

WATERSHED

National Pure Water Association

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IN THIS ISSUE: Government consults on new regulations; FAN 2.0 is launched; News from USA, Hampshire, Northern Ireland and the Irish Republic; Australian academic finds fluoridation unethical; Why we oppose fluoridation & MORE...

Government consults on new fluoridation regulations

The Department of Health (DoH) has initiated a consultation on the process local authorities will use to conduct consultations on fluoridation of drinking water. NPWA is named as among the 'target audience' for the consultation which runs from 4 September to 27 November 2012. The new regulations are expected to come into effect from April 2013 and will accompany the changes to fluoridation law enacted in 2012.

In its 68-page consultation document, the Department clearly states it is not consulting on the benefits or disadvantages of fluoridation, nor on 'the level at which (national or local) decisions about fluoridation should be taken'. It is disappointing to see in the document the usual outdated clap-trap quoted verbatim from the BFS publication 'One in a Million'. Once again, the York Review is cited as in support of fluoridation and decay rates in five year olds are compared between fluoridated Sandwell and fluoride-free Bolton, with no evidence that confounding factors have been given any consideration.

Dental fluorosis is described as 'the only proven side effect of fluoridation' and 'fluorosis of aesthetic concern' is reported as 'between 13% and 4% of cases'. There is an admission that 'In children, a narrow margin exists between achieving the beneficial effects of fluoride in caries prevention and the adverse effects

of dental fluorosis.' The DoH thinks 'that fluoridation does not constitute compulsory medical treatment and may be a proportionate measure to address the legitimate public health aim of preventing tooth decay.' It acknowledges 'a range of opinion on the benefits and risks of fluoridation and that some people have concerns based on ethical reasons.' In considering a fluoridation proposal, local authorities will be expected to 'balance the perceived benefit of fluoridation with the potential risks, including the risk of dental fluorosis, as well as economic, environmental or social concerns.' They must also consider their obligations under the Equality Act 2010 and include vulnerable groups in the consultation. The DoH believes children in deprived areas will gain most benefit from fluoridation and wants families with such children to participate. Clearly, while it is possible to argue that fluoridation has *greater* adverse effects on the deprived when compared to the rest of the population, 'reducing health inequalities' is still being used to justify fluoridation.

The DoH tells us the new provisions are not intended to make water fluoridation more or less likely and that, to avoid the likelihood of legal challenge, they do not wish to be over-prescriptive in their regulations. They feel that key decisions on fluoridation should be made locally; however the newly

established national body, Public Health England (PHE), will have an advisory role and is expected to monitor outcomes. PHE will publish the league tables of tooth decay in 5 year olds which have been very effective at misleading councillors in the past.

Respondees to the consultation are asked to address nineteen specified questions, in many cases set out as various options, with the DoH offering its preferred answers. The DoH appears to favour little change to the wording of the consultation regulations which were drawn up to accompany the Water Act 2003 and which have deprived Southampton's population of a fair hearing.

NPWA continues to call for repeal of all fluoridation legislation on the grounds that fluoridation is illegitimate mass-medication, is unethical and is harmful to some members of the population.

To access full details of the consultation on the DoH website, use the link – <http://www.dh.gov.uk/health/2012/09/fluoridation-of-drinking-water>

You can contribute to the consultation by sending written comments by email to – amit.bose@dh.gsi.gov.uk or by post to:

Amit Bose, Department of Health, Skipton House, 80 London Road, London SE1 6LH

If you wish to comment on the consultation process itself there is a different address:

Consultations Co-ordinator, DoH, 3E48, Quarry House, Leeds, LS2 7UE

Or you can e-mail that office as follows – consultations.co-ordinator@dh.gsi.gov.uk

FAN's new website

On 28 August 2012, Fluoride Action Network proudly announced the launch of its new website, 'FAN 2.0' as 'the largest, most ambitious, most revolutionary project in our organization's 12-year history'. The website's development was likened to 'a mini Manhattan Project: a network of web programmers, graphic designers, professional translators, FAN researchers, and FAN volunteers, working on the unabashedly immodest goal of transforming public understanding about [fluoride]'. The entire FAN team is to be heartily congratulated on the result.

The domain name www.fluoridealert.org has not altered but visitors now find a sparkling and dynamic environment giving easier access to updated features of the old site, like the Health Database and the 'Professionals' Statement, along with FAQs, recent and archived news and several innovations. There is a special section for new visitors and another with advice for activists. 'FANtv', an embedded TV channel, gives instant access to FAN's video library.

Victories

Since 2010, over seventy communities in the USA and Canada have voted to end fluoridation. Recent victories are:

- **O'Fallon, Missouri** (pop. 80,000)
O'Fallon recently ended fluoridation after a citizen activist informed city employees about the dangers of fluoridation. In their 2012 Budget, City Administrators remark that the change has saved \$18,000 annually and has reduced the hazard for the operators who no longer have to handle the dangerous chemical on a regular basis.
- **Rosetown, Saskatchewan** (2300)
This Canadian community ended their fluoridation programme after the fluoride feed-pump broke, probably due to corrosion. The community does not plan to

re-introduce fluoridation.

- **Lake View, Iowa** (1,300)
This city council voted to discontinue fluoridation due to the practice's high cost and lack of positive economic benefit.
- **Cassadaga, NY** (600)
In a poll, 78% of Cassadaga's water customers opposed fluoridation and 18% supported it. The Board members then voted 4-1 to officially reject the practice. **Lily Dale** (275) is on the same drinking water system, so the decision will impact its citizens and the town's annual visitors numbering around 22,000.

Upcoming votes

- **Wichita, Kansas** (384,500)
Wichita is the largest city in Kansas, will vote on the issue on 6 November.
- **Portland, Oregon** (594,000).
After secret talks with pro-fluoride lobbyists, the Portland's city council had made a unilateral decision to fluoridate. They are now obliged to hold a ballot because Clean Water Portland (CWP) submitted 43,236 signatures against fluoridation. To see CWP's rather noisy but inspirational video go to – <http://tinyurl.com/8s6bhgv>

News from Australia

An article entitled *Ethics of Artificial Water Fluoridation in Australia* by Dr. Niyi Awofeso, Professor of Population Health at the University of Western Australia, has been published (August 2012) in *Oxford Journal Public Health Ethics*. It outlines the contested ethics of water fluoridation. While opponents of artificial water fluoridation insist that there are alternative sources of fluoride, that water fluoridation violates the ethical principle of autonomy and is not only expensive and unnecessary but also may endanger health; proponents of water fluoridation claim that mandatory water fluoridation facilitates health equity and that the benefits accruing to society from prevention of dental caries (beneficence principle) outweighs impairment of individual

autonomy. The article utilizes Childress' 'justificatory conditions' to evaluate the ethical appropriateness of artificial water fluoridation in Australia and the author concludes that fluoridation in the country is not ethically justified. <http://tinyurl.com/d62ay2j>

News from Hampshire

It is now nearly ten years since a change in the law obliged water companies to comply with health authority instructions to fluoridate, four years since the first consultation under that legislation and twenty months since the consultation was unsuccessfully challenged in the High Court. However, so far, fluoridated water has not flowed from Hampshire taps.

Southern Water, on record as admitting it would prefer not to fluoridate its customers, is said to have carried out further feasibility investigations and (because of the water distribution system) cannot rule out the possibility that people not consulted would receive fluoridated water. South Central Strategic Health Authority, the initiator of this shambolic situation, has less than six months to run before its demise. We sincerely hope that fluoridation will never be implemented in Hampshire but SCSHA has not abandoned its proposals. Whatever happens, this exercise continues to be, in days of financial stringency, a huge waste of money.

News from Northern Ireland...

In 1996/7, National Pure Water Association and North West Councils Against Fluoridation collaborated with local activists in a very effective campaign against the fluoridation of Ulster's water supply. The late Jane Jones NPWA's Campaign Director 1994 – 2006) toured the province in a van with posters mounted on the roof. She spoke to local councils and the public. As a result, 25 out of 26 Northern Irish councils (all except Antrim) decided to oppose fluoridation. Nonetheless, earlier this year, Ulster's Health Minister,

Edwin Poots, expressed his support for fluoridation as a means of improving the teeth of 2 to 4 year olds.

...and the Irish Republic

In fluoridated Southern Ireland, nearly 40% of children are said to have some degree of dental fluorosis. Declan Waugh, the environmental scientist whose report (featured in the Spring/Summer edition of Watershed) was sent to the Irish Government, has, we understand, had no response to his submission.

Meanwhile, Robert Pocock continues to press the European Commission to act on his Petition to the European Parliament. NPWA has communicated with the Commission in support of Robert's contention that fluoridation is medication and, as such, flouts EU Directives.

The Irish Health Minister, Dr James Reilly, is being accused of medical assault by campaigners who have refused their consent to fluoridation. He also stands accused of misleading the Irish Parliament about the necessity for and costs of Ireland's mandatory fluoridation programme. "In February this year, the European Commission confirmed the conclusions of an EU scientific opinion of 2011 that 'People do not need fluoride for normal growth and development' but Dr Reilly claims the opposite" says campaigner Robert Pocock of Ireland Against Fluoridation, "This doctor relies instead on the Irish Expert Body on Fluorides and Health, which does not even have the services of a toxicologist. And it still has not investigated the fluoride overload in the population, twelve years after the first departmental promises to do so."

Dr Reilly is said to have admitted that fluoridation costs are still being 'collated'. Fluoridation is believed to cost the Irish health budget around five million Euros annually.

Bequests

The Executive Committee is grateful for the bequests which have helped to further our work in recent years.

Why we oppose fluoridation

NPWA's John Graham and Elizabeth McDonagh wrote the following article for Western Mail, 2 April 2012

Our principal objection to water fluoridation is that it is indiscriminate medication by water companies. Water companies adding fluoride to drinking water is presented by health authorities as having properties to prevent tooth decay. Fluoridated water thus fulfils the European Union's Directive 2004/27/EC definition of a 'medicinal product for human use': "Any substance or combination of substances presented as having properties for treating or preventing disease in human beings."

The 47 member Council of Europe's Convention on Human Rights and Biomedicine enshrines the individual's right to withhold consent to any medical intervention. The UK has, to date, failed to sign this Convention.

Ingesting too much fluoride during tooth development can cause dental fluorosis - permanent staining or mottling of teeth. One part per million (ppm) of fluoride in drinking water, once hailed the so-called 'optimal level', has been reduced independently by several countries because of unacceptable prevalence and severity of dental fluorosis at this concentration.

While there is evidence to show that toothpastes with over 1,000 ppm can reduce caries rates, there has not, since 1945, been one high-quality scientific study to show that water containing one ppm has any lasting dental health benefit. Topical fluoride applications such as fluoride toothpaste and professionally applied fluoride gels or varnishes, are methods which do not involve coercion. Regardless of fluoridation status, most Western countries have shown marked improvement in tooth decay rates since the 1970s, and fluoridation schemes have been halted without a subsequent rise in tooth decay.

Forcing water consumers to ingest fluoride via their water

supply without their individual, informed consent doesn't make sense because:

- 1** Fluoride has never been shown to have any essential physiological role in humans.
- 2** After about 50 years of dentists' belief that fluoride had to be ingested to benefit teeth, the US Center for Disease Control in 1999 wrote: "...fluoride prevents dental caries predominately after eruption of the tooth into the mouth, and its actions primarily are topical for both adults and children" (CDC, 1999, MMWR 48: 933-940)." So swallowing fluoride isn't necessary!
- 3** It is impossible to control the dose, or daily amount, anyone receives. That depends on how much fluoridated water is drunk but also on how much fluoride is obtained from other sources, foods, drinks, pharmaceuticals etc.
- 4** Fluoride is invariably toxic to vital cell functions, and cannot be justifiably represented as a species that needs to be supplemented internally. The World Health Organisation's Guideline Value (the maximum allowed on safety grounds) in drinking water is 1.5 mg/litre (= 1.5 ppm) and this maximum is reflected in the EU's current Drinking Water Directive. Thus there is a very narrow margin between the 1ppm advocated for fluoridation schemes and the 1.5 ppm maximum to avoid harm. In India, high (natural) levels of fluoride in ground water have crippled millions of relatively young people. India has adopted an absolute maximum for fluoride in drinking water of only 1 ppm but recommends "the less the better".
- 5** We are already over-exposed to fluoride, with 25% of us getting more than is safe. This figure rises to 67% (two thirds) in fluoridated areas
- 6** The US National Research Council's Review 'Fluoride in Drinking Water (2006)' identifies 'susceptible sub-populations' in respect of fluoride. With

fluoridation, fluoride goes to everybody who drinks the water, from the very young to the very old and to people in all states of health, whether it is good for them or not. Even the toothless get their daily dose. Baby formula mixed with fluoridated water could supply a baby with 100 or even 200 times the amount of fluoride found in mother's milk – and over thirty-five studies indicate that naturally occurring fluoride at levels not much higher than 1 ppm lowers IQ in children –

<http://tinyurl.com/cu5le2p>

7 Typically, kidneys remove only one third to one half of a person's fluoride intake. Retained fluoride accumulates throughout life and is stored, mainly in the bones. This may lead, years later, to pain or fracture—and the cause may not be recognised.

8 Fluoridation squanders NHS money because fluoride is added to all the piped water leaving the treatment works but less than 1% of that water is used by children for drinking, the rest being lost in leaks, used in industry or used

domestically for bathing, laundry, washing the car, irrigating the garden and flushing the WC. (See below)

9 In 2008, a three-month fluoridation consultation took place in Southampton and south west Hampshire. Despite 72% of the written responses rejecting the proposed scheme South Central Strategic Health Authority voted unanimously to fluoridate and seems determined to do so although it will be abolished in April 2013.

Under the new Health and Social Care Act 2012, responsibility for proposing new schemes and terminating existing schemes becomes the responsibility of local authorities. In Southampton and south west Hampshire, all affected councils are opposed to the planned scheme and it is hoped they will jointly propose its termination at the earliest opportunity.

National Pure Water Association (NPWA) has campaigned against water fluoridation, nationally and internationally, for over fifty years. NPWA has called for a halt to all UK fluoridation schemes and for

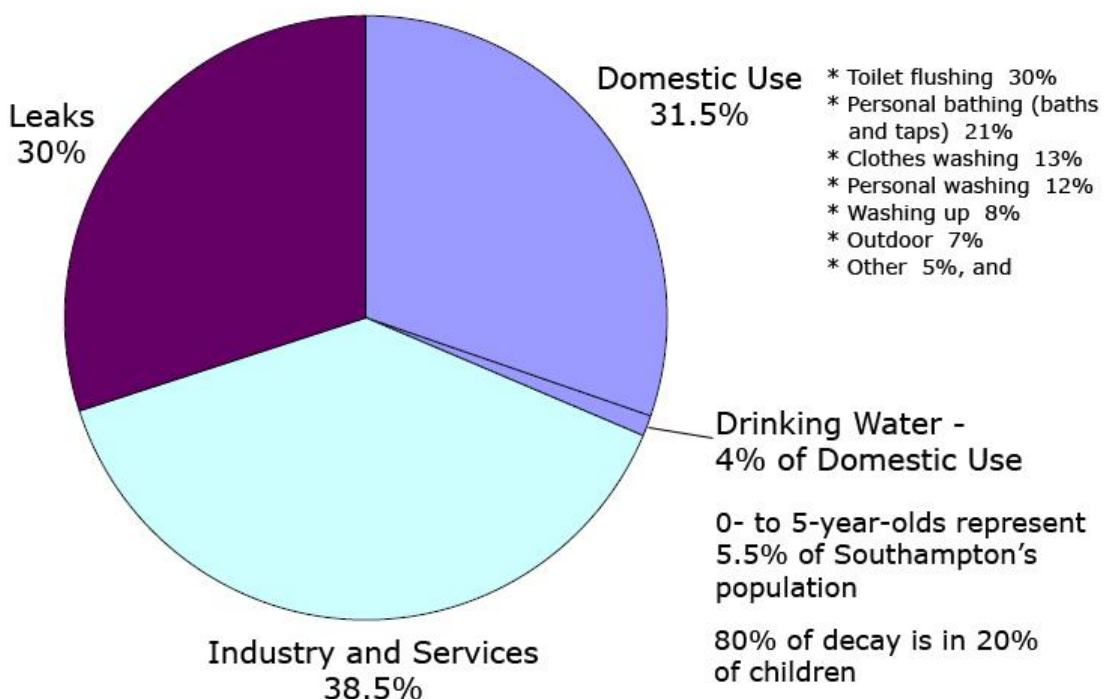
legislation purporting to enable water fluoridation to be withdrawn from the UK's statute books. ENDS

An appeal to members

AGM papers for 2012 accompany this Watershed and we appeal to everyone to attend, as the Committee cannot maintain the Association's work without a quorate AGM. The Association would welcome offers to join the Committee, particularly from people with academic standing and a good knowledge of the campaign issues. We are also seeking people willing to write articles and/or give presentations.

The Department of Health is clearly still committed to its fluoridation policy. Many populations could be at risk of fluoridation after April 2013 when the new regulations kick in. We supply reliable information and give support to communities under threat, but NPWA does not run local campaigns which will be critical in fighting new fluoridation proposals. Please monitor the activities of your nearby councils and organise or join a local group.

Where Southampton's water goes



Sources - Southern Water, OFWAT, National Statistics and Waterwise