

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*

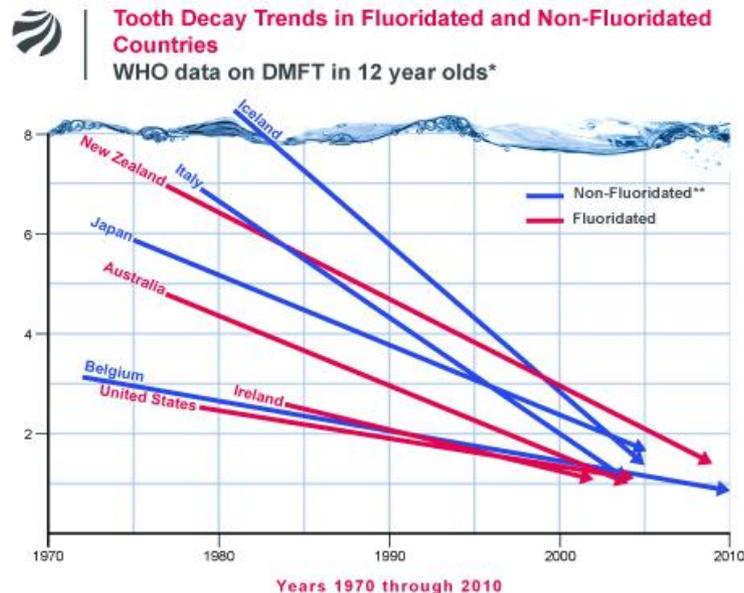
***Four countries in Europe allow the sale of fluoridated salt for voluntary purchase**

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~~

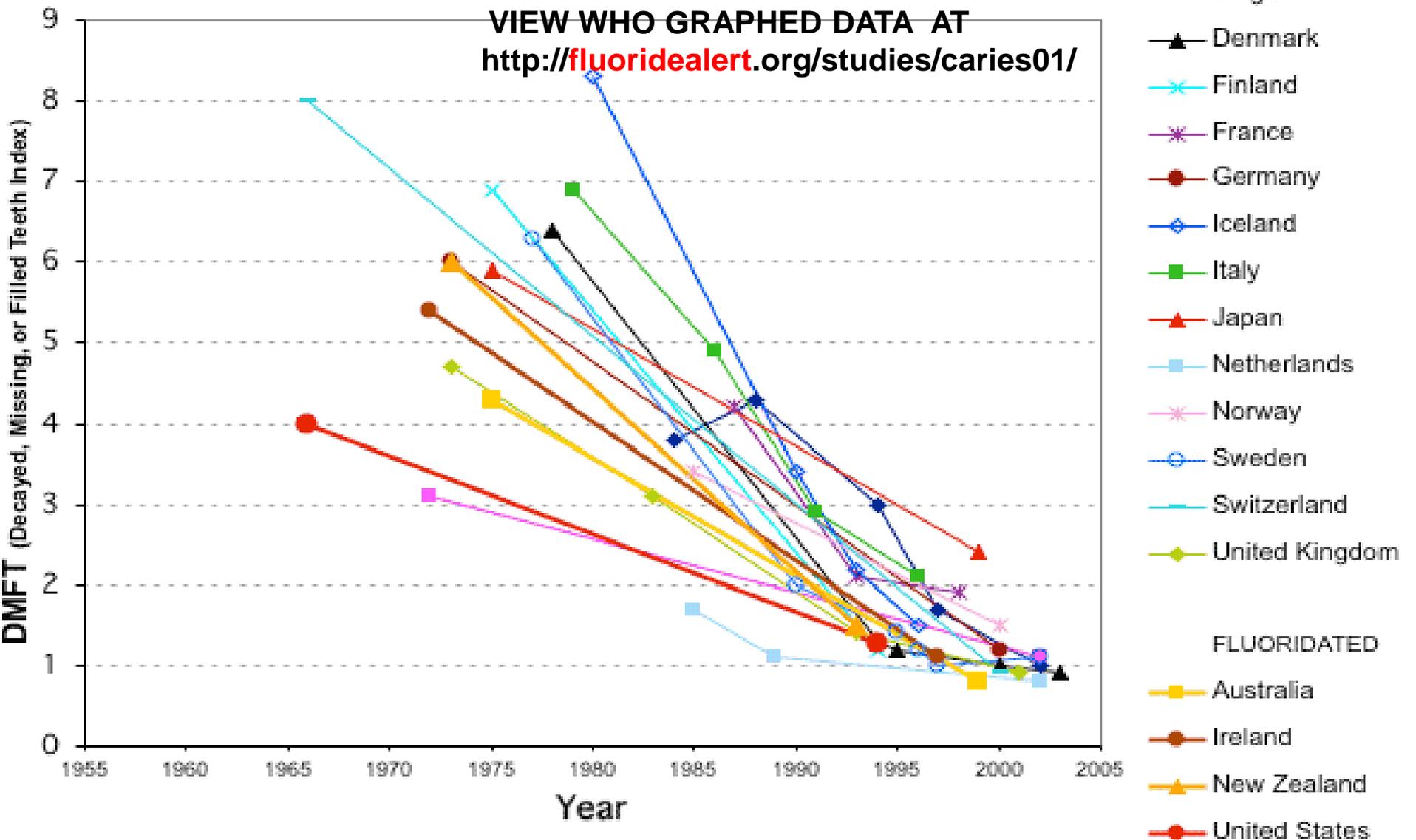


* World Health Organization (WHO), Collaborating Centre for Education, Training, and Research in Oral Health, Malmö University, Sweden. <http://www.mah.se/CAPP/> (accessed June 10, 2012).
** No water or salt fluoridation.

DMFT (Decayed, Missing & Filled teeth) Status for 12 year olds by Country - World Health Organization Data (2012) -			
Country	DMFTs	Year	Status*
Denmark	0.7	2008	No water fluoridation. No salt fluoridation.
Germany	0.7	2005	No water fluoridation. 67% salt fluoridation.
England	0.7	2009	11% water fluoridation. No salt fluoridation.
Netherlands*	0.8	2002	No water fluoridation. No salt fluoridation.
Switzerland**	0.82	2009	No water fluoridation. 88% salt fluoridation.
Belgium	0.9	2009-10	No water fluoridation. No salt fluoridation.
Sweden	0.9	2008	No water fluoridation. No salt fluoridation.
Australia	1.0	2003-2004	80% water fluoridation. No salt fluoridation.
Austria	1.0	2002	No water fluoridation. 6% salt fluoridation.
Ireland	1.1	2002	100% water fluoridation in study. No salt fluoridation.
Italy	1.1	2004	No water fluoridation. No salt fluoridation.
United States	1.19	1999-2004	64% water fluoridation. No salt fluoridation.
Finland	1.2	2006	No water fluoridation. No salt fluoridation.
France	1.2	2006	No water fluoridation. 65% salt fluoridation.

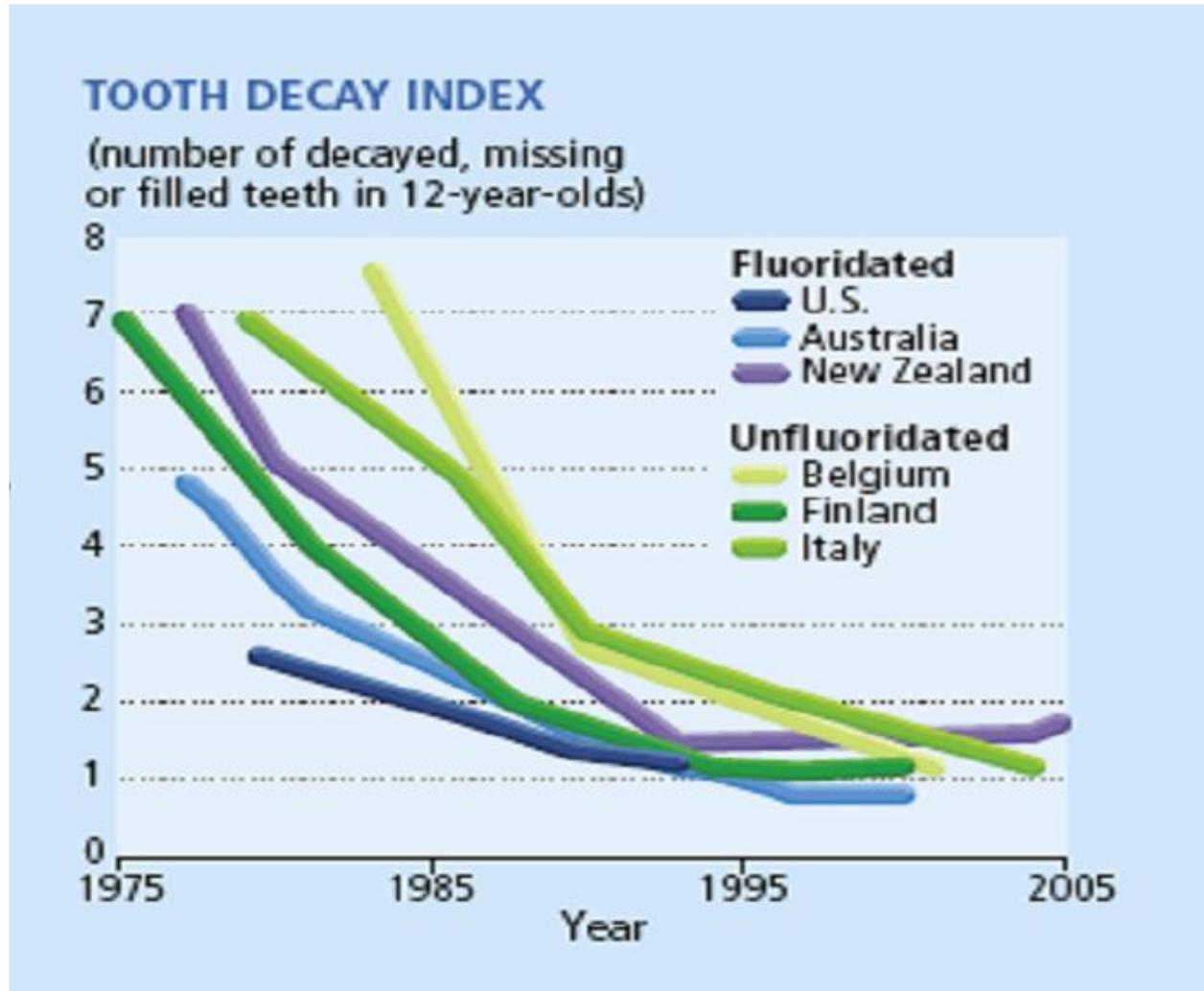
Tooth Decay Trends: Fluoridated vs. Unfluoridated Countries

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



DATA SOURCE: World Health Organization. (Data online)

Scientific American Jan 2008



**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



Teeth exposed to fluoridated water



Teeth without exposure to fluoridated water

The Queensland government had acknowledged fluoridation = mass involuntary medication

Queensland Government Position Statement on Water Fluoridation

Whilst recognising that the balance of the scientific argument favours the use of fluoride in the pursuit of oral health, it is a principle of ethical public health that mass, involuntary medication must never proceed without the express consent of the community. The balance of argument rests on evidence which suggests that the prevalence of dental caries in both adults and children is reduced in communities where the water supply contains certain levels of fluoride.

In Queensland, referendum guarantees the consent of the community under the *Fluoridation of Public Water Supplies Act (1963)* (the Act). Queensland Government recognises that there is not a unanimity of opinion on the health and environmental impacts of fluoridation, but in view of the prevailing balance of argument, encourages public debate aimed at enhancing oral health.

Water fluoridation was introduced in all Australian States in the 1960's, and about 80 per cent of the population of most states now receive fluoridated water supplies. The Nicklin Government introduced the Act in Queensland in 1963. It places the responsibility for proposing this public health measure to communities, and carrying out their decisions, on individual local governments. At present, only about 5% of the Queensland population have consented to the fluoridation of their water.

Queensland Government supports the introduction of water fluoridation wherever it receives the consent of the community affected. It acknowledges the endorsement of fluoridation by many science and health organisations, including the National Health and Medical Research Council, Federation Dentaire Internationale (FDI), the International Association for Dental Research (IADR), and the World Health Organisation (WHO).

The achievement of improvements in oral health in the population is one of the Key Performance Objectives set out in the *Queensland Health Corporate Plan 1996-2001*.

The fluoridation of water supplies may be one avenue for the achievement of the oral health objectives set out in this document, and the *Public Health Services Plan for Achievements 1996-1999*



Queensland Government
Queensland Health 2003

.....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**

**QUEENSLAND GOVERNMENT 2003
QUEENSLAND HEALTH**

The Local Government Association of Queensland (LGAQ) which represents Queensland Councils has acknowledged that water fluoridation is mass involuntary medication

LGAQ Policy Statement - September 2010

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.



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.”

SOURCE: Chr. Legros, Directeur, Belgaqua, Brussels, Belgium, February 28, 2000.



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.”

SOURCE: Louis Sanchez, Directeur de la Protection de l'Environnement, August 25, 2000.



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.”

SOURCE: Jean-Marie RIES, Head, Water Department, Administration De L'Environnement, May 3, 2000.

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/>



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)
- ▶ unecological (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. Havlik, 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

Good oral
health does
not depend
on
ingesting
fluoride



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 in Drinking Water: A Scientific Review of EPA's Standards – 2006
National Research Council for the National Academies of Science

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/

FLUORIDE as a NEUROTOXICANT

Lancet Neurology – Feb 2014

“ Since 2006, epidemiological studies have documented six additional **developmental neurotoxicants** –

manganese, **fluoride**, chlorpyrifos, dichlorodiphenyltrichloroethane, tetrachloroethylene and the polybrominated diphenyl ethers”



Neurobehavioural effects of developmental toxicity

Philippe Grandjean, Philip J Landrigan

Lancet Neurol 2014; 13: 330–38

Published Online

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[http://dx.doi.org/10.1016/](http://dx.doi.org/10.1016/S1474-4422(13)70278-3)

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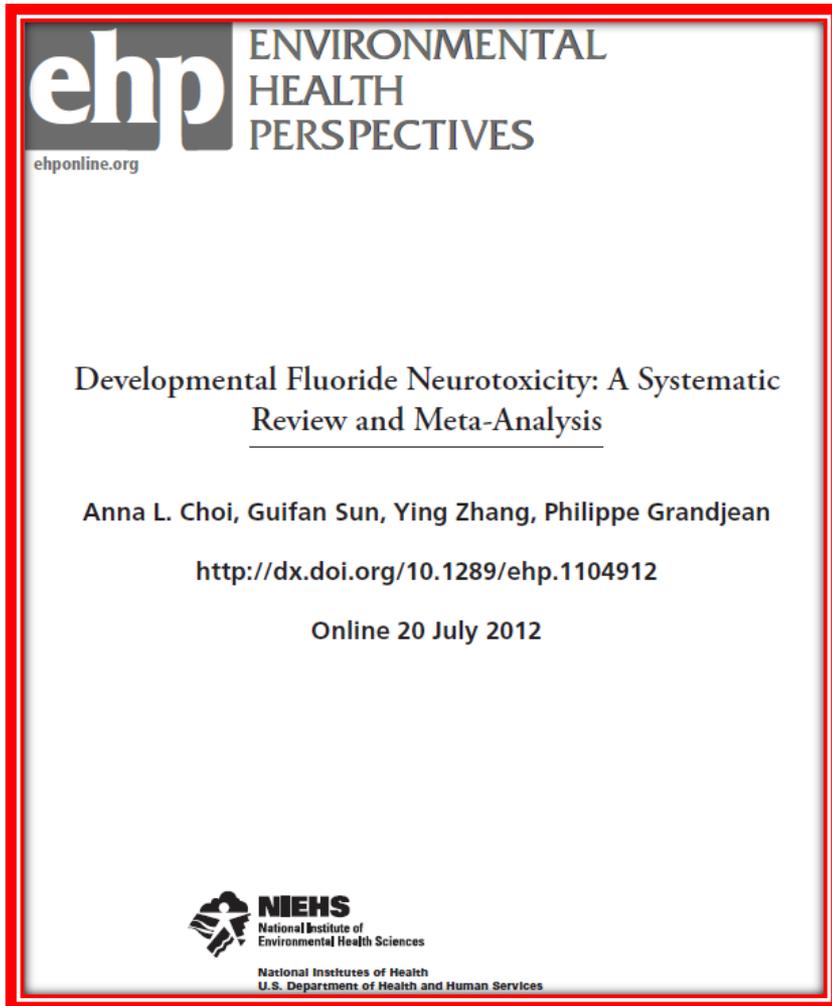
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Neurodevelopmental disabilities, including autism, attention-deficit hyperactivity disorder, dyslexia, and other cognitive impairments, affect millions of children worldwide, and some diagnoses seem to be increasing in frequency. Industrial chemicals that injure the developing brain are among the known causes for this rise in prevalence. In 2006, we did a systematic review and identified five industrial chemicals as developmental neurotoxicants: lead, methylmercury, polychlorinated biphenyls, arsenic, and toluene. Since 2006, epidemiological studies have documented six additional developmental neurotoxicants—manganese, fluoride, chlorpyrifos, dichlorodiphenyltrichloroethane, tetrachloroethylene, and the polybrominated diphenyl ethers. We postulate that even more neurotoxicants remain undiscovered. To control the pandemic of developmental neurotoxicity, we propose a global prevention strategy. Untested chemicals should not be presumed to be safe to brain development, and chemicals in existing use and all new chemicals must therefore be tested for developmental neurotoxicity. To coordinate these efforts and to accelerate translation of science into prevention, we propose the urgent formation of a new international clearinghouse.

Introduction

to the nervous system in adults, mostly in connection

Harvard :Fluoride Exposure and IQ



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

Harvard :Fluoride Exposure And IQ

Study	Age	Fluoride Concentration (High Exposure) mg per litre	Result
Lin et al, 1991, China	7-14 years	0.88 mg per litre	Lowered IQ
Xu et al, 1994, China	8-14 years	1.8 mg per litre	Lowered IQ
Seraj et al, 2006, Theran	Not Spec	2.5 mg per litre	Significant Lowered IQ
Poureslami et al, 2001, Iran	6-9 years	2.38 mg per litre	Lowered IQ
Yao et al, 1997, China	7-14 years	2.0 mg per litre	Lowered IQ
Yao et al, 2006, China	7-14 years	2.0 mg per litre	Lowered IQ
Hong et al, 2001, China	7-14 years	2.9 mg per litre	Lowered IQ

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



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Adjunct Professor of Environmental Health and
Neurology, Boston University, 1994-2002

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*

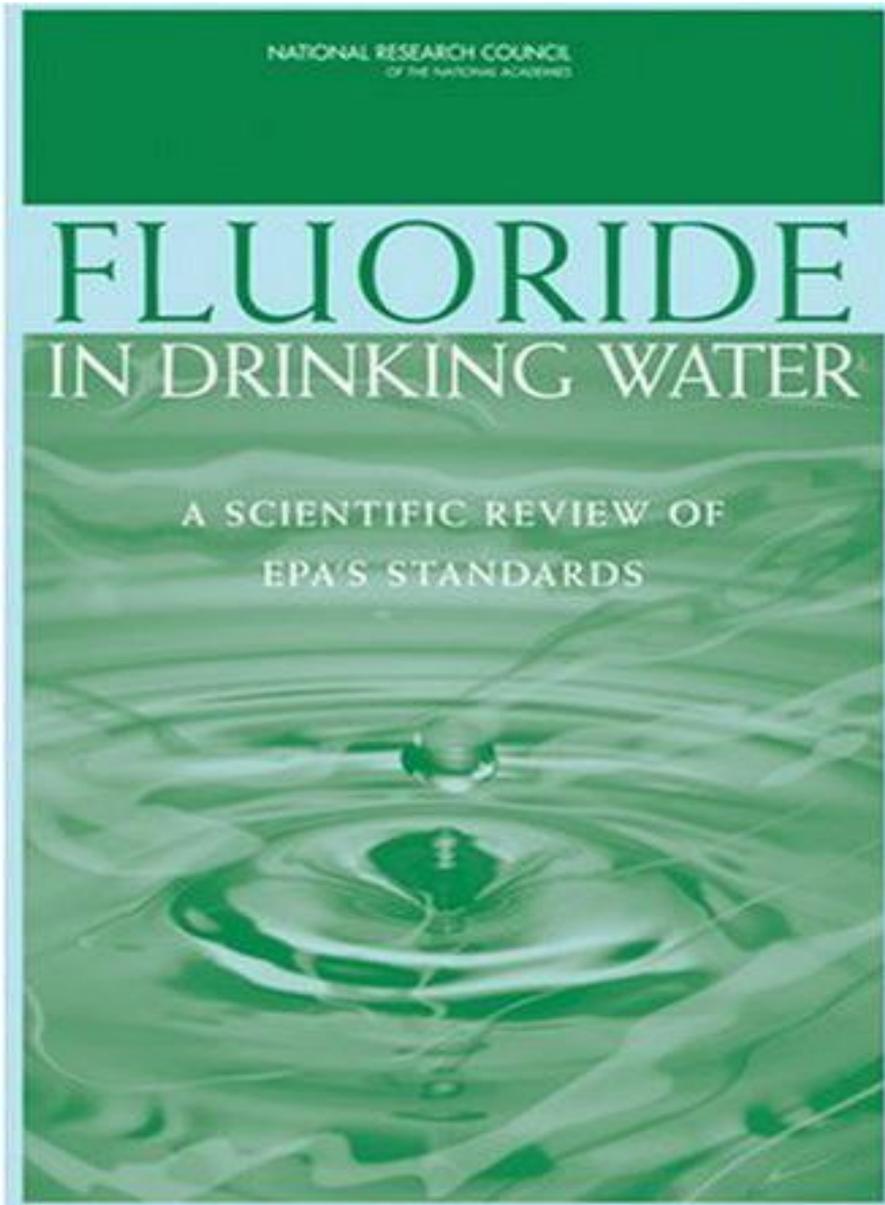
Water Fluoridation linked to ADHD – in 2015

(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**

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** - 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



Published 2006

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).

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

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

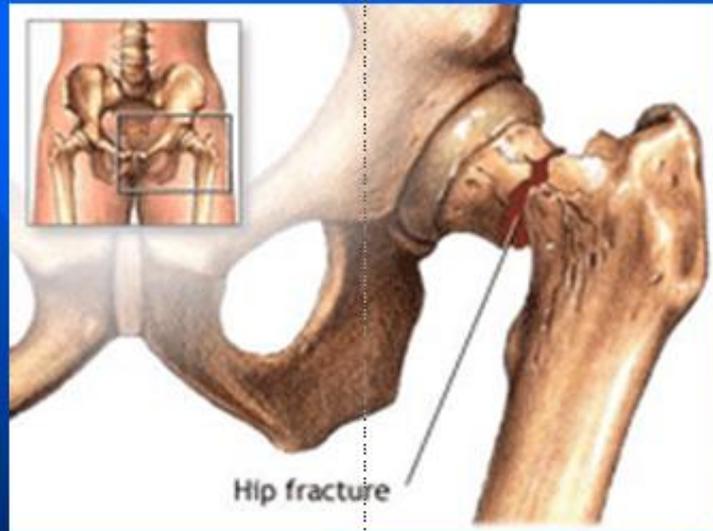
- kidney damage
- brain damage
- a greater uptake of aluminum into the brain and beta amyloid deposits thought characteristic of Alzheimer's disease.

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

*National Research Council (2006):
Fluoride & Skeletal System*

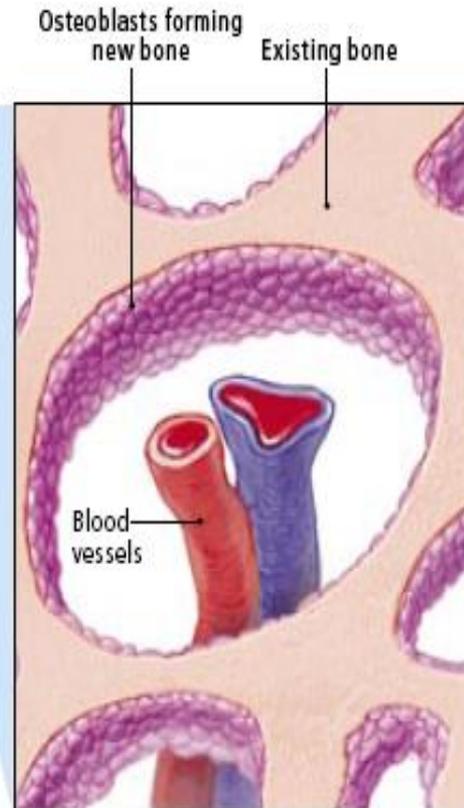
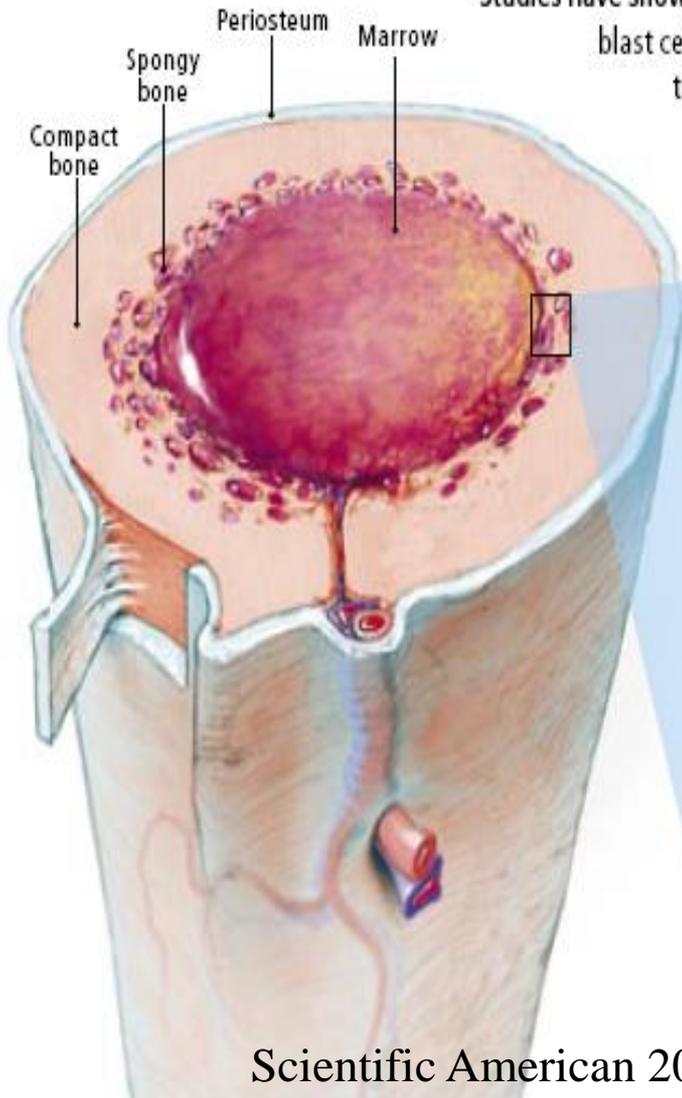


"All members of the committee agreed that there is scientific evidence that under certain conditions fluoride can weaken bone and increase the risk of fractures."

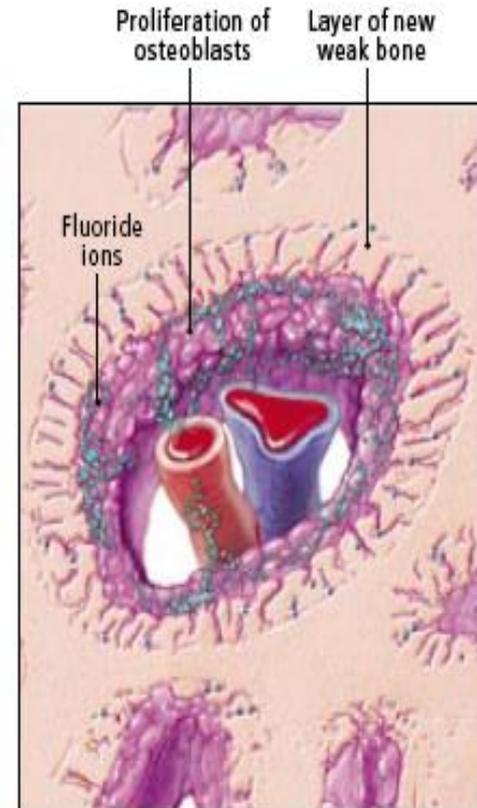
[AREA OF CONCERN]

IS FLUORIDE WEAKENING BONE?

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.

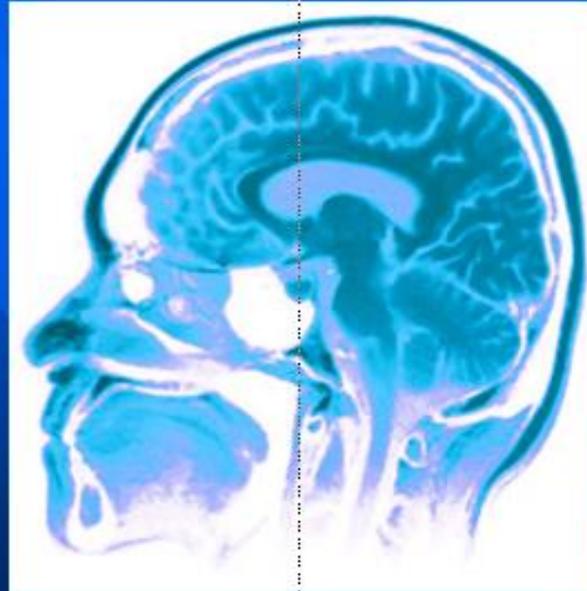


▲ Normal Bone Formation



▲ Effects of Excessive Fluoride

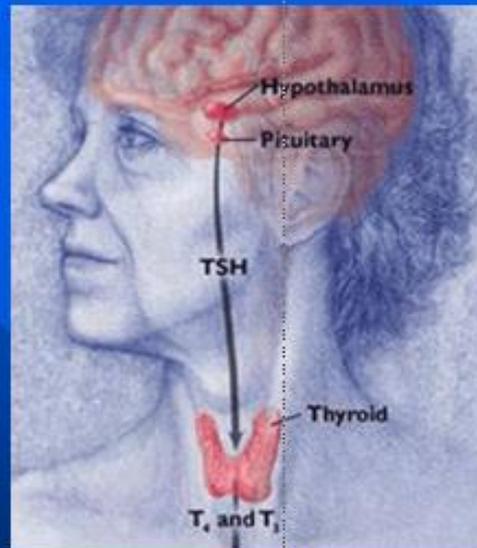
National Research Council (2006):
Fluoride & the Brain



“it is apparent that fluorides have the ability to interfere with the functions of the brain.”

FLUORIDE AND THYROID FUNCTION

*National Research Council (2006):
Fluoride & the Thyroid*



“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

Reference - Affidavit of Hans. C Moolenburgh M.D.; Safe Water Assn vs City of Fond du Lac March 1993

BONE CANCER (OSTEOSARCOMA)

Bassin et al - Harvard Dental School- 2006

Cancer Causes Control (2006) 17:421–428
DOI 10.1007/s10552-005-0500-6

ORIGINAL PAPER

Age-specific fluoride exposure in drinking water and osteosarcoma (United States)

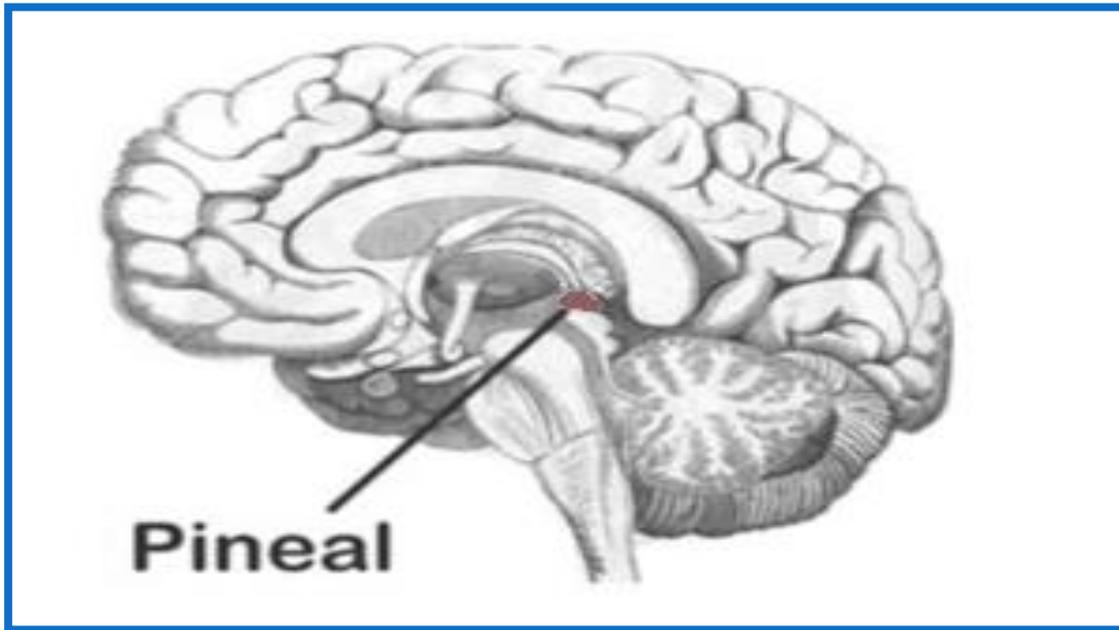
Elise B. Bassin · David Wypij · Roger B. Davis ·
Murray A. Mittleman

- **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)

FLUORIDE ACCUMULATES IN THE PINEAL GLAND

20 years ago - was discovered that the **Pineal gland is a major site of fluoride accumulation in the body** (Jennifer Luke - UK Doctoral study)

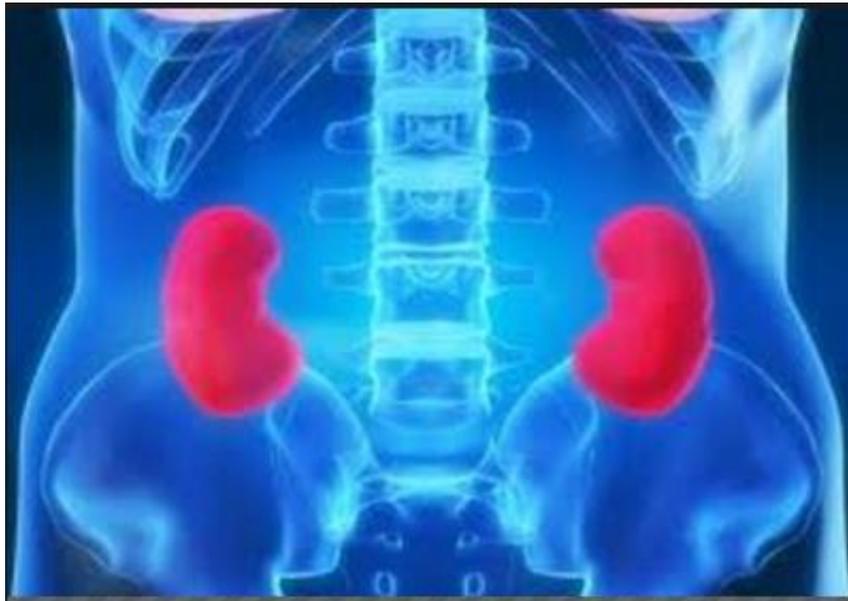
Luke's studies indicated **accumulation of fluoride in the pineal gland can reduce the gland's synthesis of Melatonin a hormone which regulates onset of puberty**



FLUORIDE AND KIDNEY IMPAIRMENT

*“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**” **

*National Health and Medical Research Council (NHMRC)
Australian Drinking Water Guidelines 2004 & 2011



Centre for Disease Control 1999 and 2001

Fluoride's **predominant effect is topical**
– it works on the **OUTSIDE** of the tooth

Fluoride's main benefit is TOPICAL.
It works on the outside of the tooth.



"Its actions primarily are topical for both adults and children."
Centers for Disease Control, 1999

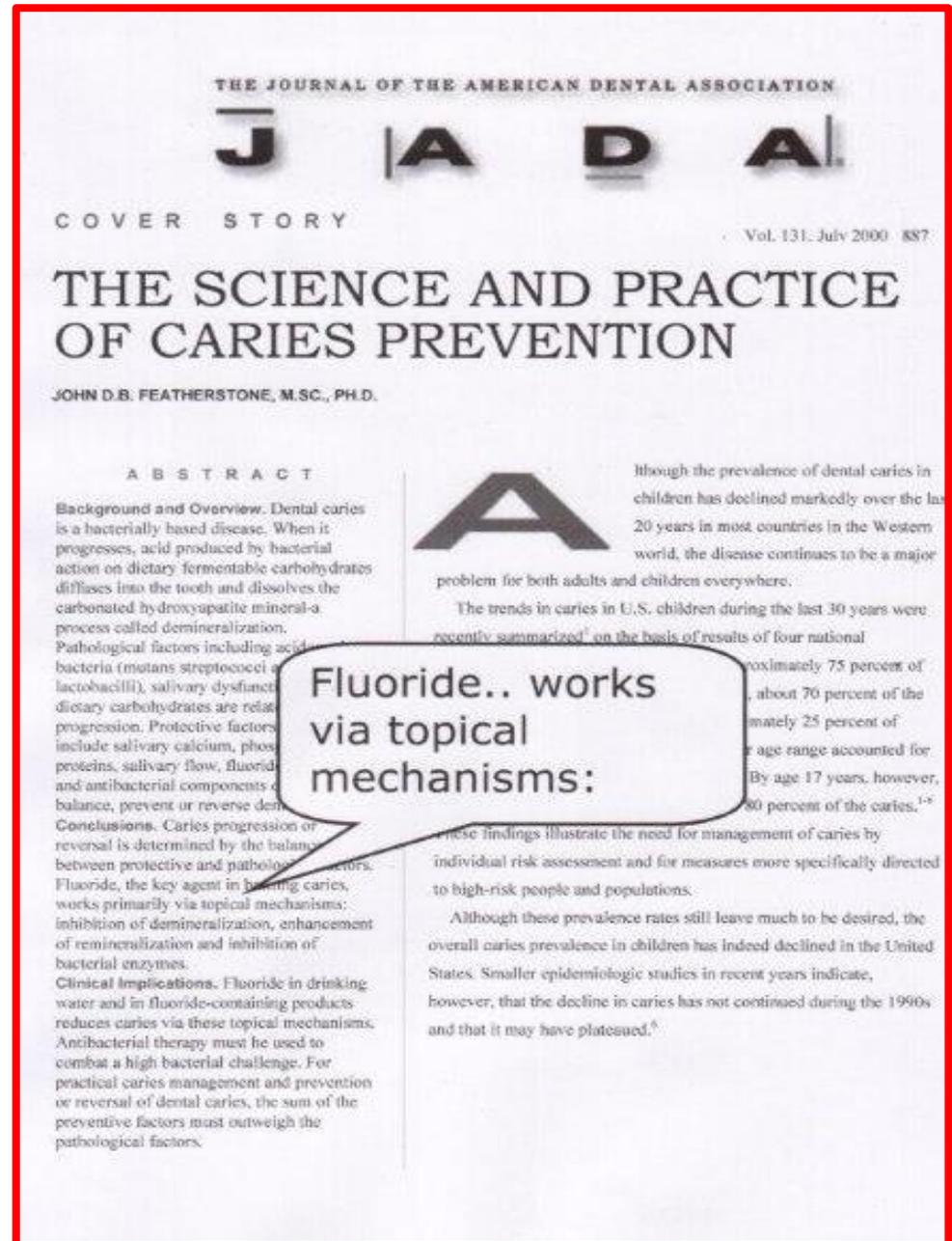
"Fluoride's predominant effect is posteruptive and topical."
Centers for Disease Control, 2001

We have fluoride toothpaste – so why swallow fluoride?

Fluoride works TOPICALLY

Journal of the
American Dental
Association
July 2000

Why swallow it?



**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".

Featherstone, J.D.B. The Science and Practice of Caries Prevention.
Journal of the American Dental Association. 131, 887-899) 2000

This glass of water could protect your smile

From next year the State Government will be spending \$35 million to help protect Queenslanders' teeth.

Every other Australian State and Territory has provided fluoride in water supplies to help protect people's teeth for the last 30-40 years.

In Townsville, water supplies have been fluoridated since 1964, resulting in 65% less tooth decay in children than those in Brisbane.

Soon more Queenslanders will have the benefits of fluoride, which is proven to be safe and effective.

We will keep you informed as we get closer to providing fluoride in your local water supply.



Queensland
Government
Queensland Health

To find out the facts on fluoride, go to www.health.qld.gov.au

Thursday, December 6, 2007 The Courier-Mail

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

Age (years)	n	Townsville		Brisbane		Difference		To
		DMFS ^a	SD ^b	n	DMFS ^a	%	Absolute	
6	300	0.04	0.23	472	0.10	0.54	60	0.06
7	240	0.09	0.37	440	0.26	1.09	65	0.17
8	262	0.25	0.68	375	0.52	1.09	52	0.27
9	226	0.41	0.93	403	0.51	1.05	20	0.10
10	205	0.57	1.10	387	1.13	1.96	50	0.56
11	188	0.65	1.26	370	1.45	2.25	55	0.80
12	69	0.94	1.63	205	1.80	2.79	48	0.86

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

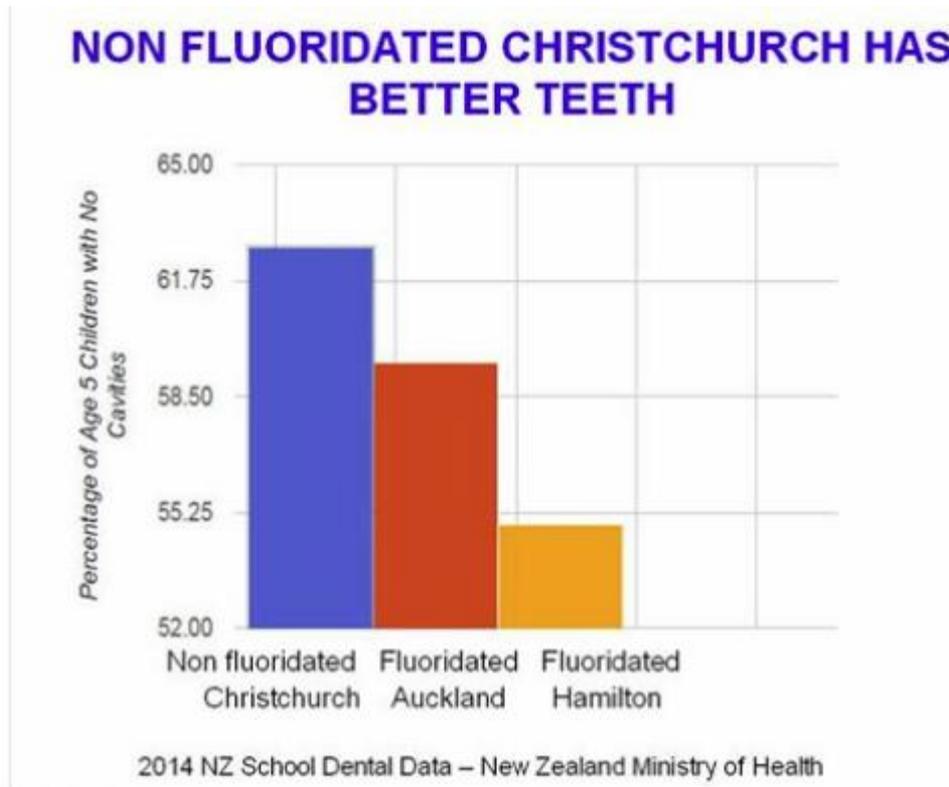
Mean number of decayed teeth (DMFT) in adults from 2004-2006 National Adult Oral Health Survey by state/ age group/ % population with fluoridated water (NSAOH 2004-2006)

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

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.

How forced fluoridation is often promoted

The state of oral health in Queensland



Teeth exposed to fluoridated water



Teeth without exposure to fluoridated water



Four-year-old child undergoing general anaesthetic for dental decay

***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

NOTE - Hardy Limeback is a dentist and former head of Preventative Dentistry at Toronto University. He also has a PhD in Biochemistry and served on the 2006 USA National Research Council Panel

* Quote from Prof Hardy Limeback - personal communication 2008

06 | NEWS
SPECIAL REPORT

A rotten state of affairs

CAROLINE MARCUS

EVERY two days in Sydney at least 10 children are forced to endure dental operations under general anaesthetic in the public sector.

Two of those children will be younger than five years old.

There were 1600 children under 15 who required dental surgery in the past 12 months, with 20 per cent aged up to four, according to figures given to *The Sunday Telegraph* by the Westmead Centre for Oral Health.

The head of the centre, Angus Cameron, said while they did not keep figures for the private sector, he estimated that there would be an additional 500 children a year undergoing such treatment.

sundaytelegraph 6.2.2011

There was evidence from NSW Health's Child Dental Health Survey in 2007 that there had been an increase in decay over the past five or six years, he said.

And while Australia ranks relatively well in a list of developed countries with the lowest rates of tooth decay among 12-year-olds, there are an alarming number of Australian children with severe cases.

"What we know is 10 per cent of children have 80 per cent of the disease," Mr Cameron said. "There are some children we actually have to take to theatre to take every single tooth out."

"It is trying to target the dental care to those high-risk groups and trying to prioritise their care," he said.



A young child with severe tooth decay

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



Published: 02 October 2012

UQ project reduces toddler tooth decay

- 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*



Published: 02 October 2012

UQ project reduces toddler tooth decay

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

Dr Arvid Carlsson

Nobel Prize for Medicine 2000



Interview Oct 4 – 2005

“ 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



Committed to pro-choice

I AM writing in reply to comments in the *Cairns Post* (20/10) attributed to Cr Richie Bates of Cairns Regional Council.

The comments referred to my position on fluoride as being "non-committal". Nothing could be further from the truth.

While, I personally am happy to drink water with fluoride, it is clear to me that many other Cairns residents are not.

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

I find Mr Bates' position, that he knows what's best and is prepared to force that on others, as highly undemocratic. We don't want that sort of dictatorial attitude in Cairns and whether our people want fluoride or not, should be their right to choose.

Rob Pyne, Member for Cairns

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**

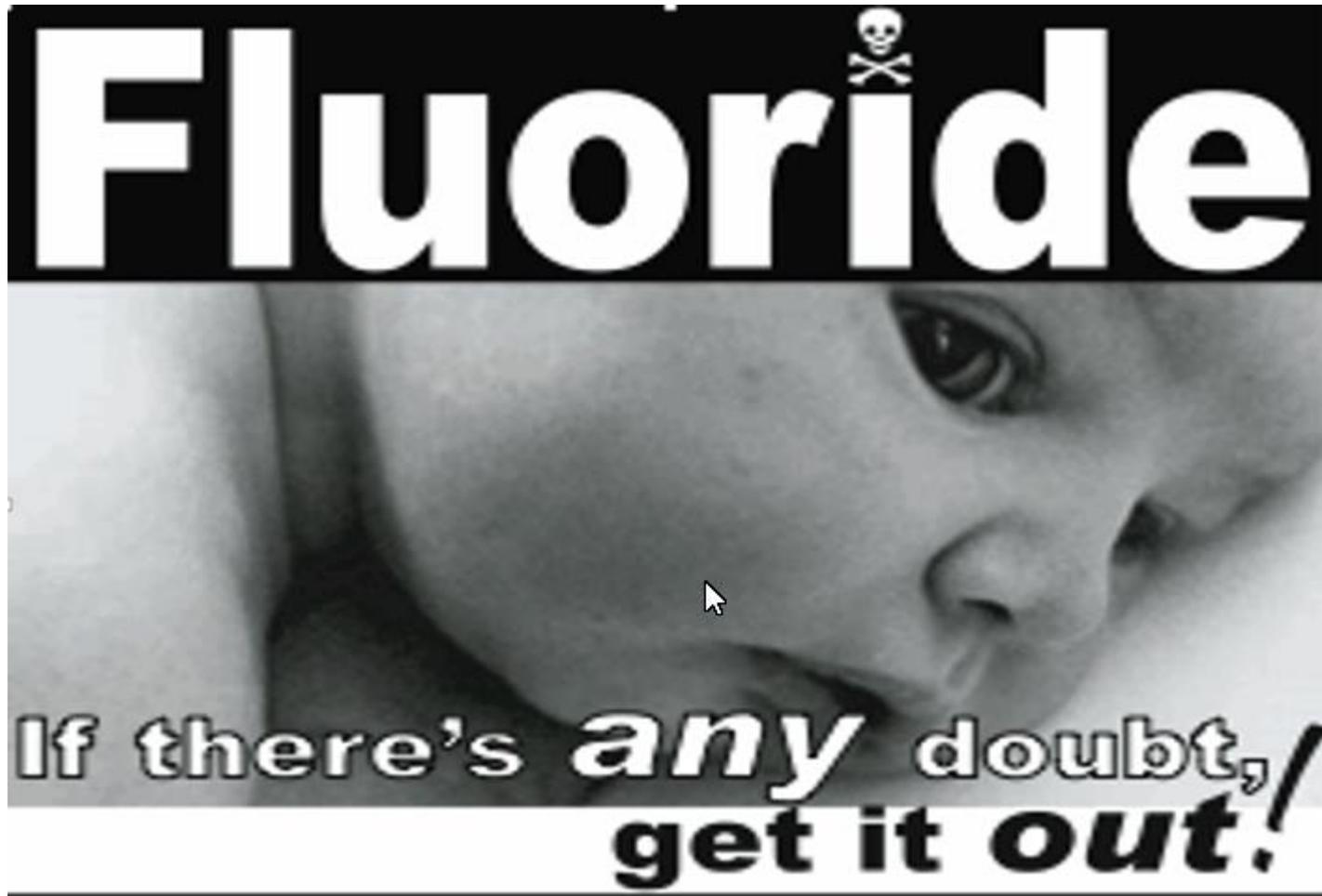
28 Queensland Councils so far have rejected fluoridation since Mandatory fluoridation was overturned at the end of 2012

1	Tablelands Regional Council	14	Cassowary Coast Regional Council
2	North Burnett Regional Council	15	Cherbourg Aboriginal Council
3	South Burnett Regional Council	16	Rockhampton Regional Council
4	Doomadgee Aboriginal Council	17	Mount Isa Council
5	Cairns Regional Council	18	Maranoa Council
6	Burdekin Regional Council	19	Weipa Town Authority
7	Fraser Coast Regional Council	20	Murweh Shire Council
8	Bundaberg Regional Council	21	Torres Shire Council
9	Cloncurry Shire Council	22	Yarrabah Aboriginal Council
10	Charters Towers Reg. Council	23	Longreach Council
11	Northern Peninsular Area Council	24	Southern Downs Regional Council
12	Whitsunday Regional Council	25	Palm Island Aboriginal Council
13	Paroo Shire Council	26	Gladstone Regional Council – August 2016

(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

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

Use instructions for bicarbonate rinse

- ◆ Use after meals to alkalinise saliva and neutralise acids
- ◆ The high pH promotes mineralisation and discourages aciduric microorganisms
- ◆ Rinse has a positive effect like gum chewing
- ◆ Do not swallow: $\text{HCl} + \text{NaHCO}_3$ gives CO_2 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

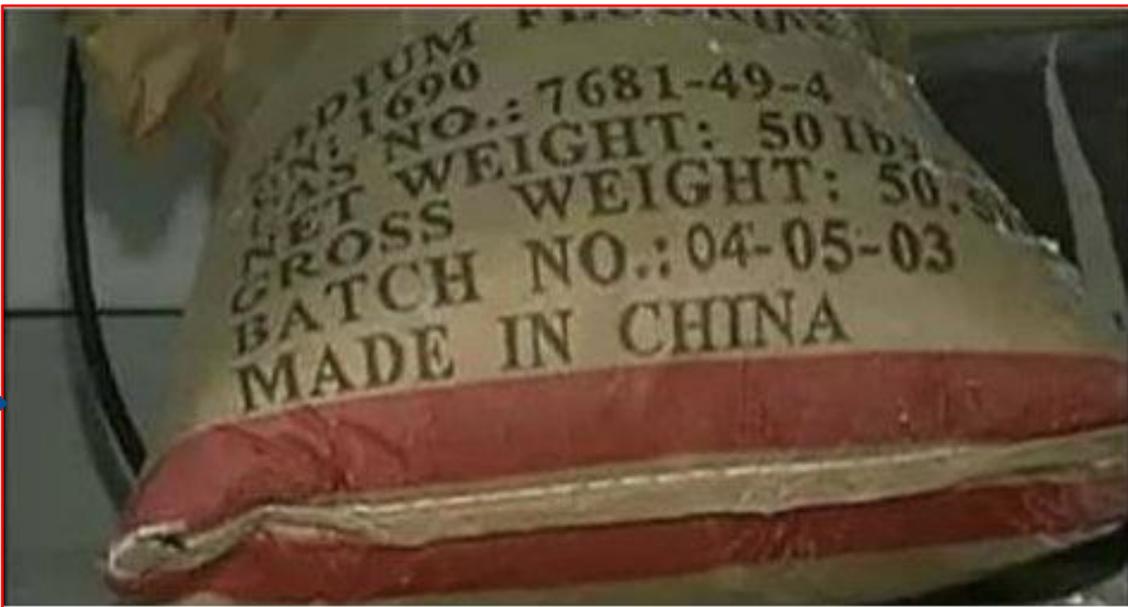
Sodium Fluoride - Schedule 6 poison - workers at risk - should wear full HAZMAT gear and have medical monitoring



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

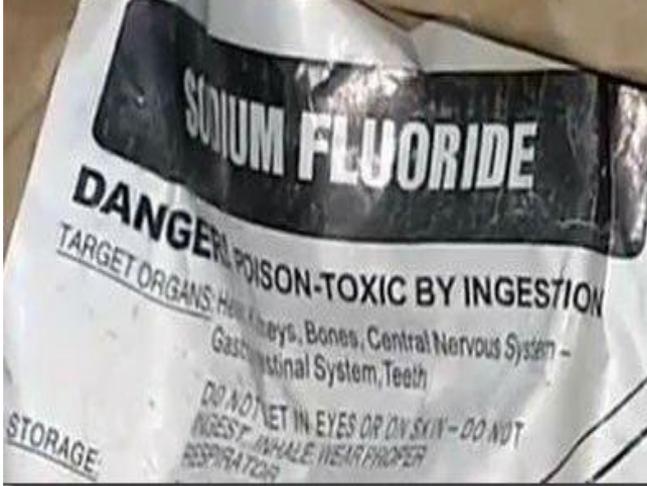
Made in China →



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)



Sodyhu25 p

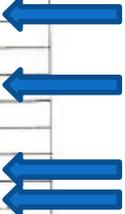
HUNAN HEAVEN MATERIALS DEVELOPMENT CO., LTD

7F HX BLDG, CHEMICAL RESEARCH INSTITUTE, LAODONG ROAD WEST CHANGSHA, HUNAN, CHINA

CERTIFICATE OF ANALYSIS

DATE: 05 MAY, 2014
 NAME OF PRODUCT: Sodium Fluoride Granular-NSF-60
 INVOICE NUMBER: CS1407106
 BATCH NUMBER: 140710602
 ORDER NUMBER: 14911
 QUANTITY: 5.4MTS
 DATE OF MANUFACTURE: 23 APR, 2014
 EXPIRE DATE: 22 APR, 2015

Item	Standard	Result
NaF (assay)	98.0% min	98.68%
Fluoride (F)	44.0% min	44.64%
Moisture	0.5% max	0.41%
Water insoluble matter	0.6% max	0.45%
Heavy Metal (expressed as Pb)	0.04% max	0.0009%
Antimony	100mg/kg max	80mg/kg
Arsenic	100mg/kg max	92mg/kg
Barium	100mg/kg max	85mg/kg
Beryllium	100mg/kg max	92mg/kg
Cadmium	50mg/kg max	43mg/kg
Chromium	100mg/kg max	85mg/kg
Copper	100mg/kg max	83mg/kg
Lead	100mg/kg max	90mg/kg
Mercury	20mg/kg max	15mg/kg
Nickel	100mg/kg max	84mg/kg
Selenium	100mg/kg max	86mg/kg
20 Sieve (0.850mm)	98% min passing	98.42%
100 Sieve (0.150mm)	50% min retained	55.6%



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

We hereby certify that this lot of material meet the standard.
 Product meets ANSI/AWWA standard B701-11 and is NSF-60 certified.

ANSI / NSF 60

(8M09)

DRINKING WATER TREATMENT ADDITIVES



湖南汉润材料发展有限公司
 Hunan Heaven Materials Development Co., Ltd.

.....
 Authorized Signature

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