



Speech by

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MEMBER FOR SURFERS PARADISE

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WATER FLUORIDATION BILL

Mr LANGBROEK (Surfers Paradise—Lib) (12.03 pm): I stand here today with great pride and conviction. As I address the Water Fluoridation Bill 2008 I am reminded of a favourite quote by John F Kennedy, 'A man does what he must—in spite of personal consequences, in spite of obstacles and dangers and pressures and that is the basis of all human morality.'

This is the biggest change in dental health measures in Queensland for 40 years. Today I am proud to be a member of this parliament as we pass landmark legislation that will improve the health and wellbeing of all Queenslanders. I say 'landmark' because many said this day would never come. They said the oral health of Queenslanders was too entrenched in politics rather than in science and that this government did not have the courage or the conviction to make the tough decision in spite of the undisputed evidence of the health benefits of water fluoridation.

Today I am proud to offer my support and that of the Queensland coalition for the Water Fluoridation Bill 2008. As the short title suggests, this bill provides a mandate to boost the health and wellbeing of Queenslanders by adding fluoride to bulk water supplies. It is a contentious issue as many members will attest and one which we have visited a number of times during my tenure as a member of this parliament. Today I am proud because today one of my core policies will take its place in Queensland's statute books.

At a quarter past four on 18 March 2004 I stood up in this chamber as a new member of parliament and addressed Queenslanders for the first time. After a long, exhausting campaign I was fortunate enough to take my place in the Queensland parliament. The people of Surfers Paradise had given me a voice. On that day I used that new-found voice and I spoke about the issues I am passionate about—improving local roads and infrastructure, providing better health services for all Queenslanders and offering better support for families and young people.

In my manifesto maiden speech I spoke about the very issue we are debating in this parliament today—four years after I first raised it in this forum. As the first dentist to be elected to state parliament in 70 years—the last one being John Donnelly in the seat of Wynnum from 1935 to 1938—fluoridation was obviously going to be an issue for me. In my professional experience, spanning more than two decades, I am a firm believer in the virtues of water fluoridation as a means of improving oral health. As a health professional I am also aware of the areas where government could be doing better to achieve better clinical outcomes for patients. Fluoridation is one of those areas. I would like to quote my maiden speech. I stated—

The argument for fluoridation is very strong. Fluoridation will make our children's teeth better. We already add vitamins to many everyday items in our diets such as bread and cereal. Why not supplement our water with fluoride? The government is adamant on pursuing its Smart State mantra, yet how smart is it to place our children's teeth at undue risk by not fluoridating our water?

Back then I extended my hand to the then health minister Gordon Nuttall that I would be an ally in securing bipartisan support for water fluoridation in Queensland. Today I am proud to deliver on that promise.

For the benefit of members I will share my professional opinion of and experience with fluoride. Fluoride is a naturally occurring compound found in the ecosystem in elements including water, flora and soil amongst others as well as in some foods. It is a common ingredient in many brands of toothpaste.

Fluoride helps protect teeth against decay by providing a barrier against acids produced by sugar and bacteria in the mouth which attack the tooth's surface.

When consumed frequently and in small amounts, fluoride makes teeth far more resistant to decay than without treatment. Adding fluoride to drinking water is one way in which fluoride is consumed. It is the most clinically efficient, cost-effective and socially equitable means of administering fluoride to the population.

During my years as a dentist I treated thousands of patients and I have lost count of the number of fillings I have done. Anyone who doubts the veracity of profluoride arguments should spend a day in a dental surgery. Most dentists do not enjoy drilling teeth, especially the teeth of small children and more especially when they have children of their own. Imagine seeing a child in severe cases having to be wheeled away for a general aesthetic so that their teeth can be fixed because they are too young to be compliant in a conscious state.

People despise going to the dentist because we are perceived as purveyors of pain. Dentists can repair holes but the most frustrating aspect of the job is fixing problems that may have so easily been stemmed if patients had received the right treatment from the start. When it comes to treating cavities, the right treatment is ensuring the body has the optimal defence against tooth decay. Fluoride underpins this defence. Lifestyle factors such as diet and oral hygiene and inherited susceptibility certainly have a role to play, but mineral supplements delivered via drinking water remain the single most effective way of improving oral health.

We have heard a lot about fluoride, certainly over the past few months since the Premier announced that she would introduce fluoride into Queensland's bulk water supplies to provide 90 per cent of Queenslanders the benefits of fluoride by 2012. The sheer volume of correspondence that I have received, along with all of my parliamentary colleagues, is testament to the untruths and misinformation circulating about fluoridation. A Google search returns many hits to propaganda designed to stir fear in the community about fluoridation. The fervent antifluoridation following is the reason Queenslanders do not enjoy the health benefits of fluoridated water today. This Labor government has been far more concerned with pleasing the electorate with populist politics than making tough decisions for the greater good of this state.

Of some of the antifluoridationists' claims, I was warned fluoride would cause allergies, arthritis, bone fractures, headaches and impotence, among other ailments. The nay-sayers believe that adding fluoride to water supplies increases the risk of cancer and even makes humans taller. As a dentist by profession, I want to make this point: fluoride is not a poison or pesticide. Fluoride is not a form of mass medication or chemical terrorism. There is no credible scientific evidence to suggest that fluoride has any adverse effect on health. Anyone who doubts that fact should speak to members from Townsville, an area which has been enjoying the health benefits of fluoride since 1964. Townsville, the fourth largest city in Queensland, has been adding fluoride to its main water supply for more than four decades and yet the residents are no worse off than people throughout the rest of the state. In fact, they are better off than most Queenslanders. They have better oral health than the residents of Brisbane.

The Australian Dental Association of Queensland, of which I am a member, found in a study that children in Townsville have up to 45 per cent less tooth decay than their counterparts in Brisbane. The health minister backed this finding in his quotes in a *Courier-Mail* article on 18 December about how children in Uganda, a developing country, have better oral health than kids in Australia. The Australian Institute of Health and Welfare made the stark contrast with other Organisation for Economic Cooperation and Development—OECD—countries and found that Australian 12-year-olds ranked No. 8 of 44 behind England, Sweden, Denmark, the Netherlands and Uganda. The study also found that half of all Australian six-year-olds have two cavities on average and almost half of all 12-year-olds have cavities in their adult teeth. The statistics are worse in Queensland. Why? Because while children in every other part of Australia have enjoyed the benefits of water fluoridation, the Labor government chose to defer the tough decision in case it affected its electoral chances. I congratulate the Premier on finally acting on fluoridation, albeit belatedly.

The reality is that fluoridation will improve oral health in Queensland. The fact that Queenslanders have the worst teeth in the country can be directly attributed to the fact that we do not have fluoridated water in this state. Every state in Australia fluoridates its bulk water supplies. Every other state in Australia has been adding fluoride to drinking water since the 1960s and seventies—in some cases, more than four decades. Some 90 per cent of New South Wales residents drink fluoridated water, while 77 per cent of Victorians do, 80 per cent in South Australia, 86 per cent in WA, 91 per cent in the Northern Territory and 100 per cent in the Australian Capital Territory. Brisbane is the only capital city in Australia which does not fluoridate water.

As I mentioned, Queenslanders have the worst teeth in Australia despite the fact that the state government spends more money per capita than any other state or territory on dental care. In 2008-09 the government will spend \$145 million on oral health, yet the investment is not paying dividends. An inquiry by the Australian Institute of Health and Welfare found that Queensland kids have more decay and up to twice the number of fillings of children in other states. Every year around 2,000 preschoolers are

hospitalised for severe tooth decay and gum infections, often involving general anaesthetic as I mentioned earlier.

In Queensland about 80,000 public dental patients are waiting up to seven years for treatment. Projected figures indicate that introducing fluoride into our drinking water will dramatically lower waiting lists and reduce tooth decay by as much as 45 per cent. When one looks at this in dollar terms, it represents a staggering saving. Can I point out though that this will not happen if the downgrading of the public dental sector continues, as we have seen recently in Cairns and Townsville where the school dental service is now only going to do consultations and no treatment. I predict that the morale of dentists, therapists and oral health workers will be diminished. They will be deskilled and will look to leave the Public Service, causing those on waiting lists to continue to languish.

For every dollar spent on fluoridation, up to \$80 per person is saved in dental costs. In Queensland this equates to at least \$328 million. The amount of fluoride needed to achieve this saving and significantly improve Queensland's oral health is between 0.6 and 0.9 parts of fluoride per million parts of water. In real terms, that is just one drop of fluoride in a bathtub full of water. The Queensland coalition will support this bill because we are firm believers in preventative health care. This is one of the polarities of the Queensland coalition and the Labor government. We believe that health care is not just about hospitals. Health care delivery begins well before patients present to hospital or take a seat in the dentist's chair. Adding fluoride to Queensland's water supply is one preventative health measure which will keep people out of hospital, and I note the health minister's embracing of preventative measures. He is constantly mentioning preventative measures in relation to diabetes and heart disease. That is admirable and commendable and something that the government should be continuing.

Despite the indisputable evidence of the benefits of fluoride, the Labor government has been sitting on its hands for a decade refusing to fluoridate Queensland's water supplies. It has had a number of opportunities to implement this important preventative health initiative, yet each time it has backed down because it did not have the courage to take it to Queensland voters. The Beattie government offered in-principle support for fluoridation yet not one member of the Labor government ministry had the courage to deliver it. Former Premier Beattie even questioned the science of fluoridation even though his health minister supported it. Even when those opposite had the opportunity to put on record their support for fluoridation in this parliament, most failed to do so.

One of the very first things I did in my first term in parliament was introduce a private member's bill to add fluoride to Queensland's water supplies. On 1 September 2004 I brought the Fluoridation of Public Water Supplies Amendment Bill before the House to improve oral health throughout Queensland. Only five per cent of our population drinks fluoridated water in places like Townsville, as I have previously mentioned, as well as in Bamaga, Dalby, Mareeba and Moranbah. These towns have added fluoride to their bulk water supplies. Numerous other places in Queensland have naturally occurring fluoride in their water such as Adavale, Aramac, Barcaldine, Bedourie, Birdsville, Boulia, Cloncurry, Corfield, Julia Creek, Eromanga, Eulo, Gunana, Gilliat, Longreach, Ilfracombe, Jandowae, Karumba, Muttaborra, Thargomindah, Winton, Maxwellton, McKinley, Muckadilla, Quilpie, St George and Tara.

In introducing the Fluoridation of Public Water Supplies Amendment Bill, I wanted to ensure that all Queenslanders had the benefit of fluoridated water. As I have said, adding fluoride to water supplies is the most effective and socially equitable way of ensuring that everyone benefits from fluoridation. The bill would have amended the Fluoridation of Public Water Supplies Act 1963, mandating that all controlling entities of public water supplies add a specified level of fluoride to the water supply. The bill provided an exception for small communities in the same vein that the current bill does. That bill failed. In fact, not only was it defeated spectacularly by 71 to six but I copped a lot of criticism from the current government about my plans to legislate for local councils and to take away their right to have a say on fluoridation. Fast forward a few years and it seems the Bligh government has changed its tune. Not only does it want to quash councils' rights to decide whether they introduce fluoride to water supplies; it wants to seize control of water assets completely and take the profits with it. It is this kind of politicised self-interest and inconsistency that is hampering this state when it comes to being a national leader in policy development.

Here we have a government that will not support good ideas if it does not think of them first. This is one of the biggest frustrations about being in opposition and something of which I am particularly aware. Water fluoridation is just one initiative that the Queensland coalition has brought before parliament, only to be defeated by those opposite. In 2006 I tried to change the laws to ban ice pipes. That was stymied, but only a few months later, after members opposite had voted against what I proposed, members opposite voted for amendments that were a carbon copy of those that I had proposed earlier and gave themselves a public pat on the back for doing something about tackling Queensland's ice epidemic. There was no mention of the fact that a few months earlier they had been opposed to such a move.

Water fluoridation is but one policy that this government has plucked from the Queensland coalition's policy books and plagiarised in this parliament. Another example is smoking in cars. The health minister gave me a royal dressing down when I suggested that we add a clause to the Tobacco and Other Smoking Products Bill—

Mr DEPUTY SPEAKER (Mr O'Brien): Order! The member will return to the subject of the bill.

Mr LANGBROEK: I am just pointing out that in this case with fluoride we have had a reversal of the government's position. I am simply pointing out a couple of incidents where that has happened.

Mr DEPUTY SPEAKER: And I have asked you to return to the subject of the bill.

Mr LANGBROEK: I note that similar things happened with my private member's bill about excessive amounts of alcohol. But I note that when the Treasurer's legislation is introduced I am sure it will be seeking to do exactly that. I am confident the government members will support it then.

The point I am making is that if the government had honourable intentions we could tackle social and health problems much more effectively than we are currently with a divided House. If this government had the ticker, Queenslanders would have been long enjoying the benefits of fluoride and our dental waiting lists would be much better for it. Queenslanders need bipartisan leadership to ensure that we stay on top of the challenges that we face in daily life and in government.

When we last debated fluoride in this House, the Labor members voted against the Liberals' bill, offering specious arguments for their dissent. They used personal criticism, urban myths and perceived popular opinion as reasons for voting against the bill. I am pleased the members opposite have finally seen sense on this issue.

I make no apologies for the fact that fluoridation has been one of my top priorities as a legislator, as a parent and as a professional dentist. Whilst I acknowledge fluoridation is an emotive issue, I also know that good policy is not always popular policy. In saying that, I think it is important to note that not everyone is against adding fluoride to drinking water. In fact, there is actually more support for fluoridation than there is opposition to it. Water fluoridation is endorsed by the Australian Dental Association, the Australian Medical Association, the National Health and Medical Research Council and the Public Health Association of Australia. Internationally, water fluoridation as a means of improving oral health has the support of the World Health Organisation, the British Medical Association and the Australian Medical Association, to name a few.

The world's leading health authorities endorse fluoridation. That is because it has real, tangible benefits to those who consume a negligible amount of fluoride in their drinking water. The USA's Centers for Disease Control and Prevention has endorsed fluoridation as one of the greatest public health achievements of the 20th century. I refer to one of Queensland Health's own documents and a quote from Professor John Harris of the Centre for Social Ethics and Policy from the University of Manchester who states—

In considering the ethics of fluoridation ... We should ask not are we entitled to impose fluoridation on unwilling people but are the unwilling people entitled to impose the risks, damage and costs of failure to fluoridate on the community at large.

In terms of public opinion, as the minister noted, the results of community surveys indicate a majority support for fluoridation in Queensland. It is interesting to note that a lot of the correspondence that I and my fellow honourable members of the Queensland parliament have received since the announcement that Queensland would fluoridate its bulk water supplies does not originate in this state. I received hundreds of emails and letters from all over the country and the world opposing fluoridation, and I am sure members remember the morning when our computers had to be stopped from receiving the volume of emails they were receiving due to them overloading the system.

An honourable member: Spam.

Mr LANGBROEK: Yes, it was classified as spam. However, just like many voters in by-elections, contentious issues such as fluoridation tend to attract a more vehement no vote than a yes vote. Whilst I appreciate everyone is entitled to their own views on fluoridation and any other important health issue, it is important to note that it is only one opinion—one that is not proved by any credible scientific evidence or endorsement.

As I have said before, there is a lot of misinformation and conspiracy theories about fluoridation. For Queenslanders to hold an informed view of fluoridation, it is important that they receive fact over fiction. Public education has a huge role to play in ensuring Queenslanders are educated about fluoride. That is why I am pleased to congratulate Queensland Health on its fluoridation campaign. It has certainly come up with numerous publications, many of which I have used as references for this speech. Many members have also been able to use that information to give to their constituents. As I say, I congratulate Queensland Health on that. This information is not propaganda, although some of the extreme antifluoridationists have likened us to Nazi Germany for imposing what they allege is mass medication on Queensland residents. This is about providing the right information to empower people and to inform their decisions about fluoride.

By passing this legislation, we are not forcing people to drink fluoridated water. Whilst clause 7 in part 3 requires suppliers to add fluoride to relevant public potable water supplies, with part 4 laying out the consequences for noncompliance with the legislation, adding fluoride to water will not force it down people's throats. Obviously, the law will make it much more difficult for people to avoid fluoride

consumption. However, people who do not want to drink fluoride do not have to drink public water. Of the people against fluoridation, statistics show that more than one-third of dissidents use unfluoridated tank water as their primary source of drinking water. Further, people who choose not to drink fluoridated water can filter their tap-water or drink bottled water, which does not contain fluoride. This legislation will not take away a person's right to reject fluoridated drinking water if they choose to do so.

For the small minority of people who will choose not to drink fluoridated water, the Queensland coalition is committed to assisting them with the purchase of reverse osmosis water filters. These water filters are most effective in extracting minerals, including fluoride, from tap-water and are relatively simple and inexpensive to install. In light of that, the coalition will move an amendment to the bill that will establish a government rebate scheme to compensate part of the cost of these water filters for those who are so fervently opposed to fluoridation. I envisage that this scheme would operate in much the same manner as the water tank rebate scheme and offer financial assistance to those members of the public who choose not to drink fluoridated water.

This bill will give effect to Queensland's obligations under the national health plan. At the Australian Health Ministers' Conference in 2004, the health ministers agreed to extend water fluoridation to all communities that had a population of 1,000 or more—a duty which the Queensland Labor government abrogated in 2005 when it voted down my bill to achieve this. With the passage of the Water Fluoridation Bill 2008, after four decades of being behind the eight ball, Queensland will finally be brought into line with other states.

I turn now to the mechanics of the bill. Division 2 outlines the objectives of the legislation as follows—

... to promote good oral health ... by the safe fluoridation of ... water supplies ... to be achieved by requiring the safe fluoridation of relevant public potable water supplies.

'Relevant public potable water supply' is defined in clause 6 as a water source serving at least 1,000 members of the public to be determined by an objective source, the Australian Bureau of Statistics' latest census figures. Part 3 and its ensuing clauses lay down the legislative framework for achieving these objectives. As I mentioned earlier, clause 7 mandates the addition of fluoride to relevant water supplies. The time frame in which they must comply is determined by reference to regulation. Presumably, this subordinate legislation will specify the phases in which fluoride is to be introduced into Queensland water. This staged program, which is on public record, will see all major water treatment plants in south-east Queensland, including those at Molendinar and Mudgeeraba on the Gold Coast, introduce fluoride by the end of this year. By 2009-10, residents in Cairns, Gladstone, Mackay, Rockhampton, Toowoomba, the Fraser Coast, Gympie, Somerset, the south Burnett and the southern downs will be drinking fluoridated water, which will see approximately 80 per cent of Queenslanders consuming fluoride in their town water. By 2012, it is expected that 95 per cent of Queenslanders will be drinking fluoridated water. Clause 7 also refers to part 4 of the bill, which sets out the consequences for contravening that section. It also notes that clause 12 outlines the specific and logistical requirements to achieve compliance with the clause.

Clause 8 contains a number of exemptions from the requirement to add fluoride to water supplies. An exemption will be made in circumstances where water already contains naturally occurring fluoride if the level of fluoride falls within the concentration requirements prescribed by regulation. An exemption may also be granted if the natural chemistry of a water supply would not support the additive. As the health minister stated in his second reading speech, that may occur if the mineral content of the water is such that fluoride will not dissolve. An exemption may also be granted by the minister in a situation where he is satisfied that the addition of fluoride to a water supply is unlikely to result in a substantial ongoing health benefit to the community and that the water supply provides water to fewer than 1,000 people.

In order for one of these exemptions to apply, a water supplier must apply in writing to the minister for an exemption from the requirement under clause 7, providing all the necessary evidence required to satisfy one of the clause 8 exemptions. Clause 8 also requires the minister to refer the application to the Queensland Fluoridation Committee, which is established by clause 76 of the bill. One of the functions of this committee is to advise the minister of the operation and application of the legislation. As such, the committee will also assess the application for exemption and provide advice to the health minister on the merits of such an application. I am confident that the committee—comprising the chief health officer, the chief dental officer, representatives of the AMA, the ADA and other persons with medical or technical expertise—will be able to provide the best expert advice to discharge their obligations stated at clause 77 of the bill.

Part 4 of the bill addresses the consequence of noncompliance. Under this section if the health minister has reason to believe a water supplier is not complying with the requirement to add fluoride to water supplies, he may issue a show cause notice under section 15, giving the supplier 28 days to fulfil the legislative requirements. The subsequent clauses outline the actions that the minister may take to ensure that the legislation is complied with. Part 5 gives authorised persons power under the legislation to enforce the law, including the power to enter and inspect a water supply premises and the power to obtain information and seize evidence.

As the health minister stated, the bill creates a number of offences for which a water supplier and/or their agents may be prosecuted. For example, it will be an offence for a person to obstruct the minister or a person authorised by the minister from taking action to fluoridate a public drinking water supply. The maximum penalty for this offence is \$7,500. In addition, the Water Fluoridation Bill makes it an offence to obstruct the chief executive from taking action to remedy a contravention at clause 62, while clause 65 makes it an offence to obstruct a person in the exercise of power conferred under the legislation. Again, the maximum penalty for those offences is \$7,500 or 100 penalty units. Other offences are created, such as providing false or misleading statements and/or documents at clauses 66 and 67, and impersonating an authorised person at clause 68.

The commencement of new offences under the Water Fluoridation Bill will ensure that the law may be adequately applied and enforced in Queensland. For Queenslanders to enjoy the health benefits of fluoridation, it is vital that the legislation is sufficiently monitored and enforced. I ask the minister to outline in detail how he will guarantee that all relevant public potable water supplies are fluoridated. I note that the bill provides for monitoring and enforcement as well as for the analysis of samples taken from a water source if a contravention of the bill is suspected. Will the same provision apply to water supplies not suspected of contravening the legislation? These matters were raised at a briefing and some answers were provided, but I seek clarification as to whether regular and random testing of non-suspect water supplies will be carried out either by the state government or local authorities—I presume it will be the state government, having taken over the water suppliers—and whether this testing will be carried out to ensure the successful operation of the legislation.

This bill will repeal the Fluoridation of Public Water Supplies Act 1963, recouping the state's authority when it comes to fluoridation. The 1963 act devolved power over fluoridation to local governments. It was an unusual situation in that Queensland became the only state in Australia that vested full responsibility for the fluoridation of public water supplies into the hands of local governments. For the most part, local authorities were unprepared for and generally disinterested in decision making about oral health. The act was amended in 2005—I remember debating it in December 2005—achieving little in the way of offering leadership or direction to councils on the issue of water fluoridation. It was another means by which this government avoided making the tough decisions.

These amendments only reinforce the current position that councils have the right to fluoridate local water without consulting the public, as well as having the right to conduct a referendum on fluoridation. As the Australian Dental Association of Queensland branch pointed out, the state government's tendency to hide behind the politicised legislation constituted an abrogation of the state's responsibility to provide public health services. This was also noted by Peter Forster in the Queensland Health Systems Review. On page 52 of the final report, Forster stated—

Responsibility for fluoridation of Queensland drinking water rests with local governments. In every other state and territory the responsibility for decisions related to water fluoridation resides with the state or territory governments. Capital costs are funded by the state or territory governments and the recurrent costs are generally borne by local governments.

Mr Forster went on to recommend that the state government and Queensland Health engage with the community on the feasibility of introducing fluoride to drinking water, the consequences and the cost of water fluoridation. He noted that fluoridation was a matter of increasing importance given the unsustainable nature of current dental health programs. Forster noted that trends indicated Queensland Health would not be able to continue funding free public dental health services to Queenslanders without increasing waiting times to the point where dental care is so neglected that lifetime damage would be the consequence. We are seeing this with the school dental van program I mentioned before, which is being scaled back in some parts of Queensland. As the Premier and the health minister are on record as acknowledging, water fluoridation will go some of the way towards improving the oral health of Queenslanders.

The prevailing attitude of members opposite has been that they have always been happy to knowledge the benefits of fluoridation but then cower away from doing something about implementing what is seen as a controversial and unpopular policy. Whilst the majority of councils deferred the decision on fluoridation, some including the Gold Coast City Council offered free fluoride tablets to residents who wanted to access the oral health benefits of adding fluoride to their diets. Unfortunately, those programs were abolished several years ago when fluoride became difficult to obtain and the costs became too onerous for councils, and then debate ensued about potential liability issues so councils put it in the too-hard basket.

Interestingly, when the *Gold Coast Bulletin* reported on the council's decision to scrap the program, then reporter Fiona Hamilton quizzed councillors about how many fillings they had and whether or not they grew up drinking fluoridated water. As this debate has progressed, many of us have heard similar anecdotal arguments. Anecdotally, the straw poll showed that generally those who had fluoride as a child, whether in the water supply or by supplement, had fewer cavities than those councillors who did not. I thought it was an interesting way to illustrate the impact of fluoride at a local level.

The Queensland coalition supports local government maintaining a voice over fluoridation. As the debate goes on we will hear more about why we should be listening to councils and residents. The reason we should be working closely with councils on fluoridation is this: Queensland's water politics has long been entrenched in local government. As I have mentioned, the Labor government has a tendency to pass the buck to local government when it comes to making tough decisions on fluoride. This is something that members opposite agree on, because in 2004-05 it was the prime reason they gave for not supporting my bill which mirrored the current bill before the House. Can members imagine how different our dental waiting lists might look today if the government had supported the opposition's initiative?

It is clear that Queensland is failing to provide adequate dental care. The Rudd government has been forced to pick up the slack for state governments by reimbursing parents part of the cost of dental check-ups. I might remind Mr Rudd and his health minister that up to the age of 15 teenage check-ups should be completely free to consumers. Check-ups and treatment procedures should be carried out through the school public dental program, which is a state program introduced by a coalition government. However, thanks to the Queensland government trying to cut costs, parents will be out of pocket for a service that should be provided free in schools. Families will be worse off even after the Prime Minister digs into his pockets for dental care. So much for caring for working families. Will the minister now be decreasing the oral health budget in Queensland?

In summing up, this is a historic day for Queensland. Today we will pass a law that has the capacity to improve the health of all Queenslanders. Anyone who has a genuine interest in fluoridation and who has done the research cannot refute the benefits of fluoride for oral health. As a legislator and dentist, bringing this policy to Queensland has been an ambition of mine since I was elected to parliament four years ago. Today I have realised that dream and I am incredibly proud to throw my support behind a bill that I hope—and my colleagues and my peers are happy to accept—will take away business from my professional colleagues. No dentist enjoys drilling teeth. Hopefully, through this significant public health measure we will see a reduction in the number of children presenting with painful cavities and dental problems.

Finally Queensland has caught up to the rest of country on this matter. I congratulate the Premier for doing something which none of her party colleagues had the guts to do. It is about time fluoride was taken out of the too-hard basket and it is about time the government started doing what it was elected to do, that is, making the tough decisions. We have a duty to make decisions that will benefit the people of Queensland. Fluoridation may be contentious and it may not be popular, but it is the right thing to do. After decades of buck passing, inaction and cowardice, Queensland water will finally be fluoridated.

In closing, I acknowledge the staff from the health department who provided insight into the bill. I thank them for their time and effort. I thank the various stakeholders who provided me with a lot of feedback on the bill. With their endorsement and on behalf of the Queensland coalition, I commend the bill to the House.