

Queensland Water (Restructuring) and Other Legislation Amendment Bill 2012
The Research Director
Finance and Administration Committee
Parliament House
George Street
BRISBANE QLD 4000
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Submission: Re proposed amendments to the *Queensland Water Fluoridation Act 2008*

Reference: SE Queensland Water (Restructuring) and Other Legislation Amendment Bill 2012.

Dear Sir / Madam

This submission is a request to substantially amend the *Water Fluoridation Act 2008* so there can be no justification whatsoever in mass medicating communities, via kitchen taps, without the individual consent of communities; and when irrefutable proof of the following is not – and cannot be – provided for general public review.

IRREFUTABLE PROOF is needed to prove beyond doubt that the chronic consumption of fluoridation water ‘significantly’ (meaningfully) improves dental health.

Statistics point to a non-significant difference between fluoridated and non-fluoridated communities.

e.g.

In 1987: Non-fluoridated Brisbane 10-14-year olds’ decayed, missing and filled teeth (DMFT) averaged 2.3 while fluoridated Adelaide’s and Melbourne’s 10-14-year olds averaged 2.4 and 2.1 DMFT respectively (http://www.sproutculture.org/wp-content/uploads/2012/08/Lord.Mayor_s.Taskforce.on_Fluoridation.January.1997.pdf) (NB: 1 DMFT = 1 affected tooth.)

In 1987: Non-fluoridated Brisbane 15-19-year olds’ DMFT was 5.3. The mean average DMFT of similar-age, fluoridated children in Adelaide and Melbourne was 4.8 and 5.0 respectively. (http://www.sproutculture.org/wp-content/uploads/2012/08/Lord.Mayor_s.Taskforce.on_Fluoridation.January.1997.pdf)

In 1990: Brunelle & Carlos reported an 18% difference between fluoridated and non-fluoridated communities in the USA after studying 39,207 5-17-year-old children across 84 areas.

The 18% difference reported by Brunelle & Carols was an insignificant 0.6 of one tooth surface difference out of 128 tooth surfaces in a child's mouth (<http://www.fluoridealert.org/content/ifin-290/>).

In 1997: Dr John Colquhoun (former principal dental officer, Auckland, New Zealand) presented evidence to the Brisbane Lord Mayor's Taskforce on Fluoridation.

Dr Colquhoun's evidence was based on NZ's 1930-1990 public dental health records for 5-year olds.

The statistics revealed that NZ's tooth decay rate was on a steep decline at least 33 years before the introduction of fluoridated water and forty years before the sale of fluoride toothpaste:

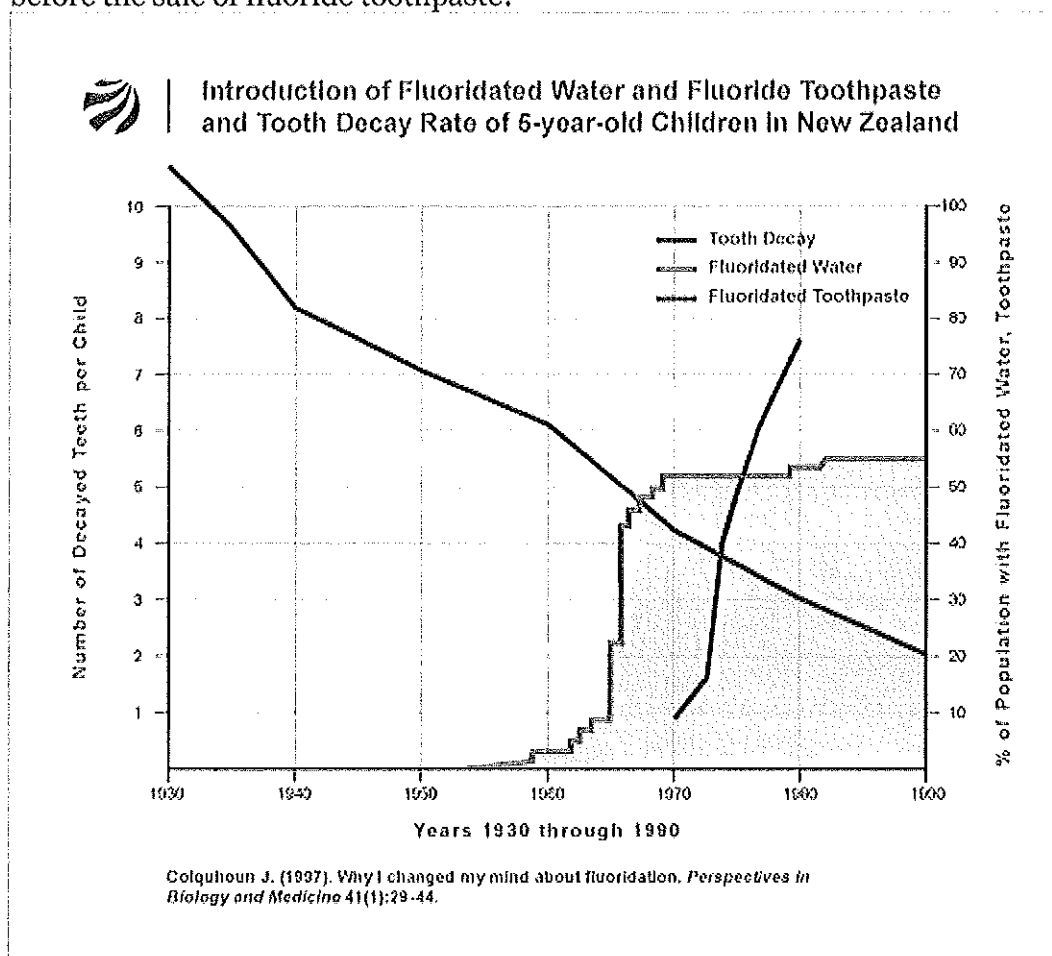


Figure 1 (reproduced by Fluoride Action Network) (<http://www.fluoridealert.org/articles/colquhoun/>)

The 2000, 2001 and 2002 Queensland Child Dental Health surveys revealed that fluoridated Townsville children, aged 12 years, had more dental decay in their permanent teeth than did 12-year-old non-fluoridated children in the Gold coast and other non-fluoridated health areas; yet these areas were fluoridated!

IRREFUTABLE PROOF is needed to prove that the National Health & Medical Research Council (NHMRC) has completed the fluoride health studies that it noted 21 years ago (NHMRC 1991) as ‘urgent’ ⁽¹⁾ and ‘imperative’ ⁽²⁾.

i.e.

(1) ‘There is an urgent need to ... monitor the levels of fluoride exposure ... in Australia.’ (page 17/140 pdf NHMRC 1991)

(2) ‘The evidence arising from the NTP (National Toxicology Program) studies which have led the NHMRC Committee on Toxicity to classify fluoride as an “equivocal” carcinogen in high dosage in rats make it imperative the public health recommendations in the future be based on accurate knowledge of the total fluoride intake of Australians. Accordingly, the Working Group believes that proposals to monitor this load should be developed for various indicator populations within Australia and that these studies should take account of the range of deliberative and involuntary intakes which are occurring in both normal and susceptible individuals, in both fluoridated and unfluoridated areas. The proposals should be developed by a multidisciplinary group comprising epidemiologists, toxicologists and statisticians, and the research should be coordinated by the new NHMRC Environmental Toxicology Research Unit.’ (Page 107/140pdf NHMRC 1991)

These studies have never been completed – after 21 years!

IRREFUTABLE PROOF is needed to prove that fluoridation is safe for everyone (i.e. the very young; the very old; those with chronic kidney impairment; and other vulnerable subsets of the population):

e.g.

(a) People with kidney impairment who have a lower margin of safety for fluoride intake.

‘Limited data indicate that their fluoride retention may be up to three times normal.’ (NHMRC 2011)

(b) Bottle-fed infants whose formulas are reconstituted with fluoridated water.

Both the American Dental Association ⁽³⁾ and the Centres for Disease Control & Prevention (CDC) ⁽⁴⁾ advise low- or no-fluoride water for reconstituting powdered infant formula to help avoid damage to tooth enamel (fluorosis).

ADA ⁽⁵⁾ and CDC ⁽⁴⁾ state that no- or low-fluoride water is bottled water labelled ‘purified, demineralised, deionized, distilled or (in the instance of the ADA) reverse osmosis filtered water.’

⁽³⁾ <http://www.fluoridealert.org/uploads/ada.egram-2006.pdf>

⁽⁴⁾ http://www.cdc.gov/fluoridation/safety/infant_formula.htm

(5) <http://www.fairbanksalaska.us/wp-content/uploads/2011/07/20061108ADA-Interim-Guidance-Fluoride-Intake.pdf>

IRREFUTABLE PROOF is needed to prove that the forced mass medication of Queenslanders is ethical:

(a) In 1991 the NHMRC noted its concern that water fluoridation 'is a political-ethical' issue, and must be resolved by public discussion.' (Page 109/140pdf NHMRC 1991) The public is left out of that discussion (discussions behind closed doors is not public discussion).

(b) The Queensland Government Position Statement on Water Fluoridation (2003) states 'It is a principle of ethical public health that mass, involuntary medication must never proceed without the express consent of the community.'

http://www.qawf.org/UploadFiles/file/Q_GOVT_POSITION_STATEMENT.pdf

IRREFUTABLE PROOF is needed to prove that the fluoridating agents used in Queensland water supplies are pharmaceutical-grade (not industrial-grade waste-products of mainly the phosphate fertiliser industry) which, besides containing fluoride ^(a) also contain arsenic ^(b), lead ^(c) and other heavy metals.

(a) FLUORIDE: 'equivocal evidence of carcinogen in F344/N rats & B6C3Fi mice' <http://www.ncbi.nlm.nih.gov/pubmed/12637966>

(b) ARSENIC (organic and inorganic): Human carcinogens <http://ntp.niehs.nih.gov/ntp/roc/twelfth/profiles/Arsenic.pdf>

(c) LEAD: 'reasonably anticipated to be a human carcinogen' <http://ntp.niehs.nih.gov/ntp/roc/twelfth/profiles/Arsenic.pdf> - it causes cancer in animals!

It is reasonably expected to cause lowering of IQ scores at levels in drinking water as low as 0.88 mg/L (Brisbane's water fluoride level is 0.8 mg/L). Lin et al 1991 found a lowering of children's IQ scores at water fluoride levels of 0.88 mg/L in iodine-deficient children. (<http://www.fluoridealert.org/studies/brain01/>)

IRREFUTABLE PROOF is also need to prove that Queenslanders are not already having detrimental effects to thyroid function from fluoride ingested from their public water supplies; or from medications, dental products including fillings and from other sources.

(a) The significant findings of the USA National Research Council's 12-member scientific committee (NRC/NAS 2006) noted 'In humans, effects on thyroid function were associated with fluoride exposures of 0.05-0.13 mg/kg/day when iodine intake was adequate and 0.01 -0.03 mg/kg/day when iodine intake was inadequate.' (Page 236/457 pdf *Fluoride in Drinking Water: A Scientific Review of EPA's Standards*)

http://www.nap.edu/catalog.php?record_id=11571 – copy provided on request).

- (b) Iodine deficiency is rife in Australia. A 10-kg iodine-deficient infant could sustain 'thyroid effects' from chronically (regularly) consuming no more than one-tenth to three-tenth of 'optimally' fluoridated water.
- (c) Normal thyroid function is of paramount importance to overall health.

This submission is a request that serious consideration be given by the Queensland Parliament to substantially amend the Water Fluoridation Act 2008, not just the amendments proposed.

The set-up cost of \$7.8 million to begin fluoridating the Bundaberg Regional Council's water supply/s is obscene; especially in view of a) the doubt that the systemic effect of fluoridated water even benefits teeth and b) that so many Queenslanders have faced, or are facing, dismissal from the Queensland Government that claims to be cutting costs in every way possible.

Thus, in relation to Bundaberg, my wish is that any amendments to Queensland's Water Fluoridation Act 2008 make allowances for Bundaberg to be excluded from the need to fluoridate its many water supplies.

Please ask why Queenslanders are being force fluoridated when the so-called benefits are insignificant, if any, and the overwhelming consensus by dental researchers is that fluoride's primary effect is topical (after the teeth have erupted into the mouth) and not systemic? <http://www.fluoridealert.org/studies/caries04/>).

Force bears bitter fruit. Please let the precautionary principal and the democratic process prevail in the matter of amendments to the Water Fluoridation Act 2008.

Yours truly

Ailsa Boyden



9 November 2012