

**Submission
No 242**

INQUIRY INTO DENTAL SERVICES IN NSW

Organisation:

Name: Mr Lewis Clyde James

Telephone:

Date Received: 19/08/2005

Theme:

Summary

L C & L C James

SUBMISSION TO

THE DIRECTOR STANDING COMMITTEE ON SOCIAL ISSUES
LEGISLATIVE COUNCIL
PARLIAMENT HOUSE SYDNEY 2000.

INQUIRY INTO DENTAL SERVICES IN NSW.

ATTENTION: Susan Want,

Dear Ms Want,

My Wife and I wish to submit this letter on behalf of our grandson Mitchell James now 12 years of age,

Mitchell spent the first three years of his life in the Sydney region of Horsley Park, he was breast fed for 12 months and had a normal healthy early childhood.

The family moved back to Kempsey on the Mid North Coast of NSW when he was about 3years of age.

Mitchell has Dental Fluorosis, no one could possible understand the suffering of this child unless you could see it for yourself or, have a child in the family who also suffers the same fate.

The suffering I am referring to is not just the physical pain of his teeth but the untold torment he suffers from his school peers. Mitchell has been spat on, abused verbally and bullied to a point of beatings.

Ugly stains on ones teeth are not something that is readily acceptable to most people and the devastating effect of this affliction will be carried over into his adult life.

My daughter and her family are on a low income and as such the cost of restorative work is prohibitive if not impossible.

Mitchell's teeth have deteriorated greatly over the last 12 months as will be evident in the photos supplied at Port Macquarie Tuesday 23rd [my wife is one of the speakers], the back teeth crumble regularly when eating and now the front tooth with the brownest disfigurement has also cracked out.

I believe Mitchell will require extensive restorative work or complete removal of his teeth.

Who is going to pay for this work? How much suffering is one child supposed to endure physically and mentally?

When we first became aware of the amount of Dental fluorosis in this country we were angry, but mostly shocked that a government could continue to support and force communities to drink fluoridated water, knowing that research indicates 40% in West Australia & 56.8% in South Australian children in fluoridated areas and 29- 33% in non fluoridated areas suffer some form of Dental Fluorosis [no figures available for other states] ref NHMRC 1999 Ch 8 page 1.

Fluorosis has also been reported to be increasing in prevalence in the USA, Canada and several other countries. There is good evidence that the manifestation of fluorosis are dose dependent, meaning that, the higher the fluoride intake during the critical period of tooth development the more severe the case of resulting fluorosis.

Ref: NHMRC 1999 ch8 p 1& 2 And this data is six years old

Further the NHMRC in its summary conclusion state:

There is a need in Australia for improved monitoring of dental health of both children and adults, in particular to monitor fluoride intake and the occurrence of dental fluorosis, to identify risk factors and retain a dental health scheme which is both cost beneficial and effective.

Ref: NMHRC 1999 ch8 p 8

It is my understanding that the Health Advisory Committee, in 1998 commissioned a review of fluoride in Australia. It had been intended that this review would update the NHMRC advice on the subject; in

2002 the review was found to be deficient in a number of areas including fluoride intakes in different age groups. Insufficient resources were available to complete this report. Ref: NHMRC letter to Mr John Irving NC AHS [attached].

It further states that independent advice was sought of existing guidelines on fluoride in the Australian Drinking Water Guidelines 1996 and it was noted that the guidelines had remained consistent since 1958.

I find this incredibly unscientific and negligent and this state of affairs needs to be rectified immediately. I would also like to point out that the Drinking Water Guidelines 1996 & 2004 state
The Guideline value should not be regarded as a recommended value for fluoridation of water supplies Ref: ADWG fact sheet 51.

The World Health Organisation is constantly quoted as supporting water fluoridation but what is NOT quoted is the recommendations and conclusions which are constantly ignored.

WHO Technical series 846 1994 Fluorides and Oral Health

5.4 FLUOROSIS AS A BIOMARKER

Epidemiological studies by Dean and colleagues in the 1930s clearly demonstrated the relationship between dental fluorosis in humans and the level of fluoride in water supplies. These and other studies have shown that in a population there is a direct relationship between the degree of fluorosis and the plasma and bone fluoride levels on the one hand, and the concentration of fluoride in drinking water on the other hand. These studies suggest that fluorosis can be used as a biomarker for the level of fluoride exposure only during the time of enamel formation. For example, an increased level of fluorosis in fluoridated and non-fluoridated communities has been used to indicate increased exposure to fluoride in these communities, despite constant fluoride levels in the drinking water. This increased exposure to fluoride was found in part to result from unintentional ingestion of topical fluorides, underlining the value of fluorosis as a biomarker.

6.1 Conclusions p 15

- 1 .Dental fluorosis should be regularly monitored, using indices sensitive enough to detect early changes in enamel following minor changes in fluoride intake.*
- 2 When mild or more severe fluorosis is found to a significant extent in a community, steps should be taken to reduce fluoride ingestion during the ages of tooth development.*

13 Multiple fluoride exposure p 34

13.1 Conclusions

- 2 .Dental public health administrators should be aware of the total fluoride exposure in the population before introducing any additional fluoride programme for caries prevention, and the cost-effectiveness of such programmes should be carefully considered.*

The "WHO" 2002 "Environmental Health Criteria 227" Fluorides

Further recommend

11 CONCLUSIONS AND RECOMMENDATIONS FOR PROTECTION OF HUMAN HEALTH AND THE ENVIRONMENT

11.1 Conclusions

[paragraph 3]Fluoride has both beneficial and detrimental effects on human health, with a narrow range between intakes associated with its beneficial and adverse effects.

11.2 Recommendations

Considerations should be given to the levels of fluoride and the means of application required to maximise the beneficial effects of fluoride while minimising the potential for adverse effects on the skeleton and teeth.

It is recommended that international and national agencies identify areas in which health effects related to fluoride are found, identify the primary sources of fluoride exposure and take appropriate action(s) to reduce exposure.

It is recommended that international and national agencies support research to better characterize total fluoride exposure, exposure –health relationships and the various factors that modify and influence these

12 Further Research.

12.1 There is a need.

To determine total dietary fluoride intakes and bioavailability and elucidate the relative contribution of water and foodstuffs.

To develop robust markers of fluoride exposure and effects in animals and humans to further elucidate the mechanisms[including work on a molecular level] of fluoride's effects on bone, and how these might be reversed;

To design high-quality studies at population and individual levels, to characterize the adverse effects of fluoride on bone, cancer and reproductive outcomes; available data sets should be exploited to generate sound epidemiological observations—for example, through a linkage between population registries in high exposure areas and cancer or other disease registries.

13 PREVIOUS EVALUATIONS BY INTERNATIONAL BODIES

[paragraph 2]The WHO recommended guideline value for fluoride in drinking- water is 1.5mg/litre [WHO 1993, 1996b]. It was also noted that in setting national standards for fluoride, it is particularly important to consider climatic conditions, water intake and intake of fluoride from other sources(eg from food and air).

The YORK Review commissioned by Prime Minister Tony Blair in 2000 in its report also found that water fluoridation to be significantly associated with dental fluorosis and did not find it to be safe and could come to no conclusion as to the cost effectiveness. [Attached letter from Professor Sheldon Chairman]

I believe the above recommendation by The world Health Organisation are largely ignored by Health authorities in Australia, as not one intake study has been carried out in this country.

Our area has been targeted for fluoridation by November this year with no studies or testing of the population prior to gazetting the order to fluoridate.

My wife has repeatedly written asking questions from the Local Council to the Minister for Health, MP's and every one in between including questions in parliament with very unsatisfactory replies.

Copies of these letters and replies can be made available to this inquiry. For the most part most replies have been the same FORM type response claiming safety and efficacy and overwhelming evidence, but when asked to produce it, it cannot be produced and what is offered is far from proof, it is outdated and is not without scientific questions with research proving just the opposite by some very respected and world renown researchers like Albert Schatz [founder of Streptomycin]

I for one am not convinced by this insincere unproven rhetoric. No studies have been offered to prove the safety of fluoride for all who consume it. In fact when my wife requested the data from the "Advisory committee" of NSW Health, which was used to determine the state of children's teeth on the Mid North Coast she was refused this data [letter attached]

The information obtained showed Nambucca Shire fluoridated for over thirty years had more DMFT in 12 year olds

Further evidence of Fluoridated areas having more DMFT's than the mainly NON FLUORIDATED Area on the MNC can be found in the "Child Dental Health Survey 2000" page 12 Table 12

To further add to our woes a recent report in the Local Newspaper "The Argus" we are to loose our only public dentist, this is a disgrace and needs immediate attention. This will only cause more problems for our community.

The evidence is clear that where limited or no public dentists are available for immediate treatment, tooth decay is rampant even with the so called panacea, water fluoridation we see huge waiting lists for dental services and rampant tooth decay as evidenced by recent media coverage of a dental decay crisis in Sydney Tasmania NT and other fluoridated states.

It is not fluoridation we need but "Medicare" for dental services and more dentists right across the board.

We are hoping that this inquiry will help to get some of these urgently needed services in lieu of the obviously unsubstantiated claims made about the benefits of fluoridation.

Perhaps the pain my grandson is suffering may be avoided by abolishing water fluoridation and proposing a program to fund and develop better services. Including education on the effects of too much sugar in the diet and access to dentists when the need arrises not 2,3or 4 years waiting time

The Millions of Dollars of taxpayers money used to fund the infrastructure of the 56 Council areas targeted for water fluoridation would go some way to education and dental services

Yours sincerely
Lewis Clyde James



Contact for this correspondence:

Name: Christopher Gonzalez
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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/eh19syn.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

9/10/04

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Professor Trevor A Sheldon
Pro-Vice-Chancellor: Learning & Teaching

To whom it may concern

In my capacity of chair of the Advisory Group for the systematic review on the effects of water fluoridation conducted by the NHS Centre for Reviews and Dissemination the University of York and as its founding director, I am concerned that the results of the review have been widely misrepresented. The review was exceptional in this field in that it was conducted by an independent group to the highest international scientific standards and a summary has been published in the British Medical Journal. It is particularly worrying then that statements which mislead the public about the review's findings have been made in press releases and briefings by the British Dental Association, the British Medical Association, the National Alliance for Equity in Dental Health, the British Fluoridation Society and others abroad. I should like to correct some of these errors.

- 1 Whilst there is evidence that water fluoridation is effective at reducing caries, the quality of the studies was generally moderate and the size of the estimated benefit, only of the order of 15%, is far from "massive".
- 2 The review found water fluoridation to be significantly associated with high levels of dental fluorosis which was not characterised as "just a cosmetic issue".
- 3 The review did not show water fluoridation to be safe. The quality of the research was too poor to establish with confidence whether or not there are potentially important adverse effects in addition to the high levels of fluorosis. The report recommended that more research was needed.
- 4 There was little evidence to show that water fluoridation has reduced social inequalities in dental health.
- 5 The review could come to no conclusion as to the cost-effectiveness of water fluoridation or whether there are different effects between natural or artificial fluoridation.
- 6 Probably because of the rigour with which this review was conducted, these findings are more cautious and less conclusive than in most previous reviews.
- 7 The review team was surprised that in spite of the large number of studies carried out over several decades there is a dearth of reliable evidence with which to inform policy. Until high quality studies are undertaken providing more definite

evidence, there will continue to be legitimate scientific controversy over the likely effects and costs of water fluoridation.

(Signed) T.A. Sheldon,

Professor Trevor Sheldon, MSc, MSc, DSc, FMedSci.

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Centre for Oral Health Strategy, NSW
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Lyn C James

Dear Ms James

I refer to your letter 3rd February 2005 concerning a number of issues including requesting copies of material used by the Fluoridation of Public Water Supplies Advisory Committee and the Centre for Oral Health Strategy, NSW when formulating fluoridation policy.

Unfortunately, I am unable to comply with this request.

I acknowledge that you may be apprehensive about water fluoridation, however the overall weight of scientific evidence overwhelmingly supports water fluoridation as a safe and effective means of protecting teeth against decay.

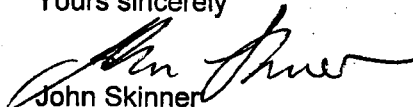
On 29 July, 2004, Australian Health Ministers endorsed the National Oral Health Plan and specifically endorsed the fluoridation of water supplies as an effective public health measure and agreed to take this into account in the development of oral health services within their jurisdictions.

Water fluoridation is recommended by national and international medical and scientific organisations including the World Health Organisation (WHO), the Australian Medical Association and the Australian Dental Association. It remains a safe, effective and important means of improving the dental health of the community, regardless of age and social or economic status. In 2004 the WHO also confirmed the need for water fluoridation wherever practicable. From a population health perspective, it remains one of the great disease prevention initiatives of modern times.

The process of water fluoridation has been consistently monitored since it's inception and still continues to be the subject of reviews and research to confirm its efficacy and safety. Federal and State health authorities are fully aware of these studies and of concerns such as those raised in your correspondence. There is no proven evidence that optimally fluoridated water is anything but a safe, effective and equitable means of helping to reduce dental decay for all age groups. This is so because only a minute quantity (up to one part per million) is required to be in the water to assist tooth enamel to resist decay. At this level there is no risk to us or the environment – the margin for safety is considerable and exceeds any possible ingestion levels from other discretionary sources.

Your comments have been noted, however, the NSW Government and NSW Health continue their strong commitment to fluoridation of public water supplies as a proven public oral health measure.

Yours sincerely


John Skinner
A/Manager

2/3/05

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From Lynette C James©

24/06/2005

TO
NSW Health Department
"Expert committee"
73 Miller Street
Locked Mail Bag 961
North Sydney NSW 2059

NOTICE FOR STATEMENT OF REASONS

TO: The Director General of Health Robyn Kruk.
"The Advisory [Expert] Committee"

Messrs

The Chairman Acting Chief Dental Officer NSW Health Dr Peter Hill :
Northern Areas representative AMA Dr Diana Hart:
Association Professor of Dentistry Dr David Craig:
Principal Oral Health Advisor NSW Health Dr Shanti Sivaneswaran
Public Works Dept Land and Conservation Dept Mr. Bill Ho:
Cowra Council Councilor Jack Mallon:

This Notice Arises from the following facts:

- 1 On 14th of July 2004 "The Advisory committee" met and made the recommendation to The Director General of Health Ms Robyn Kruk to Fluoridate the Kempsey Shire, Hastings & Coffs Harbour water supplies.
- 2 The Director General Ms Robyn Kruk has forwarded this recommendation to the Governor General and that the order to fluoridate was gazetted on or about the 8th August 2004
- 3 The Advisory committee is required by law under the terms of the Fluoridation ACT 1957 to establish and maintain a comprehensive and current Information base.
- 4 On the 3rd February 2005 a Notice was forwarded to the Director General and the Expert Committee (Advisory Committee) collectively, requesting all literature, data and information Copy enclosed(exhibit LCJ 01]

5 This demand for documentation was refused. And answers to specific questions were ignored. Copy encl (LCJ 02)

I now require by the 15th July 2005, your reasons for not complying with this demand.

Freedom of Information legislation 1989 gives me a legal right to

#. Obtain access to documents held by State Government agencies, and Government Ministers.

#. I may appeal against a decision not to grant access to documents.

I may ask for Non Personal information which includes government policy documents, research materials, instructions and procedure manuals market research and product testing records.

I may access information under this legislation from Government Departments and Agencies , State Boards and committees.

However I fail to see the necessity to undergo a FOI request when the information I sought is or should be readily and freely available from the Advisory committee.

1 Failure by you to respond. by supplying the data requested and answering specific questions with valid answers to question 7-13 of my previous correspondence (exhibit LCJ01) indicates a failure by you all collectively and individually to honor your commitment and duty of care and common law obligations to do no harm and you are not acting in good faith.

2 Please be advised that if you fail to respond to this notice it will be taken as an admittance by you that the data does not exist and that no such data was used to determine the dental health of the Kempsey, Port Macquarie, Bellingen, and Coffs Harbour children and further will be an admission by you to deliberate or negligent failure to provide the scientific evidence to support your claims of safety efficacy and effectiveness.

Yours Sincerely
Lyn C James.
Acting secretary MNC FFA.