this meaning naturally that an ever increasing amount of fluoride is being accumulated in the body. Fluoride accumulates in bones, joints, tendons, ligaments, teeth and organs. There are studies that show there are higher rates of hip fractures in fluoridated areas possibly, because fluoride appears to thicken bones but also makes them more brittle. With fluoridated water supplies it means that people are consuming fluoride for their whole lifetime with the possibility of having a higher risk of hip fracture when elderly.

You would well aware of the cost and burden on public health that every hip fracture imparts, not to mention the poor outcomes for most elderly people.

A Catalyst program late last year explored the rapidly rising rate of hypothyroidism in the last 5 years Australia since the positive contamination of milk with iodine ceased. Iodine had been used to clean milking equipment and has now been substituted with chlorine. As Fluoride is a very reactive element and easily competes with Iodine in the Thyroid gland, perhaps fluoride is a part of the equation for this explosion in hypothyroidism. Unfortunately, no study has been done into this aspect of Thyroid disease.

In Australia, no health and safety studies have ever been done on water fluoridation despite the National Health and Medical Research Council recommending studies be done. I have also read that not even any total fluoride intake studies have ever been done. No wonder the Australian Medical Association can claim water fluoridation is safe, when there has been no study ever done to show otherwise. There just has never been any studies done.

Despite what the Australian Dental Authorities would have us believe, fluoride is not required nutritionally. It is neither a vitamin nor a mineral and it is not necessary for life. Therefore, there cannot be an "optimal dose" as I have heard the ADA put it.

My family has decided if fluoride should be put in our water supply we will be forced into finding an alternative. Fluoridation would be against our will and we would not be giving consent for what we see as forced mass medication.

We have been looking into what we will be able to use as an alternative source and the costs involved. We have had some quotes for water tanks and filters and believe that to have adequate supply we would need two 22000 litre water tanks for showering and washing purposes coupled with a reverse osmosis filter to provide drinking water. As we live in Brisbane near main roads and an industrial area and thus would have some fallout from air pollution we would be reluctant to use tank water for drinking without

filtering. We would also have to replace our guttering and install efficient gutter guards.

There seems to be a lot of confusion about water filters ability to remove fluoride from water. I have been told glibly by GPs when questioning them about fluoride " Oh, just get a filter". The only type of filtration that will actually remove fluoride is reverse osmosis filtration.

We roughly estimate that it would cost our family about seven thousand dollars for supply and installation of two suitable size water tanks and plumbing and another thousand dollars for supply and fitting of a reverse osmosis filter and a holding tank. The reverse osmosis unit is guaranteed for three years, so possibly it's life would be a little longer than that. Cartridges would need to be replaced every 6 months and a service done at least yearly. This would necessitate a home visit from a tradesman. With replacing cartridges and service visits the filter has additional running costs of approximately \$5 per week.

If we wished to have our water tested to ensure the reverse osmosis unit was removing fluoride adequately it would cost \$ 200 each time we wanted to test.

At the present time my family has enough space to be able to have water tanks and although it would be a financial burden, we could afford to install them. We would just use fluoridated water for our flower garden, not on vegetables or edible produce. With only 1 to 2 % of public water supplies actually used for drinking, most fluoride in fluoridated water ends up in the garden or down the toilet anyway. In Brisbane' s case it would end up in Moreton Bay.

The time will come however when we will have to leave our present home and if we should move into a home with a small yard or an apartment or retirement home or rented accommodation, it would be more difficult for us to escape fluoride. The young, the elderly and others in the community who could not afford to provide a fluoride free water source for themselves have no choice but to consume it. Those living in older houses with roofs containing asbestos would not have the option of having water tanks.

When I travel interstate I purchase bottled water as a low fluoride drinking water choice. I am very disturbed to hear that the Inquiry seems to be trying to encourage the bottled water industry to add fluoride to their products. I would think that many, if not most people would be making a conscious choice to drink bottled water as a way of avoiding fluoride.

As I previously said, from what I have read it would appear that fluoride actually makes very little difference to decay rates. Why should everyone consume fluoride for a lifetime with the possibility of increasing health risks if there is only a fraction of a tooth less decay?

Fluoride has no effect on gum disease. Half of all tooth loss is due to gum disease. Fluoride also makes no difference to "Baby Bottle Tooth Decay" and could even make it worse if parents who already neglect their children's dental hygiene then feel that they have a backup with fluoride.

All fluoride compounds are poisons, and are by definition, injurious to health.

The Material Safety Data Sheet supplied by Colgate, on requesting it, states that the Sodium Fluoride in their fluoride dental tablets is an S2 poison. Firstly, I wonder why this is not printed on the bottle's label and secondly why are poisons such as Sodium Fluoride and the Silicofluorides that are

used for water fluoridation allowed to be deliberately placed in water without warnings?

I humbly request that the Inquiry take my comments and thoughts into consideration. May I ask that the Inquiry really look into the negative aspects of water fluoridation and not just recommend that more areas of NSW be fluoridated because of the possibility of a tiny decrease in dental decay outcomes. I fear that if more areas of NSW were forcibly fluoridated, this would additionally encourage the QLD government to do likewise.

Yours sincerely

(Mrs) Marilyn Haines

