

**Submission
No 251**

INQUIRY INTO DENTAL SERVICES IN NSW

Organisation:

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Position:

Telephone:

Date Received: 20/09/2005

Theme:

Summary

Submission to the Dental Inquiry from Cr. Jillian Cranny BA,
Bellingen Shire Council

The Director,
Standing Committee on Social Issues
Legislative Council
Parliament House
Sydney 2000
socialissues@parliament.nsw.gov.au

Dear Committee members,

As a Councillor on the Bellingen Shire Council, I wish to make a submission to this inquiry, especially in light of the recent decision by the Director General to gazette that our towns water supplies will be Fluoridated as of next year, without the consent of the majority of our ratepayers.

I am very concerned by the inadequate and unacceptable manner in which this issue was put to Councils in our region. Our Council decided to halt the process to enable a postal ballot to be conducted, where by a strong majority of those responding, did not agree with the proposal to put Fluoride in our water supplies. This result was handed along for consideration by the Director General. At the time both the Mayor, Cr. Mark Troy and Mr John Irving from the Department of Health assured me that any questions the Councillors had should be passed on for answers, and assurances were given by Mr Irving that any concerns or questions I had would be answered. In believing that this offer was sincere, my questions to Mr Terry Clout, who was the CEO for Mid North Coast Area Health at the time, were ready on the 3rd August, 2004, but as he did not appear at the Council meeting as planned, I changed the submission to address it to Mr Peter Hill, Chief Dental Officer, Oral Health Branch NSW Health, and Ms Robyn Cruik, Director General of Health, dated 4th August 2004 as I had been directed to do. Many months elapsed without even acknowledgment of my letter. Again Mr Irving approached the three Councillors opposing Fluoride additions to our water supplies, and invited us to have coffee with him to answer any questions we may have on Fluoride. I told him that my questions had already been sent, without even receiving a response. Two days later, I received a fax from Mr Peter Hill acknowledging my letter of 4th August and stated he was sorry about the long delay in responding and that my letter had been sent to a panel of experts to be answered soon. I still have no response back to this letter and I hate to think what constitutes a "long" time to respond if my letter of over a year ago was to be replied to "soon"! Attached is the letter I refer to. Mr Clout was relaxed by Mr Chris Crawford, who stated on the ABC Radio, on the 10th October, 2004, when asked what was going to happen about Bellingen's water supplies, regarding the addition of Fluoride, "We are waiting on Bellingen to see what decision it makes", and yet, despite the referendum results, it appears the Department of Health disregarded the decision made by the people of the Bellingen Shire. They appear to have disregarded an important first principal of medicine: Informed consent prior to the administration of a medication. In this Shire, you do not have informed consent being given for the addition of

Fluoride into the town's water supplies, nor was there a majority consenting at the previous referendum in 1987. What part of no do they not understand?

I have a degree in Human Bioscience and Education. I believe that the new Chief Dental Officer, Dr. Wright, should be asked to produce any scientific literature/studies to validate his sensational claims he made on the 16th September 2005, in trying to justify the decision made to force, by compulsion, the fluoridation of our Shire's water supplies. He states that Bellingen community has "some of the highest rates of dental decay in NSW", and then later goes on to state, "While water fluoridation is not the sole answer to preventing oral disease, it can reduce dental decay in children by up to 60 per cent". Please see if there is any evidence, which can be held up to scientific scrutiny, to legitimate such alarming and unbelievable claims. The largest survey conducted on over 39,000 children from 84 communities, conducted by the National Institute of Dental Research (NIDR) had found no difference in dental decay between those consuming fluoridated water and those who were not. A more recent study by this group has again found this result.

I also have serious concerns regarding the potential for adverse or negative effects on people's health from the addition of fluoride into water supplies. It is interesting to note that both Terry Clout and Chris Crawford have both stated on ABC Radio, that there are no adverse health effects from Fluoride. I find these kinds of statements both false and irresponsible. Why do they deny the high rates of dental fluorosis, up to 48% of children in optimally fluoridated areas (i.e. 1ppm) have dental fluorosis, and up to 12.5% who have it in the moderate to severe form (The York Review). Why do they deny any risk posed by fluoride consumption, of much more severe adverse health effects, which could target certain minority groups who have impaired or developing immune or renal systems? How will infants, requiring water to be added for milk formulae, be able to be given a "safe" dosage, when it would mean that if the mothers were to use tap water at 1ppm F, then a safe dose for infants, assuming a safe dose is 0.06mgF/kg daily, means that 150mls of water would provide over two and a half times the safe dose. Some medical recommendations are for infants to be exposed to even lower doses, at 0.01mg/F/kg, which means that in this instance, a 150mls F water at 1ppm would provide 15 times the safe dose to infants. People on kidney dialysis cannot tolerate any F in their water supplies. Too much F can also result in much more serious diseases such as skeletal fluorosis, and also a link has been found to sarcoma in young men. The use of silicofluorides has been linked to an increase uptake of lead into children's blood and in utero, with the known adverse health effects of lead, widely known, relating to impaired immune capacity, brain and developmental problems. Silicofluoride residues that are incompletely dissolved may re-associate to form the very toxic silicon tetra fluoride. Sources used in Australia to provide fluoride cannot guarantee the product supplied will be free from contamination from fusiloxanes; arsenic and other heavy metals or radionuclides; all known to be significant health hazards.

You can see by this submission, I strongly oppose the decision to put F in our Shire's water supplies and believe that the majority of people in our Shire also strongly oppose such a decision. We will explore every avenue open to us to ensure this position is respected. It is undemocratic, unconstitutional, unhealthy and unsustainable to force medication onto a population who have specifically denied consent for this to occur.

Thank you for considering the issues I have raised. I would put to you that a scientific study should be done to examine if there is any statistical significance in the removal of the dental health caravans which used to visit primary schools and provide free check ups and dental work, with the apparent increasing incidence of dental decay. I think a much clearer connection could be drawn on this co-incidence, should it occur, and a more obvious direct link to dental health, related to early detection and correction of decay.

Please help us to have control over our own health and that of our children. Please recommend that a community should have to give informed consent before F is added to water supplies. Many people will be upset, anxious, worried and inevitably some will feel an obligation to spend what small incomes they have, on purchasing water filters to remove this and other contaminants from their water supplies. What a dictatorship have we, when we cannot even say no to our water being tampered with. Public concerns will be high over this issue, and it will not only continue to divide our Council and Community, it will provide unfair and unacceptable stress on the majority of our communities, who thought they had had their say and that it would be respected. Surely the Department of Health acknowledges that psychological factors can affect health and happiness, and that their decision will be taken very badly by many in this Shire, creating more hostility and less credibility towards the Department and any future "health promotion" campaigns it may undertake in our region.

Yours sincerely,
Cr. Jillian Cranny.

Questions re Fluoride for
Mr. Peter Hill (Acting Chief Dental Officer, Oral Health Branch NSW Health)
and Ms Robyn Cruik (Director General of Health)
From Cr. Jillian Cranny BA (4th August 2004)

1. (a) Do you believe in the principle of informed consent prior to medication being administered?

- (b) Do you consider the reason for adding Fluoride to a drinking water supply is to give some medicinal or therapeutic benefit to the population or some proportion or target group in the population and if so, what age is your target group you expect to receive benefit?

- (c) Why has this "medicinal" or "therapeutic good" not been tested by the TGA (Therapeutic Goods Administration)? Why is there no level set for general beverages except for bottled water and infant formula? Infant formula must contain warnings re dental fluorosis and medical consultations required if "acceptable" safe levels are exceeded. In powdered infant formula a level is set for the amount allowed in the powder and a complicated calculation is usually required to assess what amount of water is an "acceptable safe average daily dose for an infant if they have fluoridated water at 1ppm.

- (d) Are we meant to carry out a warning /education/consultation campaign re Risks from excess Fluoride re warning of dental fluorosis. or will you undertake that role or obligation?

2. Will you take full responsibility for this recommendation as the "Health Experts" some may assume you represent as this has been put to us as a "health issue" yet you have not promised to assume your Duty of Care for your Recommendation and the ultimate decision which is made if it is to Fluoridate the towns water supplies?

3. What levels do you consider as "safe" average daily intake levels of F for: pregnant women; infants 0-3; children 3-6; 6-9; 9-12; and 12-15 years, and hence what volume of F water can each group "safely" consume each day at the 1ppm dosage level?

4. Are these levels set in consideration of use of Fluoridated toothpaste as well and what levels of F are in toothpaste or tablets?

5. What level of F is "safe" for someone with a kidney or renal problem? Are any plans in place to accommodate these people?

6. Do you accept that approximately 98% or more of F treated water will not be consumed and of that only a small percentage will be drunk by the targeted youth? Why choose such a wasteful method of application of a medication most of the population have previously rejected in a poll, and you will inadvertently be subjecting most of this substance to

- the environment and aquatic ecosystems without any mention of these facts or lack of consideration to the receiving waters in the environment and damage it may cause? Will you accept this responsibility?
7. How has the application to administer F, satisfied ESD principles? I believe it hasn't. Until you can show how these principles can and have been satisfactorily applied, the application I believe, is unlawful.
 8. What details re dental fluorosis do you have across Australia? Do you have details of rates as high as 48% affected children in some areas, with fluoridated water? Do any high rates occur in areas unfluoridated? *Do you have any concern or understanding of the research which links F ingestion with a possible increased risk of developing hip and other bone fractures due to increased brittleness of the bones; of research which links F ingestion to a possible increased risk of bone cancers in young men and research which also indicates skeletal fluorosis may occur from increased F consumption? Are these concerns invalid? Why do the Health spokespeople, (Terry Clout and Chris Crawford) both state on ABC Radio recently that there are "no adverse side effects" from F consumption? Is this official opinion of the 6A Committee or the Department of Health?*
 9. Why were not other relevant local, State and National laws applied as usual when this application was first considered? E.g. Code of Conduct (5.1); and (EP&A Act 1979 79C) eg: Lack of all relevant information at the time; social and economic impacts were not considered; the public interest was not fully considered; nor the likely impacts the application will have on the environment, both built and natural. The Local Government Act 1993 requires ESD principles to be applied to all decisions made and this was not done. I believe that the process was not acceptable in the manner in which this application was put to Council or dealt with.
 10. Can you disclose the sources of Fluoride (silicofluorides), which are being currently used across Australia and what QA programs exist in regard to purity guarantee so that no unwanted heavy metal or radioactive contaminants are present in the products supplied? What and how are these waste products scheduled, toxicology rated and currently requiring disposal if they are not purchased for use? (Life Cycle Analysis). Are there any health studies done on use of silicofluorides in Australia or overseas?
 11. Why should Council pay for any additional Cost Shifting and expenditure when we don't have enough already and what resources we do have, must compete amongst a wide variety of demands, through proper community consultation through our Management Plan process? How can a method of expensive dubious delivery to a small target of the community, argue a good case in light of the lack of answers to the above mentioned questions, let alone our Core Duties

of Council, and this, I respectively submit, is not one of these Core Duties.

My concerns raised in these questions, should be considered as the basis of my Dissenting Report which will be submitted to the Director General or whomever else it may be relevant to, once I receive written answers to my questions raised above. I graduated from the University of New England in 1987 as a Bachelor of Arts majoring in Human Bioscience and Education. I am familiar with epidemiological research and I do not believe that a convincing or defensible scientific case has been put, in light of the above - mentioned concerns and unanswered questions, to fluoridate our towns' water supplies. It was very pleasing for me to see a successful motion pass at yesterday's Council meeting seeking to in effect halt the process so that our communities can be involved in a balanced public forum on the matter and possibly a postal ballot. I sincerely hope that you will respect the wishes of the Council and ultimately the wishes of the people in this Shire. If the majority respond to a postal ballot opposing the introduction of silicofluorides will you respect this and recommend against the introduction of F to our water supplies? We hold democracy very dearly in this Shire and will defend it with passion. Already over 500 signatures have been tabled to Council seeking a balanced forum and a referendum on the topic. I look forward to receiving your answers to my questions raised. Thank you for this consideration.

Yours sincerely,
Councillor Jillian Cranny BA
(Bellingen Shire Council)