Why water fluoridation should never be forced on a population

Submission to the New Zealand Parliament Health Committee
submitted 1 Feb 2017
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Water fluoridation is an aberration - 95% of the world’s population don’t do water fluoridation

Percentage population with fluoridated water derived from British Fluoridation Society data
97% of the population of Western Europe don’t drink fluoridated water

Austria*  Belgium  Denmark  Finland  France*  Germany*  Greece  Iceland  Italy  Luxembourg  Netherlands  Northern Ireland  Norway  Scotland  Sweden  Switzerland*

*Four countries in Europe allow the sale of fluoridated salt for voluntary purchase

Percentage population with fluoridated water derived from British Fluoridation Society data
World Health Organisation’s child dental data shows unfluoridated countries have similar, OR even less tooth decay than the few heavily fluoridated countries. Tooth decay has declined similarly over the last 40 years.

Collated child tooth decay data from World Health Organisation – 2012

<table>
<thead>
<tr>
<th>Country</th>
<th>DMFTs</th>
<th>Year</th>
<th>Status*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denmark</td>
<td>0.7</td>
<td>2008</td>
<td>No water fluoridation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No salt fluoridation.</td>
</tr>
<tr>
<td>Germany</td>
<td>0.7</td>
<td>2005</td>
<td>No water fluoridation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>67% salt fluoridation.</td>
</tr>
<tr>
<td>England</td>
<td>0.7</td>
<td>2009</td>
<td>11% water fluoridation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No salt fluoridation.</td>
</tr>
<tr>
<td>Netherlands*</td>
<td>0.8</td>
<td>2002</td>
<td>No water fluoridation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No salt fluoridation.</td>
</tr>
<tr>
<td>Switzerland**</td>
<td>0.02</td>
<td>2009</td>
<td>No water fluoridation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>88% salt fluoridation.</td>
</tr>
<tr>
<td>Belgium</td>
<td>0.9</td>
<td>2009-10</td>
<td>No water fluoridation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No salt fluoridation.</td>
</tr>
<tr>
<td>Sweden</td>
<td>0.9</td>
<td>2008</td>
<td>No water fluoridation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No salt fluoridation.</td>
</tr>
<tr>
<td>Australia</td>
<td>1.0</td>
<td>2003-2004</td>
<td>80% water fluoridation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No salt fluoridation.</td>
</tr>
<tr>
<td>Austria</td>
<td>1.0</td>
<td>2002</td>
<td>No water fluoridation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>6% salt fluoridation.</td>
</tr>
<tr>
<td>Ireland</td>
<td>1.1</td>
<td>2002</td>
<td>100% water fluoridation in</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>study.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No salt fluoridation.</td>
</tr>
<tr>
<td>Italy</td>
<td>1.1</td>
<td>2004</td>
<td>No water fluoridation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No salt fluoridation.</td>
</tr>
<tr>
<td>United States</td>
<td>1.19</td>
<td>1999-2004</td>
<td>64% water fluoridation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No salt fluoridation.</td>
</tr>
<tr>
<td>Finland</td>
<td>1.2</td>
<td>2006</td>
<td>No water fluoridation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No salt fluoridation.</td>
</tr>
<tr>
<td>France</td>
<td>1.2</td>
<td>2006</td>
<td>No water fluoridation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>65% salt fluoridation.</td>
</tr>
</tbody>
</table>

http://fluoridealert.org/studies/caries01/
Tooth Decay Trends: Fluoridated vs. Unfluoridated Countries

Data from the World Health Organization - http://www.whocollab.od.mah.se/
Graph produced by Chris Neurath, FAN

DATA SOURCE: World Health Organization. (Data online)
World trends show the BIG picture for child tooth decay
Despite the WHO dental data - Scaremongering was used by fluoridation lobbyists to force fluoridation on Queenslanders – similar practices have happened in NZ

Despite World Health Organisation child dental data - these gross and misleading photos of baby bottle tooth decay were part of a Qld Health document (early 2008) sent to selected State MPs – just before the MPS voted on mandating fluoridation on 4 million Queenslanders.
The Queensland government had acknowledged fluoridation = mass involuntary medication

...it is a principle of ethical public health that mass involuntary medication must never proceed without the express consent of the community.

Queensland Government recognises there is not a unanimity of opinion on the health and environmental impacts of fluoridation. Queensland Government supports the introduction of water Fluoridation wherever it receives the consent of the community.
The Local Government Association of Queensland (LGAQ) which represents Queensland Councils has acknowledged that water fluoridation is mass involuntary medication.

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5.5.7 Fluoridation of Public Water Supplies

5.5.7.1 Local Government believes it is a principle of ethical public health policy that mass, involuntary medication must never proceed without the express consent of the community.

5.5.7.2 Express consent of the community to fluoridate public water supplies should be sought either by the State Government or Local Government, if they choose to do so.

5.5.7.3 As oral health is a State Government responsibility and the State will receive a direct financial benefit from the fluoridation of public water supplies, the State Government should fully fund Local Government for the capital and recurrent costs of its introduction.
A number of European countries acknowledge that fluoridation is mass medication – here are some examples

**SWEDEN**’S drinking water sector “not its task to deliver medicinal treatment to people”

**FRANCE** – don’t fluoridate water - “due to ethical and medical considerations”

**LUXEMBOURG** - “drinking water isn’t the suitable way for medicinal treatment”

More at - http://fluoridealert.org/content/europe-statements/

**Belgium:**

“This water treatment has never been of use in Belgium and will never be (we hope so) into the future. The main reason for that is the fundamental position of the drinking water sector that it is not its task to deliver medicinal treatment to people. This is the sole responsibility of health services.”


**France:**

“Fluoride chemicals are not included in the list [of ‘chemicals for drinking water treatment’]. This is due to ethical as well as medical considerations.”


**Luxembourg:**

“Fluoride has never been added to the public water supplies in Luxembourg. In our views, the drinking water isn’t the suitable way for medicinal treatment and that people needing an addition of fluoride can decide by their own to use the most appropriate way, like the intake of fluoride tablets, to cover their [daily] needs.”

Czech Republic:

“Since 1993, drinking water has not been treated with fluoride in public water supplies throughout the Czech Republic. Although fluoridation of drinking water has not actually been proscribed it is not under consideration because this form of supplementation is considered:

- uneconomical (only 0.54% of water suitable for drinking is used as such, the remainder is employed for hygiene etc. Furthermore, an increasing amount of consumers (particularly children) are using bottled water for drinking (underground water usually with fluor)
- uneconomic (environmental load by a foreign substance)
- unethical (“forced medication”)
- toxicologically and physiologically debateable (fluoridation represents an untargeted form of supplementation which disregards actual individual intake and requirements and may lead to excessive health-threatening intake in certain population groups; [and] complexation of fluor in water into non biological active forms of fluor.”

SOURCE: Dr. B. Havlík, Ministerstvo Zdravotnictvi Ceske Republiky, October 14, 1999.

A good example of a European country acknowledging that water fluoridation is unethical mass medication –

“ unethical (forced medication)”

More statements at - http://fluoridealert.org/content/europe-statements/

Only those who want to force fluoridation on populations claim that fluoridation is not mass medication. If fluoride is added to water to try and illicit a health effect on people – it is BOTH a medication and a treatment through the water supply.
Fluoridation is mass medication

Chlorination is to treat WATER and make it safe to drink

Fluoridation is to treat PEOPLE

Mass Medication VIOLATES two principles of MEDICAL ETHICS:

1. Principle of informed consent to medication

2. Principle of controlled dose.
Dose is uncontrolled

You CAN control Fluoride concentration in water
You CAN’T control how much water people drink

High Fluoride intake groups include:

– healthy people who drink a lot of water
– labourers and athletes
– people with diabetes, kidney disease, etc.
– heavy tea drinkers
– Bottle fed Babies – because formula mixed with fluoridated water has at least 100 times more fluoride than breast milk*

(* National Research Council 2006 – breast milk has only 0.004 ppm F)
Every litre of water fluoridated at 0.7 mg per litre has nearly as much fluoride as in 3 fluoride tablets. (0.7 mg fluoride per litre of water vs 0.75 mg fluoride from 3 fluoride tablets)

Dosage for children up to 4 years old = 1 tablet daily

Fluoride Tablets - Can buy on E-Bay - We do not recommend - however they are a controlled dose, and do not contain heavy metals
FLUORIDE IS NOT A PROVEN NUTRIENT

Fluoride is nothing like Folate, Iodine and Vitamin B1 added to food – these are proven nutrients and prevent a deficiency

There is no such thing as Fluoride Deficiency
Fluoride is not a proven nutrient - no need to swallow

1) There is not one biological pathway within the human body that requires fluoride.

2) On the other hand there are biological processes potentially harmed by fluoride, e.g. fluoride inhibits enzymes*, switches on G-proteins* etc...

FLUORIDE AS A DEVELOPMENTAL NEUROTOXIN

• **50 human studies** have found elevated fluoride exposure associated with **reduced IQ** - (many of these studies have only modestly elevated fluoride exposures)

• **39 animal studies** have found fluoride exposure impairs the learning and memory capacity of animals

all references at www.fluoridealert.org/studies/brain01/
“Since 2006, epidemiological studies have documented six additional developmental neurotoxicants – manganese, fluoride, chlorpyrifos, dichlorodiphenyltrichloroethane, tetrachloroethylene and the polybrominated diphenyl ethers”
2012 Harvard Study

Meta-Analysis of 27 studies

Mean difference - 7 IQ pts

Water fluoride concentrations in the study that showed lowered IQ mostly only 2, 3 or 4 times that commonly added to Australian drinking water

Fluoride dose depends on amount of water drunk

LITTLE MARGIN OF SAFETY
<table>
<thead>
<tr>
<th>Study</th>
<th>Age</th>
<th>Fluoride Concentration (High Exposure) mg per litre</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lin et al, 1991, China</td>
<td>7-14 years</td>
<td>0.88 mg per litre</td>
<td>Lowered IQ</td>
</tr>
<tr>
<td>Xu et al, 1994, China</td>
<td>8-14 years</td>
<td>1.8 mg per litre</td>
<td>Lowered IQ</td>
</tr>
<tr>
<td>Seraj et al, 2006, Theran</td>
<td>Not Spec</td>
<td>2.5 mg per litre</td>
<td>Significant Lowered IQ</td>
</tr>
<tr>
<td>Poureslami et al, 2001, Iran</td>
<td>6-9 years</td>
<td>2.38 mg per litre</td>
<td>Lowered IQ</td>
</tr>
<tr>
<td>Yao et al, 1997, China</td>
<td>7-14 years</td>
<td>2.0 mg per litre</td>
<td>Lowered IQ</td>
</tr>
<tr>
<td>Yao et al, 2006, China</td>
<td>7-14 years</td>
<td>2.0 mg per litre</td>
<td>Lowered IQ</td>
</tr>
<tr>
<td>Hong et al, 2001, China</td>
<td>7-14 years</td>
<td>2.9 mg per litre</td>
<td>Lowered IQ</td>
</tr>
</tbody>
</table>

New Zealand water fluoridated at between 0.7 mg per litre and 1.0 mg per litre - so there is very little or no margin of safety.
Fluoride substances are “known by 2012 to cause adverse effects on the human nervous system” *

"fluorides are known to cause brain toxicity and neurological symptoms in humans” *

“I believe that neurotoxicity is a crucial, potential effect of fluoride exposure during early life” **

* Only One Chance: How Environmental Pollution Impairs Brain Development - and How to Protect the Brains of the Next Generation 2013 Philippe Grandjean

** 2013 Communication with Irish Environmental Scientist Declan Waugh
Water Fluoridation linked to ADHD – in 2015
(Attention Deficit Hyperactivity Disorder)

- Landmark 2015 study - water fluoridation prevalence significantly associated with ADHD prevalence

- Higher rates of medically-diagnosed ADHD in children in USA states in which a greater proportion of people receive fluoridated water

- Researchers conclude, even after controlling for socio-economic-status, findings suggest fluoridated water may be an environmental risk factor for ADHD. The authors wrote - Fluoride can readily cross the placenta, accumulate in the infant brain and easily exert neurotoxic effects

- Dearth of research - relationship between fluoride exposure and ADHD urgently warrants more study

*Reference - Exposure to fluoridated water and attention deficit hyperactivity disorder prevalence among children and adolescents in the United States: an ecological association: Malin A, Till C; Environmental Health 2015:14:17
The review was on the safety of its maximum contaminant drinking water standard for fluoride (4 mg per litre) – can 4 mg/l cause crippling skeletal fluorosis? – Yes!

- but also examined research on fluoride at much lower concentrations

The USA NATIONAL RESEARCH COUNCIL (NRC, 2006) REPORT
Fluoride in Drinking Water

A panel of 12 experts spent three and half years reviewing the literature on water fluoridation and on March 22, 2006 produced a 507 page report with over 1000 references (NRC, 2006).

Published 2006
Varner et al - 1998
( study was included in 2006 NRC report )

- Gave rats 1 mg per litre fluoridated water for one year.

The exposed animals had

- kidney damage
- brain damage
- a greater uptake of aluminum into the brain and beta amyloid deposits thought characteristic of Alzheimer’s disease.

Varner et al 1998 Brain Res. 784 (1-2) 284-298
NRC AND FLUORIDE’S DANGERS 2006

• Fluoride **damages the teeth** (chapter 4)
• Fluoride **damages the bone** (chapter 5)
• Fluoride **damages the brain** (chapter 7)
• Fluoride **interferes with the endocrine system** (chapter 8)
• Fluoride **may cause Osteosarcoma** (chapter 10)

• The panel looked at **exposure analysis** (chapter 2) indicates that **some people are already exceeding safe levels for some end points when drinking water at 1 mg /Litre ( 1ppm )**
FLUORIDE ACCUMULATES IN BONES - IT CAN WEAKEN BONE

"All members of the committee agreed that there is scientific evidence that under certain conditions fluoride can weaken bone and increase the risk of fractures."
Scientists have focused on fluoride’s effects on bone because so much of the chemical is stored there. Studies have shown that high doses of fluoride can stimulate the proliferation of bone-building osteoblast cells, raising fears that the chemical may induce malignant tumors. Fluoride also appears to alter the crystalline structure of bone, possibly increasing the risk of fractures.
“it is apparent that fluorides have the ability to interfere with the functions of the brain.”
“several lines of information indicate an effect of fluoride exposure on thyroid function.”
Recent large study – linked Fluoride in UK drinking water to hypothyroidism

- Landmark 2015 UK study used data from nearly 8000 UK General Medical Practices

- Where tap water fluoride levels exceeded 0.3 milligrams per litre, the risk of underactive thyroid rose by 30 percent

- Hypothyroidism rates were nearly double in urban regions with fluoridated tap water, compared with regions that did not.

AUSTRALIA’S NATIONAL HEALTH & MEDICAL RESEARCH COUNCIL FLUORIDE INFORMATION PAPER PUBLISHED SEPT 2016 IGNORED THIS STUDY ** AND IT APPEARS NEW ZEALAND HEALTH AUTHORITIES HAVE TOO

**Reference - Are fluoride levels in drinking water associated with hypothyroidism prevalence in England? A large observational study of GP practice data and fluoride levels in drinking water; S Peckham, D Lowery, S Spencer; J Epidemiol Community Health 2015;0:1–6
DENTAL FLUOROSIS IS A SIGN OF FLUORIDE OVERDOSE (TOXICITY)*

CURRENT PREVALENCE from NSW Child Dental Survey 2007
25% FLUOROSIS in NSW fluoridated areas (11 to 12 year olds) in 2007

Not just a cosmetic effect – damage of tooth enamel to varying degrees

* Chronic Fluoride Toxicity: Dental Fluorosis: P DenBesten Wu Li; Monograph Oral Sc 2011: 28 – 81-96
FLUORIDE SENSITIVITY HAS BEEN PROVEN

• Dr Hans Moolenburgh (Netherlands) led a team of 12 medical doctors, two biologists and a lawyer in double blind trials in the 1970s using fluoridated bottled water.

• Study found up to 5% of people are sensitive to fluoride (some symptoms were - skin rashes, gut pain, migraines, mouth ulcers).

• Fluoridation ceased in the Netherlands after results of this study.

BONE CANCER (OSTEOSARCOMA)
Bassin et al - Harvard Dental School- 2006

• Boys drinking fluoridated water at levels recommended by the U.S. Centers for Disease Control and Prevention

• are at 5-7 times greater risk of Osteosarcoma (rare primary bone cancer) than boys drinking non-fluoridated water (Bassin, 2006; Cancer Causes Control)
20 years ago - was discovered that the Pineal gland is a major site of fluoride accumulation in the body (Jennifer Luke - UK Doctoral study)

Luke's studies indicated accumulation of fluoride in the pineal gland can reduce the gland's synthesis of Melatonin a hormone which regulates onset of puberty

People with kidney impairment have a lower margin of safety for fluoride intake. Limited data indicate that their fluoride retention may be up to three times normal.
Fluoride’s predominant effect is topical – it works on the **OUTSIDE** of the tooth.

"Fluoride’s predominant effect is topical."  
*Centers for Disease Control, 1999*

"Its actions primarily are **topical** for both adults and children."  
*Centers for Disease Control, 2001*

We have fluoride toothpaste – so why swallow fluoride?
Fluoride works **TOPICALLY**

Journal of the American Dental Association
July 2000

Why swallow it?

**Abstract**

Background and Overview. Dental caries is a bacterially based disease. When it progresses, acid produced by bacterial action on dietary fermentable carbohydrates diffuses into the tooth and dissolves the carbonate-hydroxyapatite mineral-a process called demineralization. Pathological factors including acid bacteria (mutans streptococci, lactobacilli), salivary dysfunctions, dietary carbohydrates are related progression. Protective factors include salivary calcium, phosphate, proteins, salivary flow, fluoride, and antibacterial components balance, prevent or reverse demineralization. Conclusions. Caries progression or reversal is determined by the balance between protective and pathological factors. Fluoride, the key agent in limiting caries, works primarily via topical mechanisms: inhibition of demineralization, enhancement of remineralization, and reduction of bacterial enzymes. Clinical Implications. Fluoride in drinking water and in fluoride-containing products reduces caries via these topical mechanisms. Antimicrobial therapy must be used to combat a high bacterial challenge. For practical caries management and prevention or reversal of dental caries, the sum of the preventive factors must outweigh the pathological factors.
Tooth enamel with higher fluoride levels does not withstand acid any better than enamel with lower levels of fluoride (Journal of American Dental Association 2000)

Fluoride incorporated during tooth development [i.e., from ingested fluoride] is insufficient to play a significant role in caries protection."

"Even when the outer enamel has higher fluoride levels, such as 1000 ppm, it does not measurably withstand acid-induced dissolution any better than enamel with lower levels of fluoride”.

EXAMPLE OF HOW STATISTICS ARE MISUSED BY FLUORIDATION PROMOTERS

When Queensland Premier Anna Bligh announced forced fluoridation in Dec 2007 – Qld Health placed newspaper ads claiming children in fluoridated Townsville had 65% less tooth decay than Brisbane children (claim based on a 1996 study*)

HOWEVER - by the time a child is 3 they have over 100 tooth surfaces in their mouths .............

here - the “65%” less tooth decay claimed was on average less than ¼ of one tooth surface out of over 100 tooth surfaces present in a child’s mouth

*Caries Experience among children in fluoridated Townsville and non-fluoridated Brisbane Aus NZ J Public Health G.D. Slade et al
How did they get the 65% less decay?

Table 4: Caries experience (decayed, missing or filled surfaces) in the permanent dentition

<table>
<thead>
<tr>
<th>Age [years]</th>
<th>n</th>
<th>DMFS&lt;sup&gt;a&lt;/sup&gt; Mean</th>
<th>SD&lt;sup&gt;b&lt;/sup&gt;</th>
<th>n</th>
<th>DMFS&lt;sup&gt;a&lt;/sup&gt; Mean</th>
<th>SD&lt;sup&gt;b&lt;/sup&gt;</th>
<th>% Difference</th>
<th>Absolute Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>300</td>
<td>0.04</td>
<td>0.23</td>
<td>472</td>
<td>0.10</td>
<td>0.54</td>
<td>60</td>
<td>0.06</td>
</tr>
<tr>
<td>7</td>
<td>240</td>
<td>0.09</td>
<td>0.37</td>
<td>440</td>
<td>0.26</td>
<td>0.54</td>
<td>65</td>
<td>0.17</td>
</tr>
<tr>
<td>8</td>
<td>262</td>
<td>0.23</td>
<td>0.68</td>
<td>375</td>
<td>0.32</td>
<td>1.09</td>
<td>52</td>
<td>0.27</td>
</tr>
<tr>
<td>9</td>
<td>226</td>
<td>0.41</td>
<td>0.93</td>
<td>403</td>
<td>0.51</td>
<td>1.05</td>
<td>20</td>
<td>0.10</td>
</tr>
<tr>
<td>10</td>
<td>205</td>
<td>0.57</td>
<td>1.10</td>
<td>387</td>
<td>1.13</td>
<td>1.96</td>
<td>50</td>
<td>0.56</td>
</tr>
<tr>
<td>11</td>
<td>188</td>
<td>0.65</td>
<td>1.26</td>
<td>370</td>
<td>1.45</td>
<td>2.25</td>
<td>55</td>
<td>0.80</td>
</tr>
<tr>
<td>12</td>
<td>69</td>
<td>0.94</td>
<td>1.63</td>
<td>205</td>
<td>1.80</td>
<td>2.79</td>
<td>48</td>
<td>0.86</td>
</tr>
</tbody>
</table>

Note: (a) DMFS = number of decayed, missing or filled surfaces per child. (b) SD = standard deviation

Data from “Caries experience among children in fluoridated Townsville and unfluoridated Brisbane” pub 1996

The 65% less tooth decay claimed by the Queensland government was average absolute difference of 0.17 tooth surfaces difference in decay – out of over 100 tooth surfaces present in a child’s mouth

CLAIMED HUGE PERCENTAGE LESS TOOTH DECAY = ONLY TINY ABSOLUTE DIFFERENCE
# National Adult Oral Health Survey 2004 - 2006

**Queensland - then < 5% fluoridated**

<table>
<thead>
<tr>
<th>State/Territory</th>
<th>Mean DMFT age 15-34 yrs</th>
<th>Mean DMFT age 35-54 yrs</th>
<th>Mean DMFT age 55+ yrs</th>
<th>Mean DMFT age 15-99 yrs</th>
<th>% population with fluoridated water NHMRC 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aus Cap. Territory</td>
<td>2.6</td>
<td>12.9</td>
<td>22.7</td>
<td>11.0</td>
<td>100%</td>
</tr>
<tr>
<td>New South Wales</td>
<td>4.4</td>
<td>13.9</td>
<td>22.7</td>
<td>12.8</td>
<td>92%</td>
</tr>
<tr>
<td>Northern Territory</td>
<td>5.0</td>
<td>12.7</td>
<td>22.1</td>
<td>10.7</td>
<td>70%</td>
</tr>
<tr>
<td>Queensland</td>
<td><strong>5.0</strong></td>
<td><strong>14.6</strong></td>
<td><strong>23.1</strong></td>
<td><strong>13.1</strong></td>
<td>&lt;5% population fluoridated in 2007</td>
</tr>
<tr>
<td>South Australia</td>
<td>4.1</td>
<td>14.0</td>
<td>22.1</td>
<td>12.7</td>
<td>90%</td>
</tr>
<tr>
<td>Tasmania</td>
<td>4.9</td>
<td>14.1</td>
<td><strong>23.4</strong></td>
<td><strong>13.4</strong></td>
<td>83%</td>
</tr>
<tr>
<td>Victoria</td>
<td>4.4</td>
<td><strong>15.1</strong></td>
<td>22.5</td>
<td>12.8</td>
<td>77%</td>
</tr>
<tr>
<td>West Australia</td>
<td><strong>5.4</strong></td>
<td>14.5</td>
<td>22.7</td>
<td>13.1</td>
<td>92%</td>
</tr>
</tbody>
</table>

DMFT = (Decayed Teeth plus Missing teeth and Filled teeth due to decay)

**Queensland adults (less than 5% of population fluoridated) did NOT have the most tooth decay in ANY ADULT AGE GROUP.**
This is from a recent Fluoride Free New Zealand Facebook post – from 2014 NZ School Dental Data - children from non fluoridated Christchurch have a higher percentage of children with NO cavities than does fluoridated Auckland or Hamilton.
Cochrane Collaboration Review of water fluoridation (2015)*

Cochrane Collaboration reviews considered as gold standard of evidence based reviews of health science

- review found there was insufficient information to determine whether water fluoridation reduced social inequalities in tooth decay

- review found there was insufficient information to determine effects on tooth decay from stopping water fluoridation programmes

- review found no study that investigated water fluoridation and tooth decay in adults qualified for inclusion in review

- review calculated that in areas with a fluoride level of 0.7 ppm in the water, approximately 12% of the population had dental fluorosis that could cause concern about their appearance. The level of fluorosis was up to 40% considering fluorosis of any level.

- Cochrane authors concluded that 97% of the 155 reviewed studies were at a high risk of bias and there was substantial variation between studies results.

While the data indicated fluoridation reduced tooth decay, it was unclear whether this was applicable to current lifestyles, considering that most of the appropriate data was collected before the advent of fluoridated toothpaste.

* Cochrane Collaboration - Water Fluoridation for the prevention of dental caries June 2015
**How forced fluoridation is often promoted**

*Prof Hardy Limeback: “Rampant smooth surface decay, especially in the front teeth, as well as that massive open bite (suggesting constant sucking on a soother or baby bottle)....all point to obvious baby bottle tooth decay. That kind of tooth decay occurs even in cities that are fluoridated and, in my opinion, will NOT be prevented in non-fluoridated areas even if the formula is made with fluoridated bottled or tap water. It is false and misleading to use such a severe case of dental decay to suggest that fluoridation would help these children."

**SOURCE** - This is from a document sent by Qld Health to some Qld MPs in early 2008

* Quote from Prof Hardy Limeback - personal communication 2008
Sydney fluoridated since 1968

Every 2 days at least 10 children in the Public Sector have general anaesthetics for severe tooth decay

At least 2 of those children will be under 5

Sunday Telegraph 6.2.2011
University of Queensland Project – 1000 families in a low socio-economic area

The research found prenatal education had a vital role in ensuring children’s oral health

Oral health education and follow up support for mothers found to reduce tooth decay from the current community rate of 23% toddlers with tooth decay - down to 2 to 7%

Tooth brushing instruction and general dietary advice 6 monthly from birth

“We wanted to find out what kind of preventative measures would help communities the most and the drastic improvements we saw from both home visits and telephone support were exciting” Kathryn Plonka UQ School of Dentistry PhD Candidate and Senior Oral Health Therapist Logan Beaudesert Public Oral Health Service

Follow up phone contacts found cost effective – results published British Medical Journal Nov 2013: 3; Cost-effectiveness of a telephone delivered education programme to prevent early childhood caries in a disadvantaged area: a cohort study. Pukallus M, Plonka K, Kularatna S et al
Oral health education and follow up support for mothers in a low socioeconomic area was found to reduce tooth decay from the current community rate of 23% toddlers with tooth decay - down to only 2 to 7% of toddlers with any decay.

Education – NOT forced mass medication is the ethical way to reduce tooth decay in young children.

Scotland has Child Smile program.

Denmark has NEXO programme.
“this is against all principles of modern pharmacology. It’s really obsolete. No doubt about that. I mean, I think those nations that are using it should feel ashamed of themselves. It’s against science”
A Queensland MP who recently acknowledged with fluoridation - inappropriate to force a substance onto many people who clearly do not want it.

Rob Pyne - Member for Cairns
October 2016

My position is one of pro-choice, as I believe it would be inappropriate to force a substance onto many people who clearly do not want it.

Rob Pyne - Member for Cairns
October 2016
28 Queensland Councils so far have rejected fluoridation since Mandatory fluoridation was overturned at the end of 2012

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<td>Gladstone Regional Council – August 2016</td>
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(27) Aurukun Council – voted 27 October 2016 to end fluoridation
(28) Mackay Council – ended fluoridation on 7th November 2016
With fluoridated water, use the Precautionary Principle
There is doubt – get fluoride out!
There are some simple ways that tooth decay can be prevented—unfortunately members of the public aren’t often given this sort of advice on a simple, cheap, safe mouthwash like this bicarbonate rinse they can make themselves.

Use instructions for bicarbonate rinse:
- Use after meals to alkalise saliva and neutralise acids
- The high pH promotes mineralisation and discourages aciduric microorganisms
- Rinse has a positive effect like gum chewing
- Do not swallow: HCl + NaHCO3 gives CO2 gas which leads to gastric distention

Use instructions for bicarbonate rinse:
- Dissolve 1 teaspoon baking soda in a tumbler of tap water
- Tap water is not sterile so discard after one day
- Use rinse before meals if taste dysfunction, as the rinse improves the pH response of taste buds
- Use after episodes of reflux or vomiting to prevent erosion

Laurence J Walsh
Professor of Dental Science
School of Dentistry
The University of Queensland

Very useful information from Professor of Dental Science on how to make a simple mouthwash that can reduce tooth decay.
Sodium Fluoride - Schedule 6 poison - workers at risk - should wear full HAZMAT gear and have medical monitoring.

A Council fluoridation plant operator loading a 5kg bag of Sodium Fluoride – despite the personal protection gear workers can still be at risk from Sodium Fluoride dust and Sodium Fluorosilicate dust.
Sodium Fluoride

Made in China

*NOT PHARMACEUTICAL GRADE* – HEAVY METAL CONTAMINANTS are allowed by Qld Health and New Zealand Health

**FOR EXAMPLE** - Up to 440 mg Arsenic, 440 mg Lead, 88 mg Cadmium, 44 mg Mercury are allowed in every kg of Sodium Fluoride added to drinking water

(Queensland Health’s Fluoridation Code of Practice - Sept 2013, page 61)
Proof that dangerous heavy metals are in fluoride chemicals added to Australian drinking water – from Right to Information on SEQ Water - Queensland Australia. New Zealand would be similar. Many more examples can be provided
FOR MORE INFORMATION

Professional Perspectives on Fluoridation – 30 minute video

50 Reasons to Oppose Water Fluoridation

Ten Facts on Fluoride FACTS – 20 min video + booklet
   plus much more ....

All can be seen at www.FluorideALERT.org

To contact Queenslanders for Safe Water, Air and Food Inc
   Mob  0418 777 112
   Email info@qawf.org