

**Submission
No 243**

INQUIRY INTO DENTAL SERVICES IN NSW

Organisation: FIND (Fluoridation is not Democratic)

Name: Mr Wayne Evans

Telephone:

Date Received: 23/08/2005

Theme:

Summary

F.I.N.D. (Fluoridation IS Not Democratic)

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23rd August 2005

Standing Committee on Social Issues
Inquiry into Dental Services in New South Wales
NSW Legislative Council
Parliament House
Macquarie Street
Sydney NSW 2000

Inquiry into Dental Services in NSW - Public Hearing - Port Macquarie.

Submission on Preventative Treatment – Fluoridation.

Fluoridation Versus Democratic Rights & Human Rights in Coffs Harbour

In 1991 just over 70% of Coffs Harbour residents voted against the fluoridation of their public water supply.

In June 2004, without adequate community consultation, and with no reason to suggest that the community had changed its opinion about fluoridation, it was decided by 5 Coffs Harbour City Councillors to hand the decision of fluoridation over to the NSW Director-General of Health; the same Director-General who had never refused an application to fluoridate a public water supply referred under Section 6(a) of the **Fluoridation of Public Water Supplies Act 1957 No 58.** (see attached)

Not only did these five councillors not have a mandate from the community of Coffs Harbour to make such a decision on fluoridation, but they were coerced by the then CEO of the Mid North Coast Area Health Service, Mr Terry Clout, to forget about democratic processes in return for additional cash incentives.

The following extract is from correspondence (see attached) between Mr Terry Clout, former CEO of the Mid North Coast Area Health Service, and the General Manager of Coffs Harbour City Council, Mr Mark Ferguson. Under the heading, Matter 5 on page 3 of Mr Clout's letter he says:

“Given my view as to the likely position on recurrent cost I fought hard to obtain an agreement from the Director General of Health for 100% of the capital cost should the matter be referred under Section 6A. Given the circumstances of the Mid North Coast, this has been agreed to for the 2004/05 financial year on the reasoning that the cost to Council and to Health in running and funding a campaign under a general referendum would be avoided and the money would be better spent in covering the cost of fluoridation of the water supplies.”

"I also confirm that the Mid North Coast Area Health Service will provide to each Council \$20,000 for each of the 2004/05 and 2005/06 financial years to defray the cost of implementation of fluoridation of water supplies should a Council refer the matter under Section 6A of the Act for consideration and direction by the Department of Health and the Director General (on the advice of the Advisory Committee) determines to issue such a direction to Council."

Section 6(a) (see attached) is in effect an iron clad agreement to fluoridate a public water supply. Once a Council has referred a fluoridation proposal to the NSW Health Department under Section 6(a) and the Director-General has made a directive, they have no further control over fluoridation. They must accept it even if they change their mind, they have no say about the type of fluoridation agent used and if that agent is changed at a future date it is the NSW Government's right to do so without any additional toxicological studies being undertaken (In recent times the main fluoridation agent used in Australia has changed from sodium fluoride to industrial grade sodium silicofluoride.)

Terry Clout's letter also states:

- That "inadequate community consultation occurred prior to the MNCAHS taking the matter of fluoridation to local councils" and
- That he had taken certain decisions himself in the interests of Public Health and had "excluded Mayors and General Managers from certain aspects of the decision making process".

F.I.N.D. would like to know how the democratic rights of a majority of citizens in a community can be taken away in such an arrogant and demeaning way

We would also like to know why the forced fluoridation of our public water supply without free and informed consent is not a criminal act, given that the NSW Health Department is aware of these facts:

- Fluoride is an equivocal carcinogen in high doses (NH&MRC)
- NH&MRC recommended finding out levels of fluoride in the population before new fluoridation schemes were introduced (1991)
- Research into fluoride levels in the Australian population was started by the NH&MRC but discontinued because of lack of funding

The Director-General and Minister for Health have refused to apply any Precautionary Principle to this public health issue and thumbed their nose at informed public debate and existing community views.

Lies, bribery, bullying and propaganda have no place in our public health debates and no place in a democratic society.

Yours sincerely



Wayne Evans (On behalf of FIND)

Ideas for Improving Dental Health as well as Public Health

- According to the Australian Dental Association, NSW spends less on dental programs than any other state
- Dental health problems along with obesity have been associated with other illnesses in society including high blood pressure and stroke.
- With an aging population it is in the interests of all Australians to reduce the demands on the Public Health system by preventative health programs.

The following are our ideas for improving dental and physical well being of the population. It envisages starting education with pre natal, childcare and primary education facilities.

1. Information in Maternity Wards and Baby Health Clinics etc that childhood obesity can start with formula feeding. Also covering bottle tooth caries prevention.
2. Free toothbrushes and milk (boost for primary industry) for disadvantaged (if not all) kids in primary school. In addition a Preventing Illnesses Program (PIP) to be incorporated into the curricula of all primary schools covering in the first instance Childhood Obesity and Dental Health. Information flyers to be sent home to parents and guardians.
3. Reintroduce dental buses or caravans with air conditioning to visit schools and disadvantaged communities (especially Aboriginal communities) to offer initial screening and minor dental repairs.
4. Federal Government to reintroduce Commonwealth Dental Scheme as well as increased allocations from the State Government and contributions by Local Government (Local Government contributes to dental programs under fluoridation arrangements).
5. Dental Health Clinics to offer patients more than just extractions. Limited root canal work should be offered.
6. The cessation of fluoridation throughout Australia with the funds from the running of such operations going to State Government dental health initiatives, including the reinstatement of proper funding for the school dental service
7. The use of TV Personalities such as Giddy Goanna as a tool for oral hygiene and obesity education for pre-schoolers.
8. F.I.N.D. is currently supporting the Federal Shadow Minister for Health, Julia Gillard in her push for a reintroduction of the Commonwealth Dental Scheme.

According to Mid North Coast dental nurses, public dental facilities have been allowed to run down since the Federal Government began decreasing funding to the States - in 1997 this funding assistance stopped altogether.

Money from fluoridation programs will flow to dairy industry as well as dental services – **decrease imports** of fluoridation agents as well as fluoridation equipment and **support Australian industries** while **increasing job opportunities**.

Fluoridation of Public Water Supplies Act 1957 No 58

6ADirections

- (1) The Secretary may, by notification published in the Gazette, direct a water supply authority to add fluorine to a public water supply.
- (2) A direction may be given only if the water supply authority has referred the question of fluoridating the public water supply to the Secretary for consideration and the Secretary has received the advice of the Committee as regards the question.
- (3) A direction is subject to:
 - (a) a term requiring the water supply authority to maintain the content of fluorine in the public water supply at a concentration of not more than the maximum nor less than the minimum concentration (calculated as parts per million) specified in the direction,
 - (b) a term prohibiting the water supply authority from adding to the public water supply fluorine in a form other than that specified in the direction, and
 - (c) such other terms as may be determined by the Secretary and specified in the direction.
- (4) The Secretary may at any time after giving a direction:
 - (a) revoke the direction,
 - (b) revoke any term attached to the direction, other than a term referred to in subsection (3) (a) or (b),
 - (c) vary any term attached to the direction, or
 - (d) attach new terms to the direction.
- (5) Any water supply authority contravening a direction or any terms attached to the direction is guilty of an offence against this Act.

Trim: 150604/6600

22 August 2005

Mr Mark Ferguson
General Manager
Coffs Harbour City Council
Locked Bag 155
Coffs Harbour NSW 2450

Dear Mr Ferguson

RE: FLUORIDATION OF WATER SUPPLY SYSTEMS

I refer to previous correspondence and discussions and to resolutions at Council's meeting on 3 June 2004. I also refer to my meeting with the Acting Mayor on Friday, 11 June in respect of certain matters upon which he sought clarification. I will attempt in this letter to address the issues raised by the Acting Mayor so that information can be made available to Councillors prior to their further consideration of these matters at their meeting on Thursday, 17 June 2004.

Matter 1- Fluoridation of Public Water Supplies Advisory Committee

As indicated to the Acting Mayor Mr Ian Hogbin, I had already asked the Chair of this Committee to provide to me some detailed information about how the Committee is constituted and operates. I had done this with the purpose of making it available to the four Councils currently considering fluoridation for their water supplies. In particular I was interested to receive advice from the Chair of the Committee as to the extent that Committee considers opposing views given the concern expressed at Council's meeting that there was no opportunity for opposing views to be put and considered by the Expert Advisory Committee. The Acting Mayor also wished to be advised of the process following the Committee considering references from Councils and the extent to which a Council could then accept or reject a direction from the Director General of Health.

I have now received a letter from the Chair of the Committee who is also the Chief Dental Officer for New South Wales. It is attached for the information of Council.

Matter 2 – Clarification of the effectiveness of topical versus systemic fluoride treatments in respect of prevention of dental decay.

Fluoride received systemically (that is, via the water supply) continues to provide significant benefits in the prevention of dental caries for both deciduous and permanent teeth. Communities that have ceased water fluoridation have a demonstrated increase in caries experience.

These communities will have topical fluoride applications in the form of self-administered fluoride toothpaste, and rinses. For those that can afford it, dental applications of fluoride assist in caries reduction but for those most at risk, this is a luxury beyond their means. While topical applications are undoubtedly helpful, they are not equitable and, due to compliance problems (eg forgetting to clean teeth, or missing dental visits) will never be as effective, cost-effective or equitable as systemically available fluoride. Systemically available fluoride is a powerful weapon in the fight against tooth decay.

Should any further clarification be required in respect of this matter I would be happy for you or Councillors to contact Ms Catherine Osborne, Mid North Coast Area Health Service Manager of Oral Health Services on 6592 6948

Matter 3 – Clarification of graphs provided to Council in relation to relative dental decay in fluoridated and non-fluoridated communities.

The Acting Mayor sought clarification on the graphs provided to Council by Mid North Coast Area Health Service. I have provided such clarification in this second attachment.

Matter 4 – Clarification of decision not to formerly approach Councils in relation of fluoridation of Public Water Supplies prior to recent Council elections.

As discussed with the Acting Mayor the Area Health Service has been pursuing the Teeth For Life Program since January 2003. Prior to that the Area Health Service had been pursuing a holistic approach to the looming dental crisis but not under the badge of "Teeth for Life". As early as 2001 the Area Health Service had briefed Mayors in the context of the Area Health Service's quarterly Mayors/Board Forum. The then Chief Dental Officer of NSW presented a national and international perspective and commended the Area Health Service's holistic approach of which fluoridation of water supplies was only one of four strategies.

Since 2001 the Area Health Service has been consulting, educating and informing the community and community stakeholders on the crisis and the four pronged strategy.

The Teeth For Life campaign was a specific badging of that program and aimed at gaining another level of community awareness and support for the total strategy. In the process of community consultation, information and education, Council Officers and the Mayor were briefed at various stages since 2001 on the total strategy. I indicated to the then Mayor and Council Officers that at some stage I would come back to Council requesting specific consideration of the fourth leg of the strategy, that being fluoridation of water supplies.

The stage of the campaign that had been reached by mid 2003 indicated to me that several more months of community/stakeholder consultation, information and education was required before it was appropriate to approach Councils on the specific issue of fluoridation of water supplies. I was and remain strongly of the view that this issue was a

public health issue and that it was inappropriate for me to lob onto Councils this issue immediately prior to Council elections. You will recall that it was originally intended that Council elections were to be held in late 2003. I therefore formed a view that I would withhold my approach to Councils until after the Council elections. This I did. I should empathise that this was my decision and not one that I consulted Mayors about. I did however inform them that I would not be raising this public health issue at that time.

As we now know Council elections were pushed back and held in March 2004. I therefore pushed back the timing of my approach to Councils. Again this was a decision I took by myself. In delaying this approach I knew that I was making the window of opportunity to attract 100% capital works funding very narrow: in that I needed a referral by Councils prior to the end of June 2004 otherwise I would have to take the risk in a new financial year as to whether or not I could again achieve this elevated level of funding from the Department of Health's Capital Works Program. Nonetheless I considered that it was so clearly a public health issue that the approach I was taking was appropriate.

At no stage did any Mayor approach me about my timing of approaching Councils on this issue.

Matter 5 – Recurrent costs

If a decision was taken to fluoridate the water supply systems, the Department of Health through the Area Health Service would provide 100% of the capital cost for buildings and equipment.

The Acting Mayor asked me how likely it is that the Department of Health or the Minister would agree to a request from Council for the Department of Health to bear 50% of the recurrent cost. This letter confirms my advice to you that the consistent policy position of the Department of Health on this matter has been that it does not and will not cover the recurrent cost of water reticulation systems whether they be fluoridated or not. In addition the policy position has been that a contribution towards capital cost would only be 50%. I think it unlikely that this position will change notwithstanding a request for such change.

Given my view as to the likely position on recurrent cost I fought hard to obtain an agreement from the Director General of Health for 100% of the capital cost should the matter be referred under Section 6A. Given the circumstances of the Mid North Coast, this has been agreed to for the 2004/05 financial year on the reasoning that the cost to Council and to Health in running and funding a campaign under a general referendum would be avoided and the money would be better spent in covering the cost of fluoridation of the water supplies.

I also confirm that the Mid North Coast Area Health Service will provide to each Council \$20,000 for each of the 2004/05 and 2005/06 financial years to defray the cost of implementation of fluoridation of water supplies should a Council refer the matter under Section 6A of the Act for consideration and direction by the Department of Health and the Director General (on the advice of the Advisory Committee) determines to issue such a direction to Council.

I should also point out that when we talk about the cost for ratepayers of fluoridation we need to bear in mind that members of the community of Coffs Harbour (including ratepayers) are, on the basis of the most credible evidence currently available, likely to save on average per family considerably in excess of \$200 per year in prevented dental

cost should we fluoridate the water supply system. These are savings not to the Area Health Service but to the members of the community of Coffs Harbour.

I hope the attached letter and above clarifications address the issues you have raised. Should there be any further matters upon which you seek clarification please do not hesitate to contact me on 6588 2941.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Terry Clout'. The signature is stylized with a large, sweeping initial 'T' and 'C'.

Terry Clout
Chief Executive Officer

Attachs Letter from Dr P Hill
Graphs