

Submission  
No 19

## INQUIRY INTO DENTAL SERVICES IN NSW

**Organisation:**

**Name:** Ms Patricia Wheeldon

**Telephone:**

**Date Received:** 16/05/2005

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**Theme:**

**Summary**

**Committee Social Issues - Fw: Submission for Enquiry into Dental Services in NSW ...**

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**From:**  
**Date:** 16/05/2005 7:15 AM  
**Subject:** Fw: Submission for Enquiry into Dental Services in NSW ...  
**CC:** <socialissues@parliament.nsw.gov.au>

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----- Original Message -----

**From:** [socialissues@parliament.nsw.gov.au](mailto:socialissues@parliament.nsw.gov.au)  
**Sent:** Thursday, May 12, 2005 9:46 PM  
**Subject:** Submission for Enquiry into Dental Services in NSW ...

*From:*  
Patricia Wheeldon

13th May, 2005

*To:*  
The Director, Standing Committee on Social Issues  
Legislative Council,  
Parliament House  
SYDNEY NSW 2000

Concerns relating to fluoridation - its effectiveness and more importantly, its safety - as a measure of decay prevention are contained in my following submission, together with my recommendations.

### **Enquiry into Dental Services in NSW**

Letter from NSW Health Ref: H05/2339, dated 7.4.05 from Dr Denise Robinson (A/Deputy Director-General, Population Health and Chief Health Officer), states:

*"NSW Health has not currently commissioned any studies into fluoride ingestion rates or fluoride induced arthritic symptoms."*

I also have in my possession a copy of a letter from Australia's peak government medical body the National Health and Medical Research Council ref: 2004/012328 (from Phil Callan, A/g Director, Health Advisory Section), stating:

*"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."*

The NHMRC have previously stated concerns regarding lack of research into rates/effects of this product.

WHO (reference World Health Organisation Technical Work Book 846, 'Fluorides and Oral Health') states that populations should be tested prior to installation of fluoridation, because of adverse effects (dental/skeletal fluorosis, thyroid problems, suspected carcinoma - particularly found in males).

Australian Research Population Oral Health Child Dental Health Survey 2000, shows that non-fluoridated Macleay/Hastings Shire's teeth better than 37-year fluoridated Sydney. Also Save Our Kids Smiles Report 2004 shows that non-fluoridated Hastings/Macleay teeth better than 30-year fluoridated Nambucca Shire.

EHC227 (Environmental Health Criteria 227) is the document that all governments in the world refer to when implementing fluoridation into water supplies. EHC227 states the following:

## Environmental Health Criteria 227

### Fluorides

#### 1.4 Environmental levels and human exposure

"Fluoride accumulates in the bone tissue of terrestrial vertebrates. Virtually all foodstuffs contain at least traces of fluoride. "Elevated levels present in fish."

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

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

#### 1.5 Kinetics and metabolism in humans and laboratory animals

**"Fluoride crosses the placenta and is transferred from mother to fetus."**

"Concentrations of fluoride in whole blood of individuals residing in a community in the USA receiving fluoridated drinking water ranged from 20 to 60 micrograms/litre.

**"Fluoride has both beneficial and detrimental effects on tooth enamel."**

**"The prevalence of dental fluorosis is highly associated with the concentration of fluoride, with a positive dose-response relationship."**

**"Fluoride has both positive and negative effects on human health, but there is a narrow range between intakes that are associated with these effects."**

### 8.1 General Population

#### 8.1.1 Acute toxicity

Gessner et al (1994) reported the case of a death due to acute fluoride poisoning resulting from improperly fluoridated drinking water; the individual was estimated to have ingested approx. 17.9mg fluoride/kg body weight prior to death."

"Generally the more soluble salts of inorganic fluorides (eg sodium fluoride) are more toxic than those that are weakly soluble or insoluble (eg calcium fluoride) (WHO 1984).

#### 8.1.3.2 Skeletal fluorosis

"There have been **no** systematic studies of the prevalence of this disease in the USA." *(Nor in Australia, see NHMRC letter as referred to above, despite long-term fluoridation in both countries - why no testing?)*

#### 8.1.3.8 Dental effects<sup>2</sup>

"2) Dental fluorosis

"Even at low fluoride intake from water, a certain level of dental fluorosis will be found (Fejerskov et al. 1996)

"Over the past 30-40 years, increase in prevalence of dental fluorosis among populations consuming fluoridated and non-fluoridated drinking water"

### 9.2.3.3 Vertebrates

lists ongoing problems with domestic animals

"stiffness of joints, dental & skeletal fluorosis" and "lowered milk production and detrimental effects on reproductive capacity of animals."

## 10.1 Evaluation of human health risks

### 10.1.1 Exposure

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.

### 10.1.2 Hazard identification

**"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."

"Although the weight of evidence does not support the view that fluoride causes cancer in humans, the data on bone cancer are relatively limited."

### 11.2 Recommendations

**"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."**

Australia has a burgeoning rate of dental fluorosis, an unattractive symptom of over ingestion of fluoride. Because of adverse health effects relating to over exposure to fluoride, EHC227 recommend taking appropriate action to reduce exposure.

## RECOMMENDATIONS:-

**MORATORIUM URGENTLY REQUIRED into water fluoridation in NSW and indeed the whole of Australia.**

Increased placements needed at university level for training of dentists.

Until we have more specialist dentists trained in Australia, we need to attract these qualified people from overseas to fill the gaps.

Federal dental subsidising needs to be reinstated urgently.

Dental procedures to be covered by Medicare, as stated by National Council of Social Services (NCOSS).

Dental fluorosis to be recognised as problematic NOT merely cosmetic. This unsightly condition is distressing for the victim and renders one liable to discrimination in the workplace and indeed, in everyday life.

Urgent testing needs to be undertaken for adverse affects of fluoride on bone.

Testing relating to the effects of fluoride ingestion on 'at risk' groups such as the handicapped, low socio-economic (poor diet etc contributes to the risk of over ingestion of fluoride) and indigenous groups need to be undertaken immediately.

WHO states fluoridated drinking water is typically the cause of the dramatic increase of dental fluorosis over the last two decades (see WHO Water Related Diseases [www.who.int/water\\_sanitation\\_health\\_diseases/fluorosis/en.html](http://www.who.int/water_sanitation_health_diseases/fluorosis/en.html))

WHO states sugar the major factor in dental problems faced today. We need to reduce our intake of sugar throughout our lives. Education and stringent controls on manufacturers of supposed 'health' breakfasts and 'health' bars etc promoted for school lunches need to be introduced to ensure the population are not having large amounts of hidden sugar in their daily diets.

**Over consumption of sugar is one of our major health problems - NOT lack of fluoride.** It is time to address the problem of too much sugar in our diets and cease grasping at 'band-aid' solutions such as fluoridation public water supplies. This is merely adding another chemical to our overloaded systems. It is not addressing the underlying causes of dental problems, obesity, diabetes, heart problems etc.

Revenue from TAB and associated gambling was originally intended to be completely used to cover health of all Australians - including dental health. Now this revenue has been redirected, much of it going to 'general revenue'. This needs to be addressed as a matter of urgency and revenue redirected to the original purpose for which this was promised at the time.

Governments to be advised and lobbied accordingly.