

Submission
No 8

INQUIRY INTO DENTAL SERVICES IN NSW

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Date Received: 3/05/2005

Theme:

Summary

CENTRAL COAST PURE WATER ASSOCIATION

(Educational, non-profit, non-sectarian, non-party political, facts through research)

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2nd May 2005

INQUIRY INTO DENTAL SERVICES IN NSW

The Director Standing Committee on Social Issues
Legislative Council, Parliament House
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Dear Sir/Madam

We are writing to make a submission on the Dental Services Inquiry regarding the matter of Fluoridation of the public water supply.

“NOT SAFE IN HIGH DOSES”

The NSW Government continues to promote fluoride on the basis that it is safe and helps reduce tooth decay. They base these statements on information from Australian National Health and Medical Research Council and the World Health Organisation. However, they ignore the fact that these same two organisations state that **fluoride is not safe to consume in high doses.**

NEED TO REGULATE TOTAL CONSUMPTION OF FLUORIDE

Both the NHMRC and WHO recommend that fluoridating governments measure the daily fluoride intake by individuals from **all** sources such as food and medication **before** commencing new fluoridation schemes. But these recommendations are being **totally ignored** by the NSW Government for financial reasons. Their failure to comply with health precautions and failure to warn people of the dangers of fluoride ingestion would appear to put people at risk from unregulated fluoride overdose.

HYPER-SENSITIVITY TO FLUORIDE

For instance, many people choose to live in unfluoridated areas because they have been diagnosed as being hypersensitive to fluoride. Fluoridated water has adverse effects on their health, such as burning of the throat, inflammation of the joints, urinary problems and even more severe reactions such as asthma attacks and breathing difficulties. It is therefore inequitable to medicate with fluoride one section of the population with documented insignificant benefits to dental health, while seriously compromising the health of others.

Unfortunately the State Government Oral Health Advisor's only response to these people is for them to purchase water tanks or water purifiers. A water purifier, which will remove fluoride, costs in the region of \$1,000 - \$1,200 and is wasteful of public water supplies – a commodity that we now need to conserve. Water tanks installed to all outlets is in the region of \$2,000 - \$10,000 depending on size required and number of outlets. Is the Government prepared to provide these systems to those who are concerned about the safety of fluoridation on their health and well being?

MINISCULE DECAY DIFFERENCE BETWEEN FLUORIDATED & NON- FLUORIDATED AREAS

A recent survey in the US (39,000 children from 84 communities) by the National Institute of Dental Research showed little difference in tooth decay among children in fluoridated and non-fluoridated communities. This study found an average difference of 0.6 Decayed Missing and Filled Surfaces in permanent teeth of children aged 5-17 residing in either fluoridated or unfluoridated areas. A difference of less than one tooth surface as there are 128 tooth surfaces in a child's mouth.

DENTAL FLUOROSIS = FLUORIDE POISONING

The disease Dental Fluorosis is one of the symptoms of fluoride poisoning which involves a **weakening of the tooth structure** and as a consequence leads to higher rates of tooth decay. Recent studies in

South Australia and Western Australia align with overseas studies and show that the disease Dental Fluorosis is on the increase.

NO DOUBLE BLIND STUDIES ON DENTAL FLUOROSIS BY NSW HEALTH

While some Area Health Services in NSW are busy undertaking research to support fluoridation because they consider it is a 'cheap fix' for tooth decay, they have failed to undertake double blind studies to ascertain the rate and consequences of Dental Fluorosis in areas which are artificially fluoridated. Instead they are 'driven' to ensure that there will be no opportunity for comparison as the speed increases to fluoridate those areas which have survived so far without fluoridation.

AFTER 40 YEARS OF FLUORIDATION - RISING TOOTH DECAY IN SYDNEY

Concerns about the rising rates of tooth decay were raised in the Sydney Morning Herald (15 February 2005). These concerns are confirmed in the Child Dental Health Survey, NSW 2000 which indicates that some areas of Sydney, which have been fluoridated for almost 40 years, have worse decay rates than some unfluoridated areas such as the Mid North Coast NSW. Also, official Education Department studies show that the dental health of children has been improving since **BEFORE** the introduction of fluoride into the Sydney water supply. This would be due to better public awareness of dental health and nutrition, not fluoridation.

PUBLIC VOTE AGAINST FLUORIDATION IGNORED

On top of the disregard for public health facts, is the total refusal to take notice of the will of the general public, who in the majority of instances have overwhelmingly voted against fluoridation of their public water supplies. The Department of Health needs to be severely reprimanded for their lack of consideration of the will of the majority. Their stance also flies in the face of the Government's policies to be open, accountable and consult with the community.

URGENT NEED OF WARNING OF FLUORIDE OVERDOSING

The NSW Department of Health should now not only be monitoring rates of Dental Fluorosis but also warning people of the potential for overdosing their children with fluoride from tap water. At least one section of the population is toxicologically at risk from fluoridated drinking water containing 1ppm fluoride (1mgF per litre water).

INFANTS CAN EASILY OVERDOSE

The accepted safe 'optimal' level of fluoride intake for infants is 0.06 mgF per kg bodyweight daily (0.05-0.07ppmF) (Institute of Medicine 1997:293; Burt 1992; Singer & Ophaug 1979). Water fluoridated at 1ppm contains 1mgF per litre, which means 0.15mgF per 150ml.

2.5 TIMES OVER "OPTIMUM DOSE"

This means that an infant receiving all their fluids from tap water (e.g. in reconstituting powdered formula) and consuming 150 ml water per kg bodyweight daily is also consuming 0.15mgF per kg bodyweight daily. **This is 2.5 times the purported safe 'optimal' dose** (Intemann 2004). This calculation does not seem to have been published in any pediatric journal.

FLUORIDE LEVEL IN BREAST MILK – NO FLUORIDE DEFICIENCY

By comparison, breast milk contains an average 0.01ppm fluoride (as CaF₂) (Ekstrand et al 1984). The average fluoride intake by breast-fed babies is only 0.0025mgF per kg bodyweight daily. Although fluoride was originally named as one of 14 'essential nutrients' (WHO 1973) it is now recognised that **fluoride is not an essential nutrient** (IOM 1997; NRC 1993; ATSDR 1993; NRC 1971). It has not been found necessary to any life process and no disease has ever been linked to fluoride deficiency.

NHMRC RECOMMEND - NO EXTRA FLUORIDE TO CHILDREN UNDER THREE

Australia's National Health and Medical Research Council now recommend that **NO** additional fluoride be given to children under three years even in 'fluoride-deficient areas' (NHMRC 1999:)

INDUSTRIAL WASTE - SOURCE OF FLUORIDE USED IN FLUORIDATION

The fluoride, which is added to public water supplies, is in the form of either fluorosilicic acid (H₂SiF₆) or sodium silicofluoride (Na₂SiF₆). These products are obtained from the untreated waste, which comes from the scrubbers in phosphate fertiliser manufacturing plants. It contains traces of arsenic (a 'known

carcinogen'), cadmium, lead (a 'probable carcinogen') and other toxic chemicals. It has never been tested for safety by the US EPA or Australian authorities. By National EPA standards it is illegal to dump at sea yet it is disposed of by addition to our public drinking water supplies. It is an extremely toxic substance -- just 200 mg of fluoride ion is enough to kill a young child, and just 3-5 grams (e.g. a teaspoon) is enough to kill an adult. Both children (swallowing tablets/gels) and adults (accidents involving fluoridation equipment and filters on dialysis machines) have died from excess exposure.

ASSOCIATION WITH BEHAVIOURAL DISORDERS

Silicofluoride has been shown to be associated with **behavioural disorders in children** and increased rates of social violence and crime. Studies by Masters and Coplan (1999, 2000) show an association between the use of fluorosilicic acid (and its sodium salt) to fluoridate water and an increased uptake of lead into children's blood. Because of lead's acknowledged ability to damage the child's developing brain.

LEAD AND ARSENIC IN INDUSTRIAL FLUORIDE

Silicofluoride is delivered to water supplies as an industrial grade (not pharmaceutical) product that contains contaminants such as Arsenic (a 'known carcinogen') and Lead (a 'probable carcinogen'). This is not healthy for human consumers and nor is it healthy for the wider biological environment.

VERY DUBIOUS METHODS USED IN FLUORIDE PROMOTION

It is also well documented how fluoride products came to be used for dental care through the water supplies and the pressures and deceit by both major corporations and governments in publications by Dr. Geoffrey E. Smith a qualified dental surgeon at the Royal College of Surgeons in England, Christopher Bryson an investigative journalist with the BBC and others such as journalist Wendy Varney (Fluoride in Australia - a case to answer) and Phillip R. N Sutton an Australian Dental Scientist. All these independent people (and others not mentioned) coming to the same conclusion about fluoride is no coincidence.

BONE DISEASES DUE TO FLUORIDE EXPOSURE -- SAY EXPERT STUDIES

While the NSW Government continues to promote the safety of fluoridation for everyone, the truth is that scientific papers in international journals have reported for decades the high prevalence of the bone disease, Skeletal Fluorosis, in naturally fluoridated areas of India, China, Persian Gulf countries and Africa. This disease is observed on x-rays as increased bone density, structural damage to bones, and calcification of joints and ligaments.

SKELETAL FLUOROSIS OCCURS EVEN AT LOW DOSES

It has been falsely claimed that Skeletal Fluorosis is only seen where there are very high fluoride concentrations in drinking water. However, the Australian National Health & Medical Research Council admits in its 1991 report that Skeletal Fluorosis occurs at low fluoride concentrations.

WORLD HEALTH ORGANISATION'S (WHO) INCORRECT STATEMENT

WHO's statement that crippling fluorosis only typically occurs in areas with >10 ppm is incorrect. Studies by Choubisa (2001) and Jolly (1970) found that Skeletal Fluorosis was consistently observed in India in communities where the mean water fluoride content ranged from 1.4 to 1.6ppm. In light of this data, WHO is being encouraged to correct their statement and to also reconsider their 1.5ppm guideline. Based on the published data 1.5ppm can not be expected to protect against Skeletal Fluorosis developing in a significant portion (up to 16%) of the population.

INCREASE IN SKELETAL FLUOROSIS IN FLUORIDATED AUSTRALIA & USA

In its early forms Skeletal Fluorosis is indistinguishable from arthritis, a disease which is becoming more prevalent in two of the most extensively fluoridated countries, the USA and Australia. There have been no well-designed studies to detect Skeletal Fluorosis in these countries.

ASSOCIATED WITH INCREASE IN HIP FRACTURES IN THE AGED

As we age, the amount of fluoride stored in our bones steadily increases, gradually making them more fragile. Of 19 overseas epidemiological studies, the majority reveals a higher rate of hip fracture in artificially fluoridated areas.

FLUORIDE + ALUMINIUM DISRUPTS G-PROTEINS

Recent laboratory experiments in Europe find that fluoride, in the presence of traces of aluminum, disrupts G-proteins. These proteins take part in a wide variety of biological signaling systems, helping to control almost all important life processes.

ONLY 1% OF FLUORIDATED WATER CONSUMED

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 which would be better spent on direct dental services rather than in the wasteful practice of fluoridation. Also, with water conservation being strongly promoted by the Government people are being encouraged to install water tanks. For those using tanks for their drinking water supplies, fluoridation of public water supplies as a form of so-called dental care, is not viable and, in the long term, will become totally irrelevant.

EFFECTS OF FLUORIDATED WASTEWATER ON ENVIRONMENT

There have been no studies in Australia on the effect of fluoridated wastewater on the environment. Fluoridated water is put into wetlands and our oceans with no consideration for the consequences to the well being of our fauna, flora and aquatic species.

STUDIES SHOW DAMAGE TO PLANTS AND FLOWERS

Five studies in four countries illustrate the damage to plants and flowers from water contaminated with fluorides at the concentrations used to artificially fluoridate public drinking water supplies.

EFFECTS ON FLORA AND FAUNA

Another study by the National Research Council of Canada NRC Associate Committee on Scientific Criteria for Environmental Quality *Environmental Fluoride 1977* by Dyson Rose & John R. Marier) indicates that the sources of man-made fluoride pollution result in above-normal concentrations, which impinge on terrestrial and aquatic flora and fauna, and on man. The exposure of living organisms to above-normal concentrations of fluoride, which induces fluoride accumulation by the organism, may result in an alteration of the organism's biochemistry and morphology. Directly or indirectly, such changes may restrict the organism's ability to maintain its ecological position.

EFFECTS ON FISH

Fish and other aquatic species have suffered injury from fluoridation as they tend to accumulate fluoride from the environment, primarily in the skeleton (including the gills) and exoskeleton. Groth (1975a)

WILDLIFE EVEN MORE VULNERABLE

There is clear evidence that wildlife species are more vulnerable to fluoride toxicosis than are livestock species. The impact seems to be most severe on predator species, because they must capture their prey and because they are more susceptible to the bioaccumulation of fluoride through their food chain.

WHY MOST COUNTRIES STILL REJECT FLUORIDATION

Because there is so much evidence from research undertaken on fluoridation, which raises concern as to the safety and effectiveness of it. Countries such as Denmark, Finland, France, Germany, Italy, Netherlands, Norway, Sweden, Japan, Belgium and Austria have totally rejected or ceased fluoridation of their water supplies. Only 60% of the USA is fluoridated while Hawaii recently rejected it. In Ireland 100's of dentists are now opposed to fluoridation and fighting with government authorities to prevent or remove it (www.idof.net).

FLUORIDE TOOTHPASTE DANGER WARNING 1000 PPM CONCENTRATION

The toxicity of fluoride is well documented and in the USA and New Zealand toothpaste packages are labeled accordingly. However, in Australia the Government fails to promote precaution in the use of toothpaste by such warnings leaving persons (particularly young children) at risk of poisoning by this product. The reasons for this are stated to be that toothpaste is cosmetic not pharmaceutical, so warnings in its use and toxicity are not relevant. We cannot agree with the Governments stance on toothpaste being cosmetic. As part of the various health departments promotion of dental health is for brushing of teeth with toothpaste, cleaning your teeth should be included and promoted as part of general health care.

COMMUNITY HEALTH CONCERNS IGNORED BY NSW HEALTH & GOVERNMENT.

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. They are unwilling to investigate and to seriously commit to dental care alternatives such as nutrition, education and inclusion of dental care into Medicare rebates writing these solutions off as being too time consuming and costly. They merely gloss over community concerns and show an unwillingness to admit that health and safety recommendations are not being followed. Despite all the information to the contrary, the Department of Health still promotes fluoridation as being 'safe' for the whole community. We believe that the Department should not be deceiving the community in this way and there should be a procedure through which government errors such as this can be properly exposed and aired.

OUR RECOMMENDATIONS (in order of importance): -

- 1. Review of the Fluoridation Act taking into consideration all the health issues, uncertainties of fluoridation and the disregard of the will of the majority of the population with a view to repealing the Act.***
- 2. Urgently review water fluoridation and undertake the studies to ascertain:-***
 - a. Intake from all sources***
 - b. Impact of fluoride on other parts of the body and tissue***
 - c. Dental Fluorosis rates in fluoridated areas***
 - d. Community opinion***
- 3. Permit community consultation on fluoridation in ALL Local Government regions regardless of fluoridation status.***
- 4. Upgrade the current educational practices on dental health care and nutrition with emphasis on avoiding poisoning or over-fluoridating babies and young children by use of fluoridated water in milk formula.***
- 5. Place warnings on toothpaste packaging regarding the toxicity of fluoride and the recommended usage.***
- 6. Include dental health care in the Medicare rebate system.***
- 7. Provide free testing under Medicare for persons showing symptoms of hypersensitivity to fluoride in fluoridated areas.***
- 8. Provision of either water purifiers or water tanks in compulsory artificially fluoridated areas for persons concerned about their health and well being being affected by fluoridation free of charge or at a highly subsidised cost.***

Thank you for considering this submission as part of your Inquiry.

Yours sincerely

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