

Submission
No 17

INQUIRY INTO DENTAL SERVICES IN NSW

Organisation: Mid North Coast Fluoride Free Alliance
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Date Received: 13/05/2005

Theme:

Summary

SOCIAL ISSUES COMMITTEE
13 MAY 2005
RECEIVED

THE DIRECTOR STANDING COMMITTEE ON SOCIAL ISSUES

**LEGISLATIVE COUNCIL
PARLIAMENT HOUSE
SYDNEY 2000**

INQUIRY INTO DENTAL SERVICES IN NSW

**A SUBMISSION TO
LEGISLATIVE COUNCIL
NSW STANDING COMMITTEE ON SOCIAL ISSUES**

**Submitted by
LYN JAMES
Mid North Coast Fluoride Free Alliance
11TH May 2005**

INTRODUCTION

Please accept the following as a submission on the preventive dental treatments and initiatives, including fluoridation of the Public Water supplies.

I make this submission in good faith in the knowledge that full public participation is sought into the Inquiry

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 in the hope that this will assist in the policy making process.

Water Fluoridation of Public water supplies is promoted and enforced by the NSW Government through Local councils and Water Authorities as a safe, equitable and effective method reducing dental caries, and is claimed to be safe for all people to consume in uncontrolled doses

Fluoridation using the chemicals Sodium fluoride, Hydrofluoroisilic Acid and Sodium Silicofluoride are for the therapeutic dosing of the population at large for the disease Dental Caries.

The safety of the chemicals used for water fluoridation are considered suspect by a large body of scientific researchers world wide and considered detrimental to health

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 and physiological harm which is evident in both Fluoridated and Non fluoridated areas.

**The consumption of refined food and sugary beverages are considered by The Health Department and many Doctors , Dentists ,Researchers and the World Health Organisation to be the primary cause of dental caries and state “that in the absence of those sugars in food and drink dental caries will not be a public health concern .Under such circumstance, the public health concern will be to avoid the HARMFUL effects of any excessive fluoride consumption from drinking water”.
[ref: WHO September 2004 Rolling Revision WHO Guidelines for Drinking 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

Summary

1. In the view of the M.N.C Fluoride Free Alliance , the principle of using Hydrofluorosilicic acid Sodium Silicofluoride in Water fluoridation schemes as a method of reducing dental caries cannot be justified, considering the dental caries is not a contagious disease, and is treatable and preventable by other means.

2 Given the difficulty of controlling dosage, the cumulative effect and the difference of retention and excretion of some sets of the population

3 It is of extreme concern that fluoridation originally involving the use of sodium fluoride, fluoridation is now accomplished mainly by the use of silicofluorides obtained from the effluent scrubbers of the phosphate fertilizer industry. The crude product, an approximately 25% solution of hydrofluosilicic acid, is a highly toxic hazardous waste, and its disposal would have been extremely costly to the industry. So the proposal that it could be used as a substitute for the original chemical of choice, sodium fluoride, provided a novel solution that unfortunately opened the door to the practice of administering it to the general public in the water supply in the guise of a "medication."

4 The Silicofluoride substance is yet to be tested for toxicity as safe for human consumption Ref: USA Department of Health and Human Services National Toxicological Programme nominations for testing 2002 "Hexafluorosilicic Acid and Sodium hexafluorosilicate. The substances, Arsenic and Lead are given a [Health Based Guideline Value] HBGV of 10 micrograms per litre water but Fluoride is given a HBGV of 1.5 milligrams per litre water. This is an unjustifiable anomaly and the HBGV for Fluoride should be reduced to that of Arsenic and Lead.

5 Extract: REPORTERS: Roger Masters is the Nelson A. Rockefeller Professor of

Government Emeritus at Dartmouth College. He can be reached at 603/646-1029 or by email at Roger.D.Masters@Dartmouth.edu.

HANOVER, N.H. —Although the dangers of lead poisoning have been known for years, substantial numbers of children continue to suffer from blood lead above danger level of 10 micrograms per deciliter of blood (10µg/dL).

A study published this month in the International Journal of Environmental Studies, and led by Roger Masters, Emeritus professor of government at Dartmouth, describes a factor that is correlated with higher lead levels in children. Analyzing a survey of over 280,000 Massachusetts children, the investigators found that silicofluorides — chemicals widely used in treating public water supplies — are associated with an increase in children's absorption of lead. The research team included Myron J. Coplan, retired Vice President of Albany International and principal of Intelleguity, Natick, Mass., and Brian T. Hone, research associate at Dartmouth College.

In their analysis, the investigators found that levels of lead in children's blood was significantly higher in Massachusetts communities using the silicofluorides fluosilicic acid and sodium silicofluoride than in towns where water is treated with sodium fluoride or not fluoridated at all. Compared to a matched group of 30 towns that do not use silicofluorides, children in 30 communities that use these chemicals were over twice as likely to have over 10µg/dL of blood lead.

6 Unwarranted side effects such as Dental fluorosis , an ever increasing 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 considerably. And therefore this is an unacceptable level of dental disfigurement and disability, associated with psychological harm.

7. 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.

8 It is of extreme concern that the Health Advisory Committee abandoned the review of fluoride in December 2002, commissioned in 1998, when it became apparent that review was deficient in a number of areas including fluoride intakes in different age group, sources of fluoride and oral health to complete the additional work required to finalise the report. and that there were insufficient funds[encl 1]

9 The claimed benefits by the Health Dept and the Australian Dental Association which all appear to rely on reviews and other opinions while claiming No credible evidence exists for detrimental health effects Claims of benefits 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).Kempsey Shire has a population of 28,000 and an Indigenous population of 85% ref: Kempsey Shire council

10 The report by Jason Armfield and John Spencer "consumption of non public water: implications for children's caries experience" Vol. 32 Issue 4 August 2004.page 283

states "The effect of consumption of nonpublic water on permanent caries experience was not significant. It is postulated that these findings may result from lower caries activity in the permanent dentition of children aged 5-10 and possible dietary confounders"

11 The World Health Organisation also considers diet to be a major contributor and in the “Rolling Revision of the WHO Guidelines for Drinking-Water Quality Draft for review and comments (Not for citation)

Fluoride

By M A Lennon, H Whelton, D O’Mullane, J Ekstrand

Extract : “The aetiological factors in dental caries involve the interplay on the tooth surface between certain oral bacteria and simple sugars (e.g. sucrose) derived from the diet. In the absence of those sugars in foods and drinks (an average national consumption of say less than 15 kg per person per year) dental caries will not be a public health problem. Under such circumstances, the public health concern will be to avoid the harmful effects of any excessive fluoride consumption from drinking water.”

However there is clear evidence from India and China that skeletal fluorosis and an increased risk of bone fractures occur as a result of long-term excessive exposure to fluoride (total intakes of 14 mg fluoride per day), and evidence suggestive of an increased risk of bone effects at total intakes above about 6 mg fluoride per day (IPCS 2002).

12 However the WHO does not actually give their unqualified support to water fluoridation but rather they recommend that countries not commence fluoridation without first ascertaining the amount of fluoride that individuals are consuming on a daily basis from all sources such as food and medication. The exact wording from 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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As there is no ‘national’ fluoridating authority in Australia therefore the responsibility for implementing fluoridation safely and in accordance with the WHO guidelines falls to the State Governments.

13 In their 1999 report the NHMRC describes it as ‘imperative’ that health authorities become informed about individual rates of fluoride ingestion because fluoride has been ‘classified as an equivocal carcinogen in high doses’ (NHMRC 1999:Ch8.3).

14 Lower socio economic groups and certain subsets of the population are particularly susceptible .Indigenous people have in, particular poor nutrition, low vitamin C retention and Calcium, magnesium & phosphorus and NO research has been conducted in Australia on the effects on this section of the community, and should be instigated immediately

I refer to the

TOXICOLOGICAL PROFILE FOR FLUORIDES, HYDROGEN FLUORIDE, AND FLUORINE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Agency for Toxic Substances and Disease Registry

September 2003

15 Human Rights issues also have to be addressed and I believe have not been taken into consideration .

Medication And Human Rights

Quote: The ethical issues raised by fluoridation are ultimately grounded in the Nuremberg Code. This code established the basis for all modern medical research and treatment involving human subjects. All subsequent codes of medical ethics have their origins in this document.¹ While the wording of various codes may differ, they all incorporate the fundamental basic requirement: research, or even routine medical procedures, must be done with the voluntary cooperation of the subjects, who must be fully informed of the risks and benefits of the medical procedures in which they are involved.

Medical ethics unequivocally demands that the wishes of the individual must take precedence over actions imposed by the state, unless there is a valid and wider public health concern. A state's interest may legitimately override an individual's wishes if a person with a potentially life-threatening and contagious disease such as measles or Lassa fever refuses to accept treatment and/or quarantine. Obviously tooth decay does not qualify as such a disease, requiring the state to usurp individual rights. States continue, nonetheless, to insist on their "police power," having convinced the public through press releases that fluoridation is completely benign.

Recommendations

- A] That a moratorium be immediately placed on the artificial water fluoridation of public drinking water supplies**
- B] That the National Health and Medical Research council immediately undertake studies as recommended in 1991 and 1999 reviews to study the effects of fluoride on bone and dental fluorosis.**
- C] That the recommendations and or conclusions made by The World Health Organisation in 1994 "Fluorides and Oral Health Technical series 846 page 14, 15, 34. be started immediately**
- D] Increase the placements in Universities and make Dental practitioners courses more financially viable and attractive to recruit more dentists to the field of dentistry**
- E] Instigate an overseas recruitment programme to increase the number of Dentists. available for public dental clinics subject to passing testing to Australian**

standards of professionalism, and subject to some limited years spent in the Public Dental Field.

F] Initiate a Dental Care option available under Medicare for Health Care Card holders and means tested low income earners.

G] Approach the Federal government to bring back the Commonwealth Dental Scheme.

H] Research and instigate legislation restricting the amount of sugar in certain types of food and drinks, particularly products aimed at children

H] Place a Tax on sugar similar to that of Cigarettes due to the fact that sugar is not only associated with dental caries, but to diabetes, obesity and heart problems

I] Provide school dental visits using a mobile bus with all facilities needed to carry out routine procedures on the spot

J] That the Health Department initiate education programme's a) for presentation to new and young parents on the dangers of prolonged bottle feeding and inappropriate use of sugary juices.

b) for methods of cleaning the babies mouth after bottle feeding. Via maternity wards

K] Education.a) Oral Hygiene

b) Proper feeding habits

c) Awareness of fluoride content in infant formula reconstituted with fluoridated water

d) How to avoid bottle tooth caries

e) Importance of dietary habits.

f) Dangers of sweet or sugary foods.

1) Ways to achieve changes:-

a)Videos on above shown to all new mothers in hospital

b)Booklets/pamphlets handed to new mothers

c)) If not breast feeding(but must recommend breast is best)

pamphlets from infant formula manufacturers on risk of over fluoridating and possible fluorosis

d) Education program to be implemented in pre schools of play groups. How to clean teeth /rinse mouth after drinking anything sweet etc

e) Education via Baby Health Centres

f) Education via Nursing Mothers Association.

g) Book "Terry The Toothbrush" like Giddy Goanna

h) TV promo like "Shut The Gate"

.Education works, great results were achieved with the Dental Therapy Program, conducted by Dhurri Medical Centre 1990 1994., without the introduction of harmful chemicals.

Tooth decay trends declined worldwide in the 1960's and 1970,s, in both non fluoridated and fluoridated areas (NHMRC)

The millions of dollars the Dept of Health was planning to use to put in the infrastructure, could be put towards the above suggested alternatives.

**Thanking you for considering this submission in your inquiry
Lyn James**

A handwritten signature in cursive script, appearing to read 'Lyn James', is located below the typed name.



Contact for this correspondence:

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In reply please quote: 2004/012328

Mr John Irving
Project Manager
Oral Health
North Coast Area Health Service
PO Box 649
TAREE NSW 2430

Dear Mr Irving

Re: Fluoridation of Water

I refer to your email of 21 February 2005 regarding the NHMRC's current policies on water fluoridation.

NHMRC continues to support the *Australian Drinking Water Guidelines* statement that fluoridation of public water supplies is an important health measure.

In 1998, HAC commissioned a review of fluoride use in Australia. It had been intended that this review would update NHMRC advice on the topic. However in December 2002, it became apparent that the review was deficient in a number of areas including consideration of fluoride intakes in different age groups, sources of fluoride, and fluoride and oral health. HAC recognised that there were insufficient resources available to complete the additional work required to finalise the report. Consequently, HAC agreed it was necessary to discontinue this work and has no plans to recommence at this stage.

As part of this consideration, HAC sought independent advice on the applicability of the existing guidance on fluoride in the *Australian Drinking Water Guidelines* (1996). HAC noted the current guideline value for fluoride had remained consistent since 1958 when WHO first published the *International Standards for Drinking Water* and 1972 when NHMRC first published drinking water guidelines. Members accepted the advice that there was little need to amend the existing Guideline or Fact Sheet in the 1996 *Australian Drinking Water Guidelines*. The NHMRC Drinking Water Review Coordinating Group concurred with the comments and consequently did not see a need to amend the guideline value of 1.5 mg/L.

The 1996 *Australian Drinking Water Guidelines* have now been replaced by a 2004 edition available on the NHMRC website at:

<http://www.nhmrc.gov.au/publications/synopses/ch19syn.htm>

The 2004 *Australian Drinking Water Guidelines* note that in water supplies where fluoridation occurs, the target concentration of fluoride should be between 0.7 and 1 mg/L, with lower concentrations applying in warmer climates to allow for a higher average consumption of water.

The NHMRC publication "*Review of Water Fluoridation and Fluoride Intake from Discretionary Fluoride Supplements*" (1999), was archived by the NHMRC in March 2002 as part of a review of NHMRC recommendations and publications. This document is available on the NHMRC website at:

<http://www.nhmrc.gov.au/advice/pdfcover/fluorcov.htm>

If you have any further queries, please contact me on (02) 6289 9105.

Yours sincerely



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Mr Phil Callan
A/g Director
Health Advisory Section

24 February 2005



J. Armfield
K. Roberts-Thomson
J. Spencer

The Child Dental Health Survey, New South Wales 2000

AIHW Catalogue No. DEN 117

AUSTRALIAN RESEARCH CENTRE
FOR POPULATION ORAL HEALTH

Table 12: Permanent caries experience for 11 12-year-old children by region

	Children	Decayed (D)		Missing (M)		Filled (F)		DMFT		DMFT=0
	<i>n</i>	mean	SD	mean	SD	mean	SD	mean	SD	%
Far West	26	0.73	1.66	0.04	0.20	0.04	0.20	0.81	1.65	69.2
Greater Murray	2,709	0.17	0.59	0.01	0.17	0.21	0.68	0.39	0.95	79.7
Macquarie	345	0.18	0.62	0.04	0.30	0.23	0.63	0.45	0.97	75.4
Mid North Coast	1,075	0.20	0.67	0.03	0.22	0.21	0.66	0.44	1.01	78.3
Mid West	1,463	0.15	0.59	0.01	0.14	0.23	0.68	0.39	0.94	87.6
New England	2,000	0.13	0.50	0.01	0.18	0.22	0.67	0.36	0.90	81.4
Northern Rivers	2,475	0.31	0.88	0.02	0.19	0.29	0.79	0.62	1.26	72.6
Southern	1,320	0.16	0.54	0.02	0.16	0.19	0.66	0.36	0.91	81.1
Central Coast	2,879	0.27	0.76	0.01	0.16	0.25	0.75	0.54	1.13	74.3
Central Sydney	2,672	0.26	0.76	0.01	0.15	0.21	0.69	0.48	1.07	76.7
Hunter	4,562	0.22	0.60	0.01	0.09	0.21	0.65	0.44	0.93	74.8
Illawarra	1,856	0.24	0.65	0.02	0.20	0.24	0.70	0.50	1.01	74.1
Northern Sydney	3,801	0.15	0.60	0.01	0.13	0.23	0.76	0.39	1.04	80.7
S. Eastern Sydney	4,772	0.25	0.72	0.01	0.11	0.22	0.71	0.47	1.07	77.2
S. Western Sydney	6,167	0.25	0.71	0.01	0.16	0.21	0.69	0.47	1.04	75.9
Wentworth	562	0.44	0.95	0.01	0.11	0.25	0.69	0.71	1.24	65.3
Western Sydney	6,574	0.25	0.75	0.02	0.23	0.21	0.70	0.48	1.11	75.4

Caries experience by demographic and socio-demographic variables

Caries experience for 5- and 6-year-old children and 11- and 12-year-old children is presented by sex of the child, Indigenous status and the child's country of birth in Table 13. In the deciduous dentition, males had a dmft score 14.4% higher than females, while the opposite trend occurred in the permanent dentition with females having slightly higher caries experience (14.0% higher DMFT) than males in the corresponding age range of 11 12 years.

Indigenous children had higher caries experience in both the deciduous and permanent dentitions. For 5- and 6-year-old children, Indigenous children had a mean dmft score almost 2.4 times higher than non-Indigenous children in the corresponding age group. This difference was not as pronounced in the permanent dentition, where Indigenous 11 12-year-old children had a mean DMFT score 1.5 times higher than non-Indigenous children in this age group.

Considerable differences are evident in the caries experience of children born in different regions of the world. For both 5 6-year-olds and 11 12-year-olds caries experience was lowest for children from North-West Europe and Northern America, with children born in Australia having the third lowest caries experience. The highest dmft and DMFT scores occurred for children born in New Zealand and Other Oceania, Southern and Eastern Europe, North Africa and Middle East, South-East Asia and North-East Asia. In the deciduous dentition, mean dmft of those children born in South-East Asia (mean = 2.52) was approximately 2.7 times higher than that of