



FLUORIDE FREE WA

## **SUBMISSION RE PETITION NO 55 - WATER FLUORIDATION WA FLUORIDATION OF PUBLIC WATER SUPPLIES ACT 1966 (ACT).**

### **A. THE STATUTORY COMMITTEE**

The Fluoridation of Public Water Supplies Act 1966 (Act) legislates for the formation of the Advisory Committee for the Fluoridation of Public Water Supplies (Committee). The Committee consists of 6 members (requiring a quorum of just 4) who meet briefly 2-4 times a year. The Committee is a powerful non-elected group which operates outside of public scrutiny and is not held to account for their actions. It meets in secret, does not disclose the names of its members, does not publish the minutes of its meetings, and does not allow outside scrutiny or witnesses. One lower house Member of Parliament (Ian Britza MLA) requested to witness a meeting (September 2011) and was refused.

Although not a directive of the Act, the Committee has adopted the policy objective to “extend water fluoridation to rural and regional communities in Western Australia with a population of 3,000 or more”. It also states that “Extension of communities between 1,000 and 3,000 population will be considered once all or virtually all communities over 3,000 population receive fluoridated drinking water.” This effectively makes water fluoridation mandatory in Western Australia.

The clearly stated function of this Committee is to fluoridate the water supplies of all towns in WA with a population of 1000 or more and they will do whatever it takes to achieve their bureaucratic mission including the following:

#### *1. SUMMARILY DISMISS ALL EVIDENCE OF HARM CAUSED BY EXPOSURE TO FLUORIDE.*

Since May 2011 Fluoride Free WA have submitted in excess of 100 peer reviewed scientific papers relating to potential adverse health effects resulting from water fluoridation/exposure to fluoride including links to cardiovascular disease, child brain development, dental fluorosis, skeletal fluorosis, fertility and thyroid issues. In the one response received back in relation to these papers The Committee rejected all of the papers out of hand, largely as they were not pertaining specifically to ‘water fluoridation in Australia’.

#### *2. MISLEADING STATEMENTS ARE MADE TO THE PUBLIC.*

The Committee publicly stated (Letter EHB-01571/02) that “in **Western Australia** fluoride has been successfully added to drinking water supplied to over ninety per cent of consumers **without any detrimental effects for more than forty years**”. (my bold) The Committee has been unable to provide evidence for this statement. The Committee appears to equate the lack of evidence with evidence of no harm.

### 3. *REVIEW/SCRUTINY OF THE ACT AND THE COMMITTEE IS AVOIDED AT ALL COSTS.*

The minutes of the **31st meeting Nov 6 2000** the Committee discussed reviewing the Act as the “Act was written to old technology and is therefore inappropriate to today’s technology”. However it was decided not to undertake a review as “there is concern that to reopen the Act may result in detrimental changes to the Act, as fluoride is very controversial (even when the Act was introduced in 1966, there was much controversy)”.

#### **Conflict of interest**

All members of the Committee have a vested interest in the continuation of the water fluoridation programme. Without water fluoridation the Committee would no longer need to exist. There is also the issue of personal reputations being on the line should fluoridation be abandoned. The long standing Chairman of the Committee Dr Lugg has been actively promoting this practice for **decades**. **There is therefore an inbuilt institutional bias towards the practice of water fluoridation in the over-sight of fluoridation by this statutory body.**

**Since the enactment of the legislation in 1966, the Act has never been subjected to Parliamentary scrutiny.**

## **B. FLUORIDATION IS FORCED MEDICATION**

Water fluoridation chemicals do not treat the water itself, but the person consuming it. It is thereby a form of medication with fluoride being the drug administered via the public water supply. The public water supply is not an appropriate place to be adding drugs, particularly when the ingestion of fluoride does not work to prevent decay and fluoride is readily available for individual use in the form of toothpaste.

By dosing people via the water supply regardless of the concentration of fluoride in the water, the individual dosage cannot be controlled. This is in complete contradiction with all accepted forms of pharmacology and medical ethics.

The people of WA have no choice if water is fluoridated. There is no realistic ‘opting out’ for those who do not want to ingest fluoride if water is artificially fluoridated.

Fluoridation is a violation of the right to informed consent to medication. With water fluoridation, governments do to whole communities (forcing people to take a medicine irrespective of their consent) what individual doctors cannot do to individual patients.

As the Hon James Killen, (deceased) former Australian Cabinet Minister said:  
***"I believe, and believe passionately, that it is not the duty of the State to dose its people like cattle."***  
(Hansard p. 1142)

### **C. FLUORIDATION IS OUTDATED PRACTICE.**

**Most countries do not fluoridate-** The majority of the developed world does not practice water fluoridation. It is a fact that far less countries practice water fluoridation now than when it was introduced into WA in 1966, with currently only around 5% of the world's population still receiving artificially fluoridated water. Since 2010, more than 70 communities have rejected the practice, including Israel (pop.7.8 million people), Calgary, Alberta (pop. 1.3 million people) and Albuquerque, New Mexico (pop. 500,000).

**Topical not systemic-** Fluoride's dental benefit is mainly topical not systemic, according to the Centers for Disease Control the premier scientific body in the USA (CDC, 1999, MMWR 48: 933-940).

Since the purported benefit of fluoride is topical, and the risks are systemic, it makes more sense to deliver the fluoride directly to the tooth in the form of toothpaste.

**There are far more effective and cost effective ways to deal with the issue of decay-** As un-fluoridated Scotland has so effectively shown in recent years with its ChildSmile programme, the prevalence of tooth decay can be massively reduced without adding industrial chemicals into our drinking water and in doing so significantly reduce the burden on taxpayers.

**Water fluoridation is a 20th century solution to a 21st century problem.**

### **D. SWALLOWING FLUORIDE CAUSES HARM.**

An ever increasing body of scientific peer reviewed papers show there are potential adverse health risks associated with the ingestion of fluoride. Certain subsets of the population are particularly at risk including those with kidney disease and infants under the age of 6 months.

In the March 2014 journal Lancet Neurology (Volume 13, Issue 3, Pages 330 – 338) fluoride was reclassified as a developmental neurotoxin by medical authorities.

There is **no adequate margin of safety** to protect everyone in the community from harm as a result of exposure to water fluoridation.

**In recognition of the precautionary principle the practice of water fluoridation must be halted immediately.**

Fluoridation cannot end until the repeal of the legislation which gives the state the authority to force the people of Western Australia to ingest a chronic toxin for a lifetime **without their consent** and in many cases without their knowledge. It is time to end this outdated, unethical and unsafe practice.

**Conclusion: We believe that The FLUORIDATION OF PUBLIC WATER SUPPLIES ACT 1966 must be urgently reviewed by Parliament and ultimately repealed.**