

Submission  
No 79

## INQUIRY INTO DENTAL SERVICES IN NSW

**Organisation:**

**Name:** Cr Lisa Intemann

**Position:** Member, Hastings Council

**Telephone:**

**Date Received:** 27/05/2005

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**Theme:**

**Summary**

Cr Lisa Intemann  
Member Hastings Council

The Director  
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Legislative Council  
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25 May 2005-05-27

Dear Sir/Madam

I am writing to make a submission to the Inquiry into Dental Services in NSW regarding the matter of WATER FLUORIDATION.

Fluoridation of water supplies is actively "promoted" by the NSW Government and Health NSW on the grounds that it has already been proven that fluoride is safe for all people and helps reduce tooth decay. The Government and its officers decline to discuss or answer any substantial question about fluoridation while also coercing or even forcing councils into fluoridating their communities.

Last May 2004 the council of which I am a member was approached in this heavy-handed way and I was prompted to look into the matter. Apart from being a councillor I am also a scientist and believe that I am competent to systematically evaluate the weight of evidence that I have now examined and comprehensively considered.

I have now read what seems to be every major health-based report or published paper that is referred to by the Health Department in their material or has been referred to in direct discussions with their officers. I conclude that fluoridation is not being – and has never been – properly researched or evaluated and has never been proven to be either dentally effective or generally safe to consume.

The main authorities might be summarised as:

- World Health Organisation (WHO);
- National Health and Medical Research Council (NHMRC);
- York 'Systematic review of water fluoridation' (McDonagh 2000);
- US Centers for Disease Control (CDC);
- US National Toxicology Program (NTP);
- Environmental Health Criteria 227 'Fluorides' (EHC 227);
- US National Academy of Sciences/Institute of Medicine/National Research Council (NAS).

These authorities report that:

- (a) **Fluoride is not a nutrient** and is not required for any normal biological process (NAS 1989. 1993. 1998). No illness has been found to be caused by

the lack of ingested fluoride and no illness (including tooth decay) has been found to be prevented by its consumption.

- (b) **Fluoride acts on teeth predominantly topically** by being applied to the surface of the tooth and not by being ingested (CDC 2001).
- (c) Consumed fluoride has **both positive and negative effects** on human health and the margin between these two effects is very narrow (EHC-227).
- (d) For the above reason authorities "should" **measure the actual daily intake** of fluoride by individuals from all sources such as food and medication to ensure that people are not consuming an excess (WHO 1994 and Drinking Water Guidelines; NHMRC 1991 and 1999); EHC-227; York review McDonagh 2000).
- (e) It is recommended that authorities should **study and monitor** the incidence and mechanism of fluoride's potential adverse health effects including dental and skeletal fluorosis (WHO 1994; NHMRC 1991 and 1999; EHC-227)

These reports and recommendations show that fluoridation is NOT a practice that is so well proven as to be beyond debate. Rather it is a practice like any other and requires ongoing commitment to informed research and evaluation. As such it is entirely inappropriate for Health NSW and the NSW Government to refuse to discuss the matter and to remain close-minded holding an opinion that does not bear close scrutiny.

Furthermore we now have a letter from the NHMRC stating that all the NHMRC recommended health and safety studies were cancelled in 2002 by the Health Administration (HAC) on the grounds of "insufficient resources" (NHMRC 2005 – attached). As these were to be the *first* such studies to be undertaken in Australia this leads to the conclusion that fluoridation is being practiced in Australia without benefit of any primary health and safety studies at all.

Health NSW and the NSW Government claim that they are guided in their evaluation of the health safety of fluoridation by the advice of the NHMRC and Australian Research Centre Population Oral Health. But the NHMRC letter (above) and other letters received from NSW Health show that in fact no health research is being carried out at all. NSW Health appears to be acting on the presumption that health issues are being properly managed when actually they are not.

Following is a summary of the issues and I perceive them:

Firstly Australia has adopted the World Health Organisation (WHO) guidelines which set a numerical fluoridation standard of 1.5ppm (mg/L) in water. That standard is qualified by the recommendation that authorities "should" measure the daily intake of fluoride by individuals from all sources before adding fluoride through the water supply (WHO 1994; 2004). This is because it is known that fluoridation at around 1ppm has been reported to be associated with adverse effects on human health. The WHO clearly states that the numerical standard of 1.5ppm has been set without considering the daily intake through other sources such as food and medication and that the numerical standard "should" be qualified after actually measuring people's actual intake from sources other than water (WHO 1994; 2004). NHMRC has similarly described these intake studies as "imperative" (NHMRC 1991; 1999). However we have a letter from NHMRC reporting that these intake tests have never been done in Australia due to financial constraints (NHMRC 2005 – attached).

Therefore it is true to say that fluoridation is being practiced in Australia without benefit of any of the recommended health and safety studies – not even the most basic fluoride intake studies.

#### REFERENCES

**National Health and Medical Research Council (NHMRC).** (1991). *The Effectiveness of Water Fluoridation*. Canberra: NHMRC; p98.

**National Health and Medical Research Council (NHMRC).** (1999). Review of Water Fluoridation and Fluoride Intake from Discretionary Fluoride Supplements: Review for NHMRC; RMIT & Monash University; 1999; Ch8.3; 6-8.

**National Health and Medical Research Council NHMRC** (2005). Letter to North Coast Area Health. 24 February 2005 (attached).

**WHO** (2004) Drinking Water Guidelines

**WHO** (1994). Fluorides and Oral Health. WHO Technical Report Series 846.

Secondly the NHMRC recommends that children under three years not be given extra fluoride even if they live in an unfluoridated area (1999 Ch8p9). The NHMRC also recommends that infants should not be bottle-fed using fluoridated tapwater. It is now recognised that FLUORIDE IS NOT A NUTRIENT (IOM 1997). No disease is known to be caused by the lack of consumed fluoride and no disease is known to be prevented by its consumption. It is also now well accepted that fluoride does not act on teeth by being *consumed* but by being topically *applied* (CDC 2001). Children who consume too much fluoride (from all sources combined) are at risk not only of dental fluorosis but also skeletal fluorosis and other *reasonably anticipated risks*. The pre-eminent review of fluoridation epidemiology is the York University's 'Systematic Review of water fluoridation' (McDonagh 2000). We have a letter from the review Chairman which outlines the review findings [that fluoridation has never been properly researched] and notes attempts by fluoridation proponents to "misrepresent" the review as supporting fluoridation (Sheldon 2004 - attached).

#### REFERENCES:

**Centers for Disease Control and Prevention (CDC).** (2001). Recommendations for Using Fluoride to Prevent and Control Dental Caries in the United States. Mortality and Morbidity Weekly Review. (MMWR). August 17. 50(RR14):1-42.

**Institute of Medicine (IOM).** (1997). *Dietary Reference Intakes for Calcium, Phosphorus, Magnesium, Vitamin D, and Fluoride*. Standing Committee: Scientific Evaluation of Dietary Reference Intakes; Food and Nutrition Board. National Academy of Sciences; National Academy Press; p 293.

**McDonagh M et al.** (2000). A Systematic Review of Public Water Fluoridation – Final Report. NHS Center for Reviews and Dissemination; University of York; September 2000.

**McDonagh M et al.** (2003). What the York Review on the fluoridation of drinking water really found. NHS CRD; University of York; Oct. 2003. [www.york.ac.uk/inst/crd/fluoridnew.htm](http://www.york.ac.uk/inst/crd/fluoridnew.htm)

**Sheldon T** (2004). Letter dated 09-10-04 (attached).

Thirdly about 90% of fluoridation schemes use the chemical 'silicofluoride' (H<sub>2</sub>SiF<sub>6</sub> or Na<sub>2</sub>SiF<sub>6</sub>) which is a pollutant waste product in the manufacture of phosphate fertiliser. It is delivered to water supplies as an industrial-grade product containing contaminants such as Arsenic (a 'known carcinogen') and Lead ('reasonably anticipated to be a human carcinogen') plus other heavy metals and likely radioactive decay products (depending on the source location of the phosphate rock). Silicofluoride has never been subject to toxicological testing and has never been registered or endorsed for safe human consumption by any agency whether in Australia or elsewhere. Researchers based in Dartmouth College USA report that silicofluoride consumption is associated with a higher uptake of Lead into children's blood. High blood Lead is otherwise known to be associated with the higher incidence of behavioural disorders in children. Silicofluoride contains Lead as its own contaminant. Some research reports a strong association between silicofluoride consumption and increased rates of violence and crime.

#### REFERENCES:

**Masters RD; Coplan MJ; Hone BT; Dykes B.** (2000). Association of Silicofluoride Treated Water with Elevated Blood Lead; *NeuroToxicology* 21 (6); 2000.

**Masters RD; Coplan MJ.** (1999). Water Treatment with Silicofluorides and Lead Toxicity; *Int. J. of Environ. Studies*; 56; 435-449; 1999.

**Masters, R. and Coplan, M.** (1999b) "A Dynamic, Multifactorial Model of Alcohol, Drug Abuse, and Crime: Linking Neuroscience and Behavior to Toxicology," *Social Science Information*, 38:591-624.

National Toxicology program (NTP) (2002). 'Nominations Reviewed 2002'. <http://ntp.niehs.nih.gov/ntpweb/index.cfm?objectid=25BF6193-BDB7-CEBA-F78410BF0592A139>

Fourthly you will note from the Sheldon letter (above) that the York review found the oral 'benefits' of fluoridation to be only "moderate" i.e. about 15% reduction in decay or an average one less decayed tooth per person per lifetime. However the review also noted that no real consideration had ever been given to the cost of the reasonably anticipated negative effects of consuming fluoride through fluoridation – specifically dental and skeletal fluorosis involving weakening of tooth and bone. Rates of tooth decay are reported to have begun falling globally from the 1940's # and in all industrialised countries from the early 1960's before fluoridation or the use of fluoride toothpaste was widespread #. It is now generally accepted that fluoride does not act on teeth by being consumed into the body itself but by being applied to the surface of the tooth. The prestigious US Centers for Disease Control (CDC) now reports that '*Fluoride's predominant effect is posteruptive and topical*'. Centers for Disease Control and Prevention (CDC). (2001). Recommendations for Using Fluoride to Prevent and Control Dental Caries in the United States. Mortality and Morbidity Weekly Review. (MMWR). August 17. 50(RR14):1-42. If fluoride acts on teeth by application to the surface of the tooth and not by bodily consumption then there would appear to be no reason to expose the community to the known risks of fluoride consumption through fluoridation.

Fifthly there is evidence that fluoridation does not lead to lower rates of tooth decay:

- the latest Australian dental survey by Adelaide University reports NO significant difference in decay rates in the permanent teeth of children drinking fluoridated compared to unfluoridated water. Armfield JM, Spencer AJ. (2004) Consumption of nonpublic water: implications for children's caries experience. *Community Dent Oral Epidemiol* 32:283-296 p283.
- The latest Child Dental Health Survey NSW 2000(2003) reports that the largely unfluoridated Mid North Coast Health Region has LOWER rates of decay in children's permanent teeth than four out of the five Sydney Health Regions and many fluoridated Regions of NSW.
- Save Our Kids Smiles (SOKS) 2004 data shows that the unfluoridated Hastings and Kempsey in the Mid North Coast have LOWER rates of decay in children's permanent teeth than neighbouring Nambucca (fluoridated since 1963).
- 100% fluoridated areas such as Sydney are not reporting the decline of tooth decay but rather are experiencing a decay crisis (SMH 15-02-05 page 1 etc and 16-02-05).

Over-exposure to ingested fluoride is known to cause dental decay through dental fluorosis and high rates of fluoride ingestion is reasonably suspected to be associated with other as yet unexamined adverse effects on human health.

Yet it appears that not even the most basic fluoridation health and safety 'intake' studies have been conducted in Australia (or in USA).

The most frequently used chemical – silicofluoride – has never been tested for safe human consumption.

But despite all these unknowns fluoridation is still being forced on communities under the banner of being a "well proven oral public health measure".

Health authorities decline to warn about or discuss the known health risks from fluoridation and this is directly contrary to the medical principle of Informed Consent.

No Australian health authority appears to have ever studied alternative methods of decay prevention.

No consideration seems to be being given to the fact that about 1% of the population are believed to be especially sensitive to fluoride's adverse effects and this includes INFANTS (see below) and those with poor nutrition or kidney dysfunction. Research now suggests that fluoride ingestion is associated with the incidence of thyroid dysfunction.

NHMRC now recommend that children under three years not be given any extra fluoride at all even if they live in an unfluoridated area (NHMRC 1999, Ch8p9). The safe recommended dose of fluoride for infants is either 0.01mg per day or 0.01mg/kg bodyweight per day depending on whose authority one accepts. 0.01mgF is found in less than one tablespoon of 1ppm fluoridated tapwater. This means that bottle-fed infants are at risk of fluoride overdose if they source their liquids from the public fluoridated water supply. The NSW Government appears not to be considering this issue at all. How will low income families afford the cost of unfluoridated bottled water for their infants when bottlefed? This situation is neither equitable nor safe.

Fluoridation is an inefficient and dangerous way to deliver medication. Only about 1% of water is actually consumed while the balance goes to bathing washing and the garden. The installation of fluoridation equipment is estimated to cost about \$1million per water supply. That money is better spent on direct dental services rather than in the wasteful practice of fluoridation.

Officers of the NSW Department of Health and politicians of the NSW Government have declined to respond to community concerns about fluoridation and health safety. There appears to be a desire on the part of the Department of Health to gloss over community concerns and a determination to simply plough on with the pre-existing policy of pro-actively supporting fluoridation as being safe.

We object to being forced to fluoridate our drinking water when the NSW Government has not taken any reasonable steps to ascertain the actual health and safety situation regarding fluoridation.

The Department of Health advertise fluoridation as being 'safe' for the whole community without ever mentioning the possibility of adverse health effects (see attached advertisement as an example). Surely this constitutes a dismal failure in duty of care.

The Department of Health should not be forcing fluoridation on communities without even the opportunity for a community-based decision on the matter and especially in communities such as the mid north coast where previous Electoral Office Polls have produced a clear NO vote to fluoridation.

The NSW Fluoridation of Public Water Supplies Act 1957 makes no mention of the health and safety of the consumer. I suggest that there needs to be a JUDICIAL REVIEW of the NSW Fluoridation Act and a MORATORIUM on fluoridation in the meantime.

Certainly fluoridation should not be expanded into new areas until the proper recommended health and safety studies have been completed at either the State or Federal level.

Where is the Federal Government commitment to or investment in public dental care? Is fluoridation being foisted upon us so that governments can avoid the cost of face-to-face dental care for those most in need? Why is there no Dental Medicare?

Time constraints prohibit a tighter summary of these issues but thank you considering this submission regardless. Please contact me if you require further information. I do not require this submission to be kept confidential.

Please advise me of the outcomes of your deliberations.

Yours sincerely

signed

Lisa Intemann BAppSc (Cr).

## ADDITIONAL REFERENCES AND EXTRACTS

### FLUORIDE IS NOT A NUTRIENT

**"These contradictory results do not justify a classification of fluorine as an essential element, according to accepted standards".**

SOURCE: National Academy of Sciences. (1989). Recommended Dietary Allowances: 10th Edition. Commission on Life Sciences, National Research Council, National Academy Press. p. 235.

**"Fluoride is no longer considered an essential factor for human growth and development".**

SOURCE: National Research Council (1993). Health Effects of Ingested Fluoride. National Academy Press, Washington DC. p. 30.

**"First, let us reassure you with regard to one concern. Nowhere in the report is it stated that fluoride is an essential nutrient. If any speaker or panel member at the September 23rd workshop referred to fluoride as such, they misspoke. As was stated in Recommended Dietary Allowances 10th Edition, which we published in 1989: 'These contradictory results do not justify a classification of fluoride as an essential element, according to accepted standards'.**

SOURCE: Alberts B, Shine K. (1998). Letter from Bruce Alberts, President, National Academy of Sciences, and Kenneth Shine, President, Institute of Medicine to Dr. Albert Burgstahler. November 18, 1998. <http://tinyurl.com/5dl2y>

### FLUORIDE ACTS PREDOMINANTLY BY TOPICAL APPLICATION

***'Fluoride's predominant effect is posteruptive and topical'***

US Centers for Disease Control and Prevention (CDC) (2001).

Centers for Disease Control and Prevention (CDC) (2001). Recommendations for Using Fluoride to Prevent and Control Dental Caries in the United States. *Morbidity and Mortality Weekly Report*; 17 August; 50(RR14): 1-42.

**'The prevalence of dental caries in a population is not inversely related to the concentration of fluoride in enamel, and a higher concentration of enamel fluoride is not necessarily more efficacious in preventing dental caries'.** - Centers for Disease Control and Prevention. (2001). Recommendations for Using Fluoride to Prevent and Control Dental Caries in the United States. *Morbidity and Mortality Weekly Report* August 17 50(RR14):1-42.

**'Current evidence suggests that the predominant beneficial effects of fluoride occur locally at the tooth surface, and that systemic (preeruptive) effects are of much less importance'.** - Fomon SJ; Ekstrand J; Ziegler E. (2000). Fluoride Intake and Prevalence of Dental Fluorosis: Trends in Fluoride Intake with Special Attention to Infants. *Journal of Public Health Dentistry* 60: 131-9.

**'Fluoride incorporated during tooth development is insufficient to play a significant role in caries protection'.** - Featherstone JDB. (2000). The Science and Practice of Caries Prevention. *Journal of the American Dental Association* 131: 887-899.

**'[L]aboratory and epidemiologic research suggests that fluoride prevents dental caries predominately after eruption of the tooth into the mouth, and its actions primarily are topical for both adults and children'.** - Centers for Disease Control and Prevention. (1999). Achievements in Public Health 1900-1999: Fluoridation of Drinking Water to Prevent Dental Caries. *Morbidity and Mortality Weekly Report* 48(41): 933-940; 22 October 1999

FLUORIDE HAS NEGATIVE HEALTH EFFECTS AT HIGH DOSES – EHC-227 (Note: Health NSW has recently advised us that EHC-227 is the “bible” they look to concerning fluoridation and therefore it has been quoted from here as below. Most of EHC-227 supports our claim that fluoridation is not being treated with appropriate caution as to health effects. Despite nearly one year of intensive communication regarding fluoridation it was not until three weeks ago that this document was even mentioned by any officer of Health or the NSW Government. We suspect that the officers who provided this document to us had not read it or cited it prior to that time. Nevertheless we are happy that finally we have been provided with a reference that Health admits the relevance of.)

"Compared with many other chemicals, there is a relatively narrow range between intakes associated with beneficial effects and exposures causing adverse effects."

"In children, intakes of fluoride associate with beneficial effects on dentition overlap with those that lead to an increased prevalence of dental fluorosis."

"Evidence from ecological studies suggests that there may be an association between the consumption of fluoridated drinking-water and an increased incidence of hip fracture (based on hospitalisation rates), particularly among the elderly. These results should be interpreted with caution, however, in view of the limitations of epidemiological investigations of this design. Moreover, owing to the lack of data on individual exposure in such studies, it is difficult to derive meaningful conclusions concerning the exposure–response relationship for possible skeletal effects associated with exposure to fluoride from these studies."

Environmental Health Criteria 227 (EHC-227) (2002). IPCS Inchem Fluorides. s.10.



## FLUORIDE INTAKE AND HEALTH EFFECTS SHOULD BE MONITORED

". . . individual exposure to fluoride is likely to be highly variable."

". . . estimated intakes of fluoride in adults as high as 27 mg/day have been reported, principle source being drinking water."

Environmental Health Criteria 227 (EHC-227) (2002). IPCS Inchem Fluorides. s.1.4

Estimates of total fluoride intake needed in order to derive accurate estimates of daily total fluoride intake in humans living in fluoridated as well as non-fluoridated areas.

Environmental Health Criteria 227 (EHC-227) (2002). IPCS Inchem Fluorides. s.10.

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.

Environmental Health Criteria 227 (EHC-227) (2002). IPCS Inchem Fluorides. s.11.

"There is a need to improve knowledge on the accumulation of fluoride in organisms and on how to monitor and control this."

"The biological effects associated with fluoride exposure should be better characterized."

Environmental Health Criteria 227 (EHC-227) (2002). IPCS Inchem Fluorides. s.12.

"There is a need:

- to determine total dietary fluoride intakes and bioavailability and elucidate the relative contribution of water and foodstuffs to fluoride intake;
- 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;
- to characterize the potential interactions of fluoride with other elements — aluminium, copper, lead, arsenic, selenium — in the environment and their influence on fluoride bioavailability and mobility;
- and more ...

Environmental Health Criteria 227 (EHC-227) (2002). IPCS Inchem Fluorides. s.12.1.

Attached – Letter from NHMRC 24-02-05; Letter from Sheldon Oct 04; Health's advertisement (sample only).



**Australian Government**  
**National Health and Medical Research Council**

**Contact for this correspondence:**

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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



162  
Mr Phil Callan  
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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

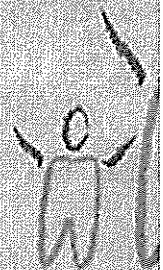
evidence, there will continue to be legitimate scientific controversy over the likely effects and costs of water fluoridation.

(Signed) T.A. Sheldon,

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

# The facts about fluoride

- ✓ Drinking fluoridated water helps prevent tooth decay
- ✓ Fluoride is a natural element. It is in the earth, air and water. It is in food. It is in us – naturally
- ✓ Fluoridation of water supplies is **safe, effective** and **equitable**. That's the view of every reputable health authority in the world, including the **World Health Organisation**
- ✓ Every **Australian Health Minister** and **Health Department** supports fluoridated public water supplies
- ✓ Here in Coffs Harbour it is supported by the Division of General Practice, Dental Association, Australian Medical Association NSW, Cancer Council NSW, Diabetes Australia NSW, Osteoporosis Australia, Country Women's Association NSW, Council of Social Service (NCOSS) – and more...



TEETH

*Fluoridation is universally recognised as being beneficial by health and dental experts. The suggestion that the entire populations of fluoridated Melbourne and Sydney, for example, are being poisoned by fluoride in the water is ridiculous. Oxygen and water are toxic in high concentrations but safe in the recommended doses. It is disappointing that there is not more vocal support for the children of the socially and economically disadvantaged who will not enjoy the decay prevention benefits of fluoride in any other way.*

**Dr David Ellis**  
Chief Executive Officer  
MNC Division of General Practice  
COFFS HARBOUR

*Water fluoridation is safe, effective, equitable and cost-efficient. More than 40 years of research has convinced every major health body to support this essential public health measure. Disadvantaged children benefit the most from water fluoridation. We owe it to them to have the courage to ignore the vocal, ill-informed minority.*

**Dr Scott Davis**  
Prosthodontist  
COFFS HARBOUR

*As a member of the dental profession I feel that this is of great interest as these experts have been recommending dental care. This is a very important*

**Dr Karen Briscoe**  
Medical Oncologist  
COFFS HARBOUR

For more information contact John Irving, Oral Health Project Manager,  
Mid North Coast Area Health Service, telephone (02) 6588 2605.

