

WATERSHED

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INSIDE THIS ISSUE - FLUORIDE & BONE CANCER: BFS CONFERENCE SPEAKER UNDER INVESTIGATION, USA'S 'TIME MAGAZINE' FEATURES FLUORIDATION CONTROVERSY, HOW YOU CAN HELP NPWA & MORE

DEPARTMENT OF HEALTH ISSUES FLUORIDATION GUIDELINES TO PRIMARY CARE TRUSTS AND STRATEGIC HEALTH AUTHORITIES

Two years after the Water Act 2003, the Department of Health has released its guidance to Health Authorities who are contemplating fluoridation. It isn't complete, so they can't start yet, but these are the main points. (As we outline the new consultation process, ask yourself: How much will this cost?)

Step 1: DoH "expect[s] PCTs to initiate proposals for a fluoridation scheme," so you need to focus your campaigning on PCTs in the first instance. Dr Peter Ostler, a consultant oncologist, had this to say regarding new expenditure by PCTs: "They haven't allocated extra funds for it. So where's the money going to come from? Each Primary Care Trust will have to find the money for it from their existing budgets—by cutting spending somewhere else." (quoted in *The Guardian* 7-10-2005). He was talking about cancer drugs, but he makes his point.

Step 2: SHAs "should consult the water undertakers concerned as to whether the arrangements would be operable and efficient." So much for "Water companies must"! Any water company not wishing to fluoridate can simply file a negative feasibility study: water companies needn't.

SHAs "should also discuss the likely capital and recurring costs." It

seems the fluoridistas have **no idea** how much their plans would cost the taxpayer. It won't be as simple as building plant and buying fluoride: SHAs with fluoridation schemes, new or pre-existing, must "monitor their effects on the health of their populations and.....publish reports on their findings at 4 yearly intervals." Further guidance is awaited on what exactly this will mean, but it's bound to involve extra cost.

Step 3: "At this stage the SHAs should retain expert legal advice." This is because fluoridation requires complex, multi-party contracts: SHA boundaries do not coincide with water company supply areas. Expert legal advice is expensive. Note that the DoH has yet to issue a model contract for SHA lawyers to use.

Step 4: The consultation. This will involve huge quantities of leaflets, posters, newspaper advertising, free telephone information lines, information packs; public meetings etc. Cost implications are sobering. "SHAs should seek the views of their local authority at every step of a consultation." Local Councils do not have a veto on fluoridation schemes, but could ask awkward questions. Prompt them to do so.

Step 5: "an SHA cannot base its decision solely on a simple count of the representations for or against the proposals." There are four criteria for weighting responses. Briefly, the DoH does not acknowledge adverse health effects from fluoridation.

Therefore objections based on health grounds will carry a low weighting. Objections on ethical grounds can be over-ridden if the SHA "is satisfied that the health arguments in favour of proceeding with the proposal outweigh all arguments against proceeding." But note two things: responses from bodies such as business associations, trade unions, voluntary and consumer groups will have to be given "particular attention". So our campaigning can be most effectively done through such groups. Also the SHA must publish a summary of responses and "conduct an open and transparent assessment of public opinion." "The decision of the outcome of a consultation will need to be taken at an open meeting." Make sure that meeting is well-attended, invite local journalists, etc. SHAs can't hide the volume of objections, even if they can ignore them, and it won't make good publicity.

Step 6: The SHA goes to the Government for money, to the Treasury for an indemnity for the water company, and to the DoH, which, "*Subject to the availability of funding*, will contribute up to 60% of the capital costs of new schemes." If the requests for money don't fit current political priorities or economic imperatives, feasibly the Government could refuse. Any SHA pursuing fluoridation can be knocked back after spending millions on the process. **What you can do: Back Page**

Please note our new contact details at the top of this page. The NPWA website has been updated with these details and Lord Baldwin's critique (see page 3) is now on the site.

Fluoride & Bone Cancer. BFS Conference speaker under investigation....

Professor Chester Douglass, an epidemiologist and Professor at Harvard University's School of Dental Medicine, told delegates (many from SHAs and PCTs) at the UK Public Health Conference on 18 November 2002, that no association had been found between fluoride exposure and osteosarcoma. In written testimony to the (US) National Research Council last year.

Dr Douglass said he had found no evidence that fluoridation increased risk of osteosarcoma, a rare bone cancer. However it has been alleged that he had, in 2001, supervised a thesis by one of his doctoral students, Elise Bassin, which found that boys who drink fluoridated water have a greater risk of developing the disease.

Bassin used the same raw data as Professor Douglass, from 139 people with osteosarcoma and 280 healthy controls, but realizing that any ill effect from fluoridation would occur when bones are growing, she focused on the 91 patients who were under 20. Most of the 400 people diagnosed with osteosarcoma in the U.S. each year are children. The illness, which affects twice as many males as females, is often fatal or leads to amputations.

Bassin estimated that for boys drinking water with 30% to 99% of the fluoride levels recommended by the U.S. Centers for Disease Control and Prevention, the risk of osteosarcoma was five times as great as among boys drinking non-fluoridated water. At 100% or more, the risk was estimated to be seven times higher. The association was most obvious between the ages of five and ten, peaking at six to eight.

Some previous studies have suggested a link, others have not. A 1991 animal study by the (US) National Toxicology Program concluded that fluoride might raise the risk of osteosarcoma, in male rats, but not in females. In 1991, a scientist at the National Cancer Institute found "an unexplained increase" in osteosarcoma in men

under 20 in fluoridated communities. However a 1993 (US) NRC report stated that most human studies provide "no credible evidence for an association between fluoride in drinking water and the risk of cancer".

If an adverse effect of fluoride occurs only during childhood, looking at all ages could dilute the effect and conceal any link between fluoridation and that effect. Some studies have investigated a link to all cancers; and such investigations would be too broad to pick up a rare bone cancer occurring only within a specific age-group. Previous studies often categorized osteosarcoma patients as drinking fluoridated or non-fluoridated water based on where they lived at diagnosis, not specifying what they drank as children. Such imprecision can lead to a lack of sensitivity in detecting results.

Dr Bassin's study has yet to be published and subjected to "peer review", but her methodology has been described. She was particularly conscientious in finding out where each osteosarcoma patient ever lived, and what kind of water they drank there.

Federal investigators and Harvard University officials are looking into the affair after the Environmental Working Group (EWG), a respected independent research and advocacy organization, filed an ethics complaint against Dr. Douglass. EWG pointed to Douglass's position as Editor in Chief of the *Colgate Oral Health Report* as a possible conflict of interest and has asked the National Toxicology Program (NTP) of the National Institutes of Health (NIH) to list fluoride in tap water in its *Report on Carcinogens*. The story has been reported in the *Washington Post* (13/7/05), *Wall Street Journal* (22/7/05) and *Time Magazine* (24/10/05).

<http://www.ewg.org/issues/fluoride/2050606/index.php>

Any excuse for a party

The fluoridistas recently held a birthday bash marking 60 years of fluoridation. Meanwhile, fluoridated America's poor cannot get dental

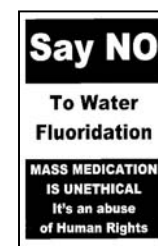
treatment and suffer appalling tooth decay. Dr. Dushanka Kleinman, told the National Oral Health Conference in Pittsburg on May 2nd 2005:- "When US Army reserves get called to duty in Iraq, the most common reason they don't ship out right away is poor oral health—and it's been that way since World War II."

Time Magazine features the Fluoridation Issue

The American Dental Association's feathers have been severely ruffled by a feature on the fluoridation controversy in America's prestigious *Time Magazine* (24 October.05) Margot Roosevelt's balanced article comes from Bellingham (in America's North-west corner) where a retired dentist leading the fluoridation ballot initiative has expressed surprise at the intensity of the opposition.

CCWater Replaces Water Voice

Campaigners attended the first national meeting of the Consumer Council for Water which was held at Victoria Square House, Victoria Sq., Birmingham, on November 1st 2005. The newly-formed Council, which replaces Water Voice and will be known as 'CCWater', is heralded as the independent consumer's champion in matters relating to water. Representatives of North and Midlands Against Fluoridation and The National Register of Children with Dental Fluorosis drew attention to the undesirable effects of fluoridation on vulnerable groups e.g. the elderly, those with special needs, infants and the unborn.



A3 Posters for sale!

Boost your local campaign with these excellent 'Say No to Water Fluoridation' posters, with three different messages in the bottom third. Three for £2, nine for £5, twenty-one for £10 inc. p&p. Send cheques payable to NPWA to: Posters, NPWA, 42, Huntington Road, York, YO31 8RE

More News

American Unions demand an end to Water Fluoridation.

EPA “Jekyll and Hyde”

Washington USA Aug 31 2005

Professor Paul Connett has described the US Environmental Protection Agency as “a Jekyll and Hyde regulatory agency.” Eleven unions representing more than 7,000 scientists and workers for the EPA have asked Congress for a national moratorium on the addition of fluoride to drinking water on grounds of evidence of carcinogenicity. Meanwhile, the EPA continues to defend as ‘safe’ a drinking water standard for fluoride of 4 ppm, 2.5ppm higher than the maximum allowed by the EU and WHO. Connett says a new set of tolerances for the fluoride which will be left on 200 food products as a result of fumigation with sulphuryl fluoride are “ridiculously high”. He is leading a campaign to get them reduced.

The EPA has stated that it “is committed to protecting human health —based on sound scientific data —which is why we have requested an independent review from the National Academy of Sciences, the nation’s highest science review panel, evaluating all of the new data on fluoride.” The Review is expected in February. Meanwhile, US citizens can support the unions by joining an on-line petition.

www.powalliance.org/petition

Fluoride in Pet Food

George Glasser tells us that, when he looked into a possible link between fluoridated water and canine osteosarcoma, no difference in sarcoma rates was found between fluoridated and unfluoridated areas.

Dr. Bassin’s research prompted George to give the issue further thought and he was surprised to discover high levels of fluoride in commercial pet foods, especially the cheaper ones. “Joining the dots”, George believes many of the dysplasia and osteosarcoma cases among cats and dogs may be skeletal fluorosis by another name. He suggests pets are fed on butcher’s meat and, if appropriate, given fluoride-free mineral supplements. <http://npwa.freeseerve.co.uk/dogs.htm>

Fluoridation in the UK is illegal under new EU Directive

Directive 2004/27/EC of the European Parliament and of the Council of 31 March 2004, amending the Codified Pharmaceutical Directive 2001/83/EC, became operative in the UK on 31 October 2005. A feature of the new Directive is its very clear definitions drawing distinctions between a food and a medicine.

A ‘Medicinal product’ is defined as: (a) Any substance or combination of substances presented as having properties for treating or preventing disease in human beings, or (b) Any substance or combination of substances which may be used in or administered to human beings either with a view to restoring, correcting or modifying physiological functions by exerting a pharmacological, immunological or metabolic action, or to making a medical diagnosis."

Article 2 of the Directive makes it clear that in cases of doubt whether a product is "medicinal," if the product may be considered medicinal, then the Directive applies. Those who would argue that fluoridated water is not intended to be a "medicinal product" would have a burden of proof against them, and the presumption would be that it is a medicinal product subject to the restrictions of this Directive. This means it cannot be dispensed without marketing authorization from the EU, making current fluoridation illegal in the UK.

The full text of the Directive may be read at:-

<http://europa.eu.int/eur-lex/lex/LexUriServ/LexUriServ.do?uri=CELEX:32004L0027:EN:HTML>

Fluoride fumes cause problems in Bellefonte, Pennsylvania

\$100,000 dollars have been spent on repairs to Bellefonte’s pump house this year because of damage to the facility caused by fluoride fumes. Fears have been expressed for the health of workers and that the fumes could damage the very expensive electronic equipment controlling the water pumps. The problems have led Borough officials to consider whether to cease fluoridation.

Lord Baldwin’s Critique

Lord Baldwin has written a response to the Guidelines to SHAs (page 1), written by the Department of Health’s Chief Dental Officer, Dr Raman Bedi. He points out that “there are serious errors in the description and interpretation of the science” as well as “an inbuilt bias in the consultation process”. In addition “...the ethical argument against medical intervention without individual informed consent is fundamental” but is disregarded.

Threat of fluoridation highest for Manchester, Yorkshire and the South Coast

Two years since the Water Act (2003) made it mandatory for water companies to fluoridate if requested to do so by a Strategic Health Authority, and the pro-fluoride propaganda machine is gearing up for action. Greater Manchester’s PCTs favour fluoridation and, ahead of any public consultation, have formed the *Greater Manchester Fluoridation Alliance* with Guy Harkin as its £40,000 per annum Director. We understand Harkin is discussing feasibility with United Utilities and is busily ‘informing and educating’ throughout the area.

On March 31st 2005, Southampton City PCT agreed to support the principle of water fluoridation. The PCT’s Director of Public Health, Andrew Mortimore, has promised to “provide the local community with all the information they will need to make an informed decision”. Bradford is also a possible candidate for fluoridation. The City Councils of Sheffield and Leeds are opposed to water fluoridation but could be over-ridden by their respective Strategic Health Authorities.

Shock horror: Fluoride shortage in the United States!

The Division of Oral Health of the Centre for Disease Control (CDC) has warned of a shortage of fluoride and the likelihood that price-rises will “persist over the medium term”. The document confirms what we have long known (quote) “Fluoride products are mainly a co-product of the phosphate fertiliser industry, and availability is a function of the production of phosphate fertilisers”. **Tell that to the BFS!**

Campaign News

No-one can deny that NPWA has gone through a difficult time since September 2004. The Committee has worked very hard to keep the campaign going and there have been some notable successes. Information has been sent to Councillors and politicians. Some local Councils including the City Councils of Sheffield and Leeds have voted not to support fluoridation. The yellow card campaign has continued and members have attended water company AGMs, party conferences, PCT, SHA and PPIF meetings etc. NPWA's Chairman, Liz Vaughan and Dr Sheila Gibson were invited to speak to NICE (The National Institute for Clinical Excellence). Liz also spoke to East Yorks County Council at Beverley. NPWA had an attractive stand at the two-day Buxton Health and Healing Festival in June. Almost everyone who spoke to us at Buxton was against fluoridation.

George Glasser and Ros Jones produced our two CDROMs, one on Dental Fluorosis and the other on the risks involved in the transport of hexafluorosilicic acid on British roads. 3,500 of these disks have been distributed to Environmental Health Officers, trade unions, councils, and police departments.

People can view the disks on any modern PC (but not on Macs).

It is also possible to project the images on to a screen using a digital projector. We thank those members who have purchased disks for distribution and hope that others will assist us in this important campaign.

Liz Vaughan and George Glasser have now resigned from the Committee, Liz to concentrate on her work as Information Officer for UK Councils Against Fluoridation and George to pursue other interests.

Liz has been a dedicated and hard-working Chair since 1990. George brought us considerable expertise in the technical and environmental aspects of water management as well as vast experience of the world-wide campaign against fluoridation. The Committee thanks them for offering to be available in an advisory capacity. Dr Tony Lees (who will be

long-remembered for his talks on the fluoride in dental products) has also resigned from the Committee, and Dr Sheila Gibson has resigned as a Vice President. We wish them all well and are deeply grateful for the tremendous contribution each has made to the success of National Pure Water Association.

We also thank Cllr. Paul Clein for acting as Interim Chairman.

Ways you can help the NPWA Campaign

Please keep your eyes open for fluoridation consultation launches in the Public Notices section of your local paper, and inform NPWA if you see one.

Encourage people to join NPWA. To increase our effectiveness, we need many more members.

Please distribute the yellow cards for people to send to the Chairman of their water company.

Make contact with others and plan a strategy to oppose fluoridation in your locality. Ideally, we should like an active group in each SHA area. If you are able to organise such a group please contact NPWA.

Please ensure that local Councillors are well-informed on the fluoridation issue. If there is a direct threat to your area, offer to supply a speaker to your Town or City Council and to its *Overview and Scrutiny Committee on Health and Wellbeing*.

Twelve residents can petition a Council for a debate on fluoridation. The support of a Councillor who opposes fluoridation is valuable here. The Green Party and Friends of the Earth may be helpful allies.

NPWA may help you to find a well-qualified speaker if you need one to speak to a Council.

Make a courteous approach to your local Primary Care Trusts and Strategic Health Authority, asking whether they have any plans to fluoridate. Some PCTs and SHAs have allowed members of NPWA to speak at their meetings, others have been less willing, though attendance as observers is usually allowed.

An SHA planning to fluoridate should be asked whether any local

health services will be cut to pay for fluoridation. You can check for developments and meetings by visiting PCT, SHA and Council websites and the local library may give access to PCT, SHA and Council Minutes.

Public and Patient Information Forums (PPIF), and CCWater committees could be sent information or offered a speaker.

Please keep journalists informed and continue to send letters to the Editor whenever a national newspaper or magazine carries an article on fluoridation. Thousands of people read published letters.

Club, union or church groups may accept a short article for their newsletters, a notice-board leaflet, or a presentation. Please purchase our CD-ROMs to help with presentations.

Thank you all for your efforts to stop the artificial fluoridation of UK water supplies.

Nominations sought for Committee Membership

There are vacancies on the NPWA Committee. Nominations for the Committee should be sent to the Membership Secretary, to arrive no later than December 31st 2005.

A Proposer and a Secunder is needed for each nomination and the Candidate must agree to the nomination. All three must be fully paid up members of NPWA. A nomination form is enclosed with this *Watershed*. Voting will take place at the AGM, full details of which are enclosed with this mailing.

NPWA was very sorry to hear of the untimely death of Peter Bowler, the Campaigns Officer for *Waterwatch*. We send our sympathy to his wife, Carol and to his two daughters and brother.