EDUCATION AND HEALTH STANDING COMMITTEE

DENTAL HEALTH IN WESTERN AUSTRALIA

TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
WEDNESDAY, 9 MAY 2018

SESSION TWO

Members

Ms J.M. Freeman (Chair)
Mr W.R. Marmion (Deputy Chair)
Ms J. Farrer
Mr R.S. Love
Ms S.E. Winton

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Hearing commenced at 10.44 am

Dr RICHARD LUGG
Chair, Fluoridation of Public Water Supplies Advisory Committee, Department of Health, examined:

Mr MARTIN GLICK
Manager, Central Clinical and Support Services, Dental Health Services, representing the Chief Dental Officer, Department of Health, examined:

The CHAIR: On behalf of the committee I would like to thank you for agreeing to appear today to provided evidence in relation to dental health in Western Australia. My name is Janine Freeman; I am the Chair of the education and health standing committee. I would like to introduce the other members of the committee. This is Mr Bill Marmion, Josie Farrer, Shane Love and Sabine Winton. It is important you understand that any deliberate misleading of this committee may be regarded as a contempt of Parliament. Your evidence is protected by parliamentary privilege; however, this privilege does not apply to anything you might say outside of today's proceedings.

Dr LUGG: I am with the Department of Health, but have formally retired now but they have kept me on on a contract basis.

The CHAIR: Before we begin, do you have any questions about your attendance here today?

The WITNESSES: No.

The CHAIR: Would you like to make a brief opening statement? You do not have to, we can go straight into questions if you would like?

Dr LUGG: No; I think our Chief Health Officer, Dr Tarun Weeramanthri, wrote to you. I did appear before your predecessor committee.

The CHAIR: I was on that committee.

Dr LUGG: So you would recall it also.

The CHAIR: Yes.

Dr LUGG: I thought we got a very good hearing, so we are looking forward to today's session.

The CHAIR: How long are you on contract for?

Mr R.S. LOVE: Can you speak up a little bit more; I cannot hear what you are saying, sorry.

The CHAIR: They are not microphones; they are for Hansard.

How long are you on contract for? How long have you been on contract for? How long have you been retired and on contract?

Dr LUGG: I left the department in February 2016. At the pleasure of Dr Tarun Weeramanthri; he is the statutory chair of the committee, so I am his delegate and I exercise that position at his pleasure.

The CHAIR: How does that work? I am an ex-union official, so how does the pleasurable contract arrangements work versus what is the usual human resource contractual arrangements in the health department?

Dr LUGG: I am really referring to the instrument of delegation that he signed. I just submit invoices as required.

The CHAIR: How often do you meet for as required?

Dr LUGG: The committee does not meet very often. We met last year in December and we met the preceding year in November. Sometimes we have met two or three times a year. It depends on the activity level. It is not an extensive commitment.

The CHAIR: We have your name tags incorrect.

Dr LUGG: No; it is correct here.

The CHAIR: Sorry. Do not do that to me.

Dr LUGG: That was my position, environmental health consultant in the Department of Health.

The CHAIR: Now you are just at the pleasure of Tarun. In terms of the committee meeting, how many people are on the committee?

Dr LUGG: There are six on the committee. There are three nominee representatives, nominated from the Australian Medical Association, the Australian Dental Association and the WA Local Government Association. They are appointed for, I think, three-year terms. The others are government officers: the Chief Health Officer, whom I represent; the director of the ChemCentre and a representative from the Water Corporation.

The CHAIR: When you met in November 2016 and then in December 2017, you have been a stable member; are all the other members the same members who meet each time or do they shift because they are delegated to, so it can be a different person each time?

Dr LUGG: No; it is pretty stable. The ChemCentre representative has just changed but the previous one had been there for probably over a decade and the new one has just taken up her position. The others are pretty stable.

The CHAIR: In the Public Sector Commission, when you have those sorts of committees and boards, some people have had a stipend, so is it a stipend committee so people are paid to be on that or, because they are public servants, they do not get paid.

Dr LUGG: The public servants get nothing. The nominee representatives are entitled to claim a sitting fee and incidental expenses. One of them comes from Denmark in the south. She is entitled to travel expenses but, actually, some of them do not put in claims. We get these routine requests every year for expenditure and they are trivial; it is like $300 or $400, this sort of thing.

The CHAIR: The person who has come up from Denmark, is the Denmark water fluoridated?

Dr LUGG: No; it is not.

The CHAIR: There you go.

Dr LUGG: She is a nominee from WALGA, actually, the country.

[10.50 am]

The CHAIR: It is an interesting factor, is it not? She comes from an area not fluoridated to sit on a board that regulates fluoride for other people.

Ms S.E. WINTON: Is it possible to get on notice the membership of the current committee for the purpose of this hearing in the future?

The CHAIR: Is it a public list?

Dr LUGG: You have actually asked quite a difficult question because the members of the committee, particularly the nominee members—the fluoride-free people, as you mentioned, all know me and they all know the secretary of the committee, which is Richard Theobald, a non-voting secretary. But the rest of the committee members have discussed this and passed a resolution that they did not want their names to be disclosed because they are aware of the sort of strong feelings in some members of the anti-fluoridation community. They are aware of some of the things that have happened in the eastern states. I will not say they have happened in WA, but there have been things happening in the eastern states. The Mayor of Lismore, for example, was assaulted in the street and pushed to the ground because she was supporting fluoridation in the City of Lismore in northern New South Wales.

Ms S.E. WINTON: With all due respect, I understand all that but for the purposes of this, should that information not be made available to us?

The CHAIR: We could take it in-camera.

Ms S.E. WINTON: I am not trying to seek it for the purposes of anyone other than for the benefit of us.

Mr W.R. MARMION: We can make the undertaking that if we write a report, we do not mention their names.

Dr LUGG: On that basis, no problem whatever. No; that is fine. I could not probably produce them off the top of my head but I will get them to you.

The CHAIR: But that interests me, Richard, we are putting a chemical, given the ChemCentre sits on the committee and we are putting a chemical into the water. Water can be a poison if you drink enough of it. I get that. I get that something is only dangerous when it gets to a critical aspect of causing harm. I have not seen any evidence that can give me any belief that the amount of fluoride we are adding to the water is causing harm. I do not think there is any evidence for that but my concern is that there are people out there who do think that and that if we are not open, honest and committed to that, then all we do is grow the scepticism about that. One of my questions to you is that, given we have now seen a fluoride-free party that could get the required membership for a party, which is not easy, and also get over 4 000 votes the first time they run with only basically putting a flag in the ground at polling booths, not putting anything into anyone's letter boxes, how do we assure the general public that this is safe and ethical and efficient and gets the outcomes that we actually think it delivers? Because there are actually questions about whether it delivers outcomes. How do you do that in terms of assuring the community that it is a worthwhile thing to have fluoride in the water for the purposes of oral health?

Dr LUGG: I have to say it seems, in practice, to have been something of a non-issue, because the anti-fluoride people have a standing arrangement with freedom of information. They get our minutes every time that they have been approved by the next committee meeting. We redact the names of the members, other than myself, and there has never been a problem. There might be a bit of sniping, but they have never seriously said to us that this is a concern for them. They want to know what our decisions are, but they have not been concerned about the names at the top of the minutes.

The CHAIR: We are not in a court, but if I was in a court now, I would say to you that I put to you that they have put to us that it is a concern for them that they do not know the membership of the committee. You can read their evidence, and you will read their evidence, but I am now putting to you the fact that they put to us that it was a concern that they could not know who was actually on the committee. They also put to us their belief that many of the people who are on not so much the

Western Australian committee, but the NHMRC—they did posit a view that the people who were on that had a conflict of interest in terms of their perspective on fluoride.

Ms S.E. WINTON: From my perspective, it is a question of transparency and the general public—whether it is the fluoride-free people or another member of the public who has an interest in this—being able to understand the processes that the state goes through. Part of that is understanding this advisory committee, its functions, how it operates, how membership of that committee is decided and who the members are. I guess I am just asking the question: is that information publicly available; and, if it is not, why is that the case?

Dr LUGG: The composition of the committee is in the statute. It is in the Fluoridation of Public Water Supplies Act. The three nominated bodies are listed there and the three government people are listed there. In terms of where these people come from, it is known. It is just the actual names of the individuals that they have wanted to protect. That is a matter that the committee could review. At the moment, it enjoys the support of the minister for that position. But if it was felt that it was imperilling the credibility, for example, of the committee, that could be reviewed. I personally do not have any problem with it; it is what the committee members have decided.

Mr W.R. MARMION: Just on that point, because if I had been minister and looking after this committee, you would not want someone not being on the committee because they do not want to be named. For the person who comes from Denmark who is not in a fluoride area, it is useful having that person on the committee. If that person got harassed by the fluoride people, they will say, "I don't want to go on this committee anymore." I would find that an issue, as the minister. A comment from you on that? Would that be a concern to you as well?

Dr LUGG: Yes. I think the concern that has been expressed primarily has been—as you say, harassment would be a good way of putting it. I have not really thought through whether that would affect whether they put their hand up again the next time around. I suppose it could.

The CHAIR: But it goes to a broader question that seems to be coming up from the Fluoride Free WA people and the petitions that have been put to Parliament that at the crux of the concern of the community is the lack of consultation when fluoride is put into the water. So do you want to take us through the consultation process?

Dr LUGG: Yes; I think that is important to do. There has been a historic shift in the way in which the committee has approached this. In days gone by, the main purpose of the committee arranging for a local consultation before any decision was made about fluoridation of the water supply there was to get a feeling for what sort of opposition there might be in the town and what sort of, if you like, political bombs the minister might be exposed to if he was given a recommendation to direct fluoridation without some knowledge of the local community scene. It was really part of working up what any responsible committee should be doing if it is going to provide a recommendation to a minister. It should be familiar with those things. We would write to the shire; we would say, "We're coming down to your area. We'd like to hold a public meeting. Can we book a room?" Usually, it was a room in the shire premises somewhere. It would be advertised in the local paper. There would also be some sort of local advertisement around the town. We would arrive there and hold the meeting. Generally, these were pretty much ho-hum meetings. You would get a few people rock up. We always had a ledger on the board where we invite them to sign their name and indicate what their preferences were, and they would do that and you would get perhaps nine or 10 people. Martin and I have both been on these sorts of consultations and Martin knows what I am talking about. After two hours—I think we would allow two hours—we would pack up and go back home again.

[11.00 am]

What has happened in the last probably five or six years is that we have realised that that really is not good enough. That is a form of consultation which actually does not get to some of the undercurrents in the community that are not interested in coming along to that sort of meeting. We held the meeting at lunchtime usually, so working people may not be able to attend. We have had criticisms that we need to hold these meetings in the evening, and we moved to doing that. We have also had criticisms like they were just tinkering with assessing the local community feeling. I think we have responded to that too.

The CHAIR: How have you responded to that?

Dr LUGG: One of the things we have done is that we have realised that holding a meeting and relying on the few people who turn up to give you some idea of what is going on in the town or in the community does not really cut it. So what we have been doing in recent times in most cases—there has been a transition to this, but it is now pretty much our routine—is that we will hold some sort of survey, either a paper survey, where we mail out material to a mailing list of people who are on the water supply, or in a couple of cases we have used a telephone survey approach.

The CHAIR: So where did you do a paper survey? When you introduced fluoride, into which region did you do a paper survey?

Dr LUGG: Dongara was one of them.

The CHAIR: Where did you do a telephone survey where you introduced —

Dr LUGG: Surveys have been done in Bunbury and, I believe, in Kununurra.[1]

The CHAIR: Again, in camera, can you give us the results of those surveys?

Dr LUGG: Broadly speaking, they are positive as far as fluoridation is concerned. There is one outstanding exception I will come to. One thing that the committee might be interested in is seeing the actual questionnaire.

The CHAIR: I have got the questionnaire. I want the results of the questionnaire. I have got the questionnaire. I want you to give me the results.

Ms S.E. WINTON: And how many people—what the response was.

The CHAIR: We do have the results. One of the things that happen when you do a public health degree, if either of you have done that, is that you do stuff around statistics and survey stuff. One of my questions is on the construction of the survey. Who constructs the survey? For me, also spending my university period of time doing polling for political parties, it seems to me to be push polling: "Is your resident connected to the public water supply?", and, "Do you agree", and then, "Do you believe the addition of fluoride to the public drinking water supply is safe?" You ask the question if they agree to putting it in before you ask the question about whether they believe that they have a concern. Do you think that is push polling?

Dr LUGG: What I would like to say in response to that is that the questionnaire has basically been unchanged since we started using it. My belief is that it was derived from questionnaires in the eastern states, I think probably Victoria. I could get more information on that, if the committee would like more information, as to where the questions came from, but we did not sit down and invent a whole set of questions, we took a bunch of questions that had been in prior use. We did not ask ourselves the question that you have just asked me. It was just, "This is an established questionnaire; we'd better be consistent so that we get comparable results from different

[1] Correspondence from the witness clarifying this part of the transcript can be accessed on the committee webpage.

communities." We have not asked ourselves those difficult questions. I would be prepared to have a look at the survey structure in light of your comments.

The CHAIR: You do not have to have a look at it. It would be worthwhile. You would have people within the department who have a really good understanding, public health or other people, who have a really good understanding of how you do not taint a study. Health is full of people who say, "We want to make this an open and possible study." If you are prepared to do that, that was probably a good thing to —

Dr LUGG: And they are the people I would go to in the department. I have to say to you that with the survey in Bunbury, because we have a recurrent wellness survey that is run on a statewide basis, we have a large number of people in Bunbury who are people that we telephone, we ring up, every year or two just to follow their health trajectory. We actually used a subset of that. This is a group that is run by the epidemiology branch and the epidemiology branch provided the subset; I do not think they did the phoning. I guess what I am saying is that the structure of this questionnaire is known to people in the department other than ourselves and we have not had the sort of pointy-ended question that you have just asked. But I think it is a good question, and I will ensure that it is reviewed.

Mr R.S. LOVE: A couple of more specific things. You earlier stated that you had done a postal survey in Dongara.

Dr LUGG: Yes.

Mr R.S. LOVE: I wrote to the minister, because I represent Dongara as part of my electorate, and the response I got mentioned that they had done a postal survey in Dongara and it certainly did talk about one in Moora. The information we have been provided does not have one in Dongara either, I do not think. I am not sure if there was one done in Dongara, but nonetheless, there was a sustained community campaign and I think there was a petition of 800 signatures presented to Parliament against the fluoridation of the water. I am wondering what weight you put on a show of community concern such as that. Also, in another community, Carnarvon, where there was a campaign against it, you listened to the community. I would like to know: did you actually recommend to the minister the fluoridation at Carnarvon and did he reject that, or did you recommend on the basis of the community concern that Carnarvon not be fluoridated, and why?

Dr LUGG: I know that Dongara and Moora were done at the same time. If you are saying you do not think there was one in Dongara but there was one in Moora —[2]

Mr R.S. LOVE: The minister did not respond. His response went into specifics about a postal survey in Moora but not one in Dongara, and I also note that when you did the original community consultation that was referred to in 2010, there actually was not any public advertising of the consultation because you missed the deadline for publication, so it was a pretty flawed process you would have to say.

Dr LUGG: Yes, I —

Mr R.S. LOVE: Just to go back to the role of the committee in determining what is a level of community concern, you would have a sustained campaign, and you were up in Dongara, I believe —

Dr LUGG: Yes, I was.

Mr R.S. LOVE: — so you know there is a fair bit of concern about it —

Dr LUGG: Yes.

[2] Correspondence from the witness clarifying this part of the transcript can be accessed on the committee webpage.

Mr R.S. LOVE: — demonstrated by 800 people taking the time to fill in a petition to Parliament yet that was a recommendation put forward to fluoridate. I know there was such a recommendation because the minister told me so, but in the case of Carnarvon, did you also recommend that it be fluoridated or not?

Dr LUGG: I hinted earlier that there was an exception to the general pattern of responses and the exception was Carnarvon, as you say. The decision not to proceed with Carnarvon was not taken by the committee, it was taken by the Premier and minister of the day. The committee never deliberated on the question of whether or not Carnarvon—not this time around. We were told when we got there that 20 years ago there had been another endeavour to fluoridate Carnarvon which, due to corporate memory issues, none of the people who went there from the committee had been aware of. But certainly in our time, in relation to the time that you are talking about, that matter was never before the committee. The issue was decided by the Premier and the minister.

[11.10 am]

Mr R.S. LOVE: But you do carry out phone surveys?

Dr LUGG: Yes, we carried out —

Mr R.S. LOVE: You carried out surveys, but you never made a decision on whether or not Carnarvon should be fluoridated?

Dr LUGG: No.

Mr R.S. LOVE: Okay. Is the minister required to accept your recommendations?

Dr LUGG: No. The minister cannot act without a recommendation, but once he gets a recommendation he has freedom as to whether he accepts or rejects.

The CHAIR: Sorry, to go back: he cannot act without a recommendation?

Dr LUGG: No.

The CHAIR: So you therefore had to make some sort of recommendation to the minister on Carnarvon.

Dr LUGG: No. The recommendations I am referring to are recommendations to fluoridate—to issue a directive to the water supply agency to fluoridate its supply. That is the thing the minister cannot do without a recommendation from the committee. But in the case of Carnarvon, the committee never even looked at that question; this was a background issue—background stuff that was being done in order to inform the committee.

The CHAIR: Okay, so the committee was informing itself. So the process of the committee is that it goes, "Oh, we think we might fluoridate Yanchep, so we go out and do the survey before we make the decision, then we look at the decision of Yanchep and go, 'There's 44 per cent that believe that fluoride should be there out of 528 people, 44 per cent who say it should be added, there's 39 per cent who say it shouldn't, and there's 16 per cent who are undecided. There's 42 per cent who say it's safe and 54 per cent who say it prevents decay.'" On that basis, given that it is less than 50 per cent who believe it should be added but more than 50 per cent who believe it prevents decay, and even less than the people who think it should be added who believe it is safe, how do you measure that up? Is it just if you do not get overwhelming opposition like you did in Carnarvon, where there were 70 per cent who said no, that it is just a fait accompli that people will get their water fluoridated?

Dr LUGG: There are several issues. It is not a fait accompli because we have to be satisfied, first of all, that it can be safely done. There is a technical skill to build a plant that can be operated safely,

and that operationally, it can be done without accidental overdoses and that sort of thing occurring, which has never occurred in Western Australia, I may say.

The CHAIR: Has it occurred anywhere else?

Dr LUGG: It has occurred in Queensland, I think it was.

The CHAIR: What happens when you overdose?

Dr LUGG: Nothing much, but it is awfully bad publicity. It was not that bad an overdose but we do not want to have anything like that. There is also the question of the finances: are we going to get a good return on the sort of investment that would be required to do it and so on? So there are a number of issues which need to be weighed up, but the point I was coming to —

Ms S.E. WINTON: Can I just perhaps sort of lead you where the Chair was going? Let us say if all those other factors were not an issue and you were just contemplating fluoridation or not, what the Chair was asking is: On what basis do you use these statistics? Is there a threshold?

Dr LUGG: No, there is no threshold. The minister has probably answered this question best of all in his comments to the Legislative Council's committee that had these petitions. The minister's letter—although it did not entirely come from the minister, but the minister certainly put his stamp on it—says that while these issues need to be taken into consideration, the overwhelming driver for fluoridation is the public health of the community. Unless there is some exceptional situation that would require a deferral or an abandonment of the idea, the public health driver would probably be the most important —

Ms S.E. WINTON: This then becomes irrelevant; is that what you are suggesting?

Dr LUGG: It is not irrelevant because —

Ms S.E. WINTON: That is what I am sort of hearing —

Dr LUGG: — I do not think any minister should be asked to make a decision without having that background knowledge.

Ms J. FARRER: It might sound silly but I would like to know how many times a year fluoride is added to the drinking water? I am basing this on Kununurra. Earlier on, you said that the shire is informed when this would happen. Is it based on the population in that area? How much fluoride is added? Is it relevant to the number of people who live in that area? How many times a year is it done?

Dr LUGG: The first part—how many times a year? It is continuous. It is actually a continuous streaming of fluoridation chemical into the water supply. What the water supply agency has to do is ensure that as flow rates go up and down, the dosing has to go up and down too so that the concentration of fluoride in the water remains constant. That is technically quite difficult. I mean, it is doable, but you have to know what you are doing.

Ms J. FARRER: When you say continuous, like is it done weekly or monthly?

Dr LUGG: No, it is continuous.

Ms J. FARRER: It is there all the time; okay.

Dr LUGG: It is 24/7, yes.

Ms J. FARRER: These are the sort of questions that people ask.

Dr LUGG: It is 24/7, and even at night-time there is a little bit of fluoride going in but obviously there is much more during the day when consumption increases. The other question you asked —

Ms J. FARRER: Is it based on population in that area?

Dr LUGG: This goes to the question of how do we select places to go and fluoridate. The committee, for quite a long time, has had a rule of thumb that if the community population was under about 3 000, it probably was not going to be worth it.

The CHAIR: Cost–benefit.

Dr LUGG: Cost–benefit. We are aware that the National Oral Health Plan says that ideally, communities down to 1 000 people should be fluoridated. We have been written to about this and we have said to people in the eastern states, "We don't have a problem with the 1 000 level; we're not at that point yet in Western Australia." Once we are satisfied we have done all the towns with a population of 3 000, then we will look at the smaller ones. So 3 000 is the population cut-off that we use at the present time. The other thing that affects it, though, is the number of children. Although everyone benefits from fluoridation, the greatest benefit is for children. So if a town is a young town with a lot of young families, that gives it a peg up the priority ladder in terms of fluoridation as opposed to an older, retirement sort of settlement.

Mr W.R. MARMION: Can I ask a question about Bunbury because I know Bunbury very well and I also know some of the historical players that look after the Bunbury water—some have now retired. They have great pride in their own water scheme, as you know. The figures you have here show that there is strong support for fluoridation but there is not fluoridation, I understand, in Bunbury. Can you explain why?

Dr LUGG: I can explain the more recent history but the older history is sort of—I will not say lost in the mists of time, but it is difficult to —

Mr W.R. MARMION: They have written a book and they gave me a copy, so I cannot lose the history!

Dr LUGG: Well, maybe I should get that book!

I know there have been at least two referenda conducted by the Bunbury local government, both of them now quite old, but I understand the voting was against at that time. That probably held up Bunbury in the early days. What has been more difficult in recent times is the fact that the Bunbury water supply is run by its own separate authority. The Bunbury water board trading name is Aqwest. They do not have the sort of resource base that the Water Corporation does. With the Water Corporation, basically, provided you give them enough notice—say, 24 months' notice—so they can build it into their capital expenditure and so on, they can pretty much handle a directive to fluoridate. They just have to have a bit of notice about it and so on. With Bunbury, they do not have that sort of resource base. Bunbury, I think, would have to seek a community service obligation from Treasury. Up until very recently, Bunbury could not even get funding from Treasury to reconfigure and consolidate its water sources—it had a number of bores—and the way in which the pipes are laid. Another part of the problem in Bunbury is that at the present time, I think there are six different bores and the intermingling is very limited. So a directive to fluoridate Bunbury, even though as a town, it is a big town, but it would have to supply six separate fluoridation plants —

Mr W.R. MARMION: Right; you have to put fluoridation at each bore.

Dr LUGG: Yes, at each one.

Mr GLICK: At each source.

[11.20 am]

Dr LUGG: That just seems stupid, particularly when you know that what Bunbury is wanting to do is to consolidate down to only three bores to get much more intermingling of the water and make it much more like the sort of community where fluoridation is much easier to do. So that has been a factor as well. Very recently—I think within the last few months—Bunbury has actually got the nod

from Treasury to go ahead and introduce that consolidation of its supply. When that happens, it will be much easier to fluoridate Bunbury.

The CHAIR: Will you then go back and do another survey of Bunbury, because the last one was in 2011? Once they have all been consolidated, will you again go back and either phone or postal survey Bunbury?

Dr LUGG: Yes. We have already done this, actually. We did it in February of this year for exactly the reason that you are suggesting, because we think that now the change is happening in Bunbury, there is a chance to get fluoridation within a few years' time.

Mr W.R. MARMION: Did they go up; was it better or worse?

Dr LUGG: Well, we have not released the figures. I could release them to you, again, on an in camera basis.

Mr W.R. MARMION: Just tell us verbally whether —

The CHAIR: No, he cannot, but on an in camera basis. Yes; that would be great if you could give us those figures.

Dr LUGG: It is around about 55 per cent in favour, which is less than it was in 2011 but is still a significant number.

The CHAIR: I would question the 2011 figure—457 responses, at a response rate of 85 per cent, even if you had 3 000 people in that town, I would not have thought that 457 people were —

Mr R.S. LOVE: Is that Bunbury?

The CHAIR: I see what you are saying—it is Bunbury. One assumes that the 85 per cent rate equals 457 responses, and a 21 per cent response rate equals 158 people. I would not have thought that 457 people was an 85 per cent response rate from a population that is at least 3 000. My maths is not that good, but an 85 per cent response rate equalling 457 is —

Dr LUGG: All I can say is that this was done for us by the epidemiology branch of the department and they did not raise that sort of concern with us.

The CHAIR: From what I have just been told, you do not survey the whole population?

Dr LUGG: The paper surveys do not do it that way, but this telephone survey was on a sampling basis. That is right.[3]

The CHAIR: So Yanchep, which had a postal survey and had a response rate of 27 per cent, had 528, so if you multiply, it is 2 000 people that it went out to. Is that the population of Yanchep—2 000 people? That is below your 3 000 threshold.

Dr LUGG: If you have the report there, it probably would have that figure in it.

The CHAIR: Yes, we have the report. You have a threshold of 3 000, and if 27 per cent is the response rate —

Dr LUGG: It was pretty close. It was just under 3 000.[4]

Mr R.S. LOVE: But is not a hard threshold because neither Jurien Bay, Moora nor Dongara have populations of 3 000 people, whether you fluoridate or are opposed to fluoridation, in all three areas.

[3] Correspondence from the witness clarifying this part of the transcript can be accessed on the committee webpage.
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The CHAIR: I want to go back to this idea of consultation, where you said the public health benefit is the defining determinant of whether you fluoride or not. We do not have a lot of time and I want to get onto that public health aspect. Is it in fact less of a consultation and more of an information model? If the public health principle, which is like the herd immunity aspect of what we are talking about—the herd has to be protected, its teeth need to be protected—is going to be the overriding principle, then should you not move away from a consultation model to an information model, which is, "We are going to inform you, because we believe the public health overrides your personal concerns, and we are going to tell you that there is nothing to worry about, because all the scientific evidence shows there is nothing to worry about, and you need to have faith in the fact that we are doing this for the benefit of the community"? But instead what you are doing is giving them this impression that they have got a say in it, because they can say yes or no. Given the absolute concrete commitment to the view that the purpose of fluoridation is to prevent tooth decay, is it not a misnomer to call it consultation?

Dr LUGG: It is interesting. We have done some consultation sessions. The way the committee looks at it is before it makes a decision, it should not be pre-empting its own decision by saying, "We're just consulting with you."[5] But after the decision had been made, the minister on several occasions has said to us he wants us to go back to what happened in Dongara and Moora and Kununurra, so at the request of the minister we went back, and they were information sessions, exactly as you describe. The way the committee has looked at it is if a decision is made and there is a need to return to the committee, that is certainly an information session. But if a decision has not been made, it does not seem reasonable to say, "We're telling you what's going to happen", when the decision has not been made. I can see the point that you are making.

The CHAIR: The decision has been made, has it not, because if you are telling us that the public health principle is the overriding—sorry, "override" is the wrong word—the determinant —

Mr R.S. LOVE: Can I just raise the case with you. You said Dongara, that you went back up there.

Dr LUGG: Yes.

Mr R.S. LOVE: The information that was put out to the community was that it was a consultation. It was not put out that it was an information pack on what was happening. I go back to the letter that I received from the minister. This is in the report, I think. It says Dongara and Pt Denison community consultation. It says that in November 2010, when you undertook the actual community consultation —

Dr LUGG: That is right.

Mr R.S. LOVE: — the Department of Health, as I said earlier, actually did not get any advertisements out, because it missed the deadline. It says it held an information day, and there were no attendees on the day. What sort of consultation has no attendees?

Dr LUGG: Not a very good one.

Mr R.S. LOVE: Not a very good one. Yet you say then you made the decision, without any consultation, and then went back to the community for another round, four or five years later, but apparently that was not actually consultation; that was just information, because the decision had already been made.

Dr LUGG: That is correct, yes.

Mr R.S. LOVE: That is probably not a process that is going to make the community feel empowered that they have any say whatsoever about what is put down their throats.

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[5] Correspondence from the witness clarifying this part of the transcript can be accessed on the committee webpage.

Ms S.E. WINTON: Or confidence in fluoride.

Dr LUGG: As I said, the committee has sort of—the approach has evolved. I mean, the old style that you described in Dongara back in 2010, that would not happen today, because we realise it was an ineffective approach.

Mr R.S. LOVE: But you made the decision even though you did not physically put the fluoride in until five to six years later after you had done that second round of supposed consultation. Why would you not go back and reassess the second round of consultation, which had some bitter action, and 800 petitions sent in?

Dr LUGG: The sequence, as you describe it correctly, is that the first run of the information session did not provide much information—I agree with you. Then the committee made a recommendation to the minister and the minister issued a directive to the Water Corporation. Then subsequently the minister said to us, “Go back to Dongara to give them an information session.” I realise that many of the people in Dongara painted it as a consultation and claimed it was a consultation. We never said it was a consultation session. We always maintained it was an information session. But I know that people in Dongara, and it has happened elsewhere—it happened in Kununurra also—see it as a consultation, as a last chance to get the department to back off, sort of attitude. That was never going to happen. But that is the way that people looked at it.

The CHAIR: I just want to move on to that question about whether it does actually —

Ms S.E. WINTON: That is what I want to know also.

The CHAIR: So, convince me. I am convinced that there is good enough science around this that it is not doing undue harm to people by putting fluoride into the water. I put that on record. But I have not yet been convinced by the evidence that has been put to me in different things and looking at what happens in different countries that fluoride has any significant effect on the cavities and oral health of people who are getting fluoride in the water, I want you to convince me of why that is.

[11.30 am]

Dr LUGG: We have local evidence, we have national evidence and we have international evidence, all of which points in the same direction, and it is usually described by people in this area as overwhelming. The evidence that we have in Western Australia comes from the school dental service, which Martin is associated with. We did a survey that compared kids in the metropolitan area, which is a fluoridated community, of course, with schoolkids in a number of unfluoridated communities in the south west, including Bunbury, Busselton, Denmark, Margaret River—there was quite a raft of them. Martin has even got the paper here.

The CHAIR: Have you got the actual paper?

Mr GLICK: Yes.

The CHAIR: In terms of that paper, the criticisms of that paper, the local study, are about the rigour that is involved in it. Again, this is not a court of law, but I will put it to you that the Fluoride Free submission that they put to us today was that it was an unreliable study, to the point that they said WA Health pursued an improper political purpose in choosing to report a specifically selected ratio of odds—1.6 times the odds of matching or exceeding 1.0 DMFT—instead of reporting the epidemiological relevant measure, which is the percentage difference in dental decay. They then said that this amounts to scientific fraud. I pulled them up on that and said that I have no belief that any of the public service that are doing this are doing that, but given that there are questions about the rigour of that study and given that the Cochrane report—the Cochrane collaboration, which is a

metadata analysis—also says that there is no overwhelming evidence of that, I am still not convinced.

Dr LUGG: Commenting about the local study, yes, this is not a study that would be accepted by Cochrane and it would not even be a study that would be accepted by the NHMRC. The only reason I quote it is because of its consistency with all the other results. If this was giving inconsistent results, you would probably say that it is not a very good study, but actually it is consistent with everything else, so it is probably —

The CHAIR: So, you disregard it if it gives you inconsistent results, but if it gives you consistent results, you embrace it wholeheartedly!

Dr LUGG: Anyway, let us get on to NHMRC. NHMRC used a much more rigorous process, it is called a GRADE process, which was actually developed for evaluating clinical trials, so that when you are trialling a drug or a vaccine or something like that, you have got confidence that the results you are getting are reliable. It is a very, very, high threshold, if you like, of acceptability. NHMRC applies that. This paper was not submitted to them, but if it had been submitted, they would not have accepted it. I accept that it is not at that standard, but with the papers that they did look at, they found, if I remember correctly—Martin may have the papers there; yes he has got them here, thank you, Martin—tooth decay reduction of 26 per cent to 44 per cent in children and 27 per cent in adults is what NHMRC found. If you go to the Cochrane collaboration, which, if you like, is an even more stringent higher bar even than that, they basically knocked out everything after about 1975. They said it did not measure up to their standards, so they only looked at stuff back in those early days. If you look at the stuff they looked at from 1950s to 1975, it is the same. They find very good evidence for a protective effect. As far as I am concerned, it does not matter where you look, you can look locally, you can look at a national level, you can look at New Zealand, where they have done a very good review, you can look at Ireland and you can look at Cochrane, and they all say the same thing.

The CHAIR: How do you then counter the argument that places like Germany, Denmark and other countries that do not fluoridate water have lower incidence of cavities than we do, given that we fluoridate our water?

Dr LUGG: I have not heard it said that they have got lower cavity rates, but I know that there are some countries that do very well without fluoridation.

Mr W.R. MARMION: Can I just intervene here. We were given this table; I am sure you have seen it.

Dr LUGG: I have seen it.

Mr W.R. MARMION: It does not pass my engineering test, because there are no outliers.

Dr LUGG: Can I tell you an anecdote about that graph that Mr Marmion is holding up. It is so widely quoted by the anti-fluoridation literature that I wrote to the WHO collaborating centre in Denmark, which produced all the data and I asked, “What is this all about?” The guy wrote back to me and basically he said there are lies, there are damn lies and there are statistics. He said he could not stop them putting out that sort of data, but it does not represent anything like what we —

Mr W.R. MARMION: Have they cherry-picked the ones that fit the thing, because I would have expected that in a normal study there would have been outliers. There are no outliers at all here. They are basically saying that it does not matter whether you have got fluoride or not, it has all come down, and in fact it has all come down almost the same, although the argument in this graph suits what they say.

Dr LUGG: The man who generated the data that graph was drawn from says it is nonsense, and that is a WHO collaborating centre in Denmark, which is where all that data comes from.

Mr W.R. MARMION: So even the data itself being plotted is wrong, even the lines themselves —

Dr LUGG: He did not give a detailed critique.

Mr R.S. LOVE: Can I ask, because we are running out of time, but this map also has a number of European countries—advanced countries—that do not add fluoride. I am going to run through the list and ask you whether you believe that is true. There is no fluoridation in Austria, Ireland, the Netherlands, Denmark, Finland, Iceland, Norway and Sweden. To your knowledge, is that correct?

Dr LUGG: That is correct.[6]

Mr R.S. LOVE: Okay, could you supply information to the committee to demonstrate that those places have negative dental health outcomes compared to Western Australia?

Dr LUGG: I would have to go to Denmark, probably.

The CHAIR: We can give it to you, actually. There is a world health analysis there that shows that in terms of the 1.0 to 1.1 very low—pink—you have got Denmark, Norway, Sweden, Finland, Germany, the Netherlands and the United Kingdom, all of which do not have fluoride in their water.

Dr LUGG: I am going to ask Martin to speak, but I am going to introduce it by saying that we have never claimed that fluoridation is the only solver. To get the best oral health bang, people need to have fluoridated toothpaste, they need to have good oral hygiene—brush their teeth regularly, they need to see a dentist regularly and diet.

The CHAIR: Yes, get rid of sugar. Martin, before you add to that. Let us say we decided not to put fluoride in the water, and we did all of those things. Would we not have the same dental cavity outcome that we currently have?

Mr GLICK: No, we would not.

The CHAIR: Why would we not? Convince me.

Mr GLICK: I am here to represent the Chief Dental Officer and State Oral Health Advisory Council, and what has been given to me to read states, "At a broad population level —"

The CHAIR: How about just give it to us, because we are going to —

Mr GLICK: Are you?

The CHAIR: Yes.

Mr GLICK: Okay, I can email it to you.

The CHAIR: Yes, that would be good. If you can submit it, that would be fine. I am going to wrap up now because everyone is starting to leave on me and we will lose things. If we have other questions, we may write to you and ask you those questions. Certainly, you might want to have a look at the evidence of Fluoride Free WA if you want to respond to some of the things they have said. You will see in there that I did question them quite strongly, as I have you.

Thank you for your evidence before the committee. A transcript of this hearing will be forwarded to you for correction of minor errors. Please make these corrections and return the transcript within 10 working days of receipt. If the transcript is not returned within this period, it will be deemed to be correct. New material cannot be introduced by these corrections and the sense of your evidence cannot be altered, although we are happy to have you respond if you want to put in writing, but

[6] Correspondence from the witness clarifying this part of the transcript can be accessed on the committee webpage.

that will not come in as this evidence. The committee will contact you should it require any further information. Thank you so much for coming. It was very interesting. It is a fascinating area of public health.

Hearing concluded at 11.40 am

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