

Fluoridation not without its risks

Letter to the Editor:

RECENTLY I attended the 25th international conference on fluoride research, where several papers revealed that fluoridation of water supplies is both ineffective in reducing tooth decay and potentially harmful to health.

Yet, on the basis of out-of-date notions and discredited results, North East Water, based in Albury-Wodonga, is being pressured to implement fluoridation of all unfluoridated water supplies in North East Victoria.

Part of this pressure was a letter by A.J. Spencer, Professor of Social and Preventive Medicine, published in The Chronicle (Wangaratta) of September 2, 2002, which made several incorrect and misleading claims about fluoridation.

For example, he asserted that "Water fluoridation is effective", without giving any figures. Yet, in his own assessment of the benefits of fluoridation published in a professional journal, he found that fluoridation reduces tooth decay in permanent teeth in Australia by only 0.12 to 0.30 of decayed, missing and filled tooth surfaces per child (Community Dental Health 1996, volume 12, Supplement 2, pp.27-37).

Considering that each child has 128 tooth surfaces, this reduction is less than one-quarter of 1 per cent, a negligible benefit by any standard.

It seems to me that Prof Spencer has placed himself in an interesting position, where he is in essence telling his professional colleagues that fluoridations benefits are negligible, but he is telling the public and presumably North East Water the opposite.

He also has omitted to inform your readers of a very important fact: that the mechanism of action of fluorides in reducing tooth decay is now considered by experts to be topical (that is, acting directly on the surface of the teeth) and not systemic.

Pro-fluoridationists are making people swallow a potentially harmful medication, fluoride, unnecessarily. People could obtain the same tiny benefit from fluoridated water by rinsing their mouths with it and then spitting it out.

This result is now widely accepted by many leading international dental researchers, such as Prof Brian Burt.

Prof Spencers statement that fluoridation "dramatically improved" oral health is in my view an example of selective reporting of results. He omits to inform your readers that oral health has also improved dramatically in unfluoridated regions.

Tooth decay declined substantially in several places (including Sydney and New Zealand) before fluoridation was introduced. It has also continued to decline in several communities that terminated fluoridation. Unfortunately the health hazards of fluoridation are systemic rather than topical.

The principal hazards are:

1. Dental fluorosis, the ugly mottling of teeth that is far more prevalent and severe than predicted by the original pushers of fluoridation in the 1950s and 1960s. It is not simply a “cosmetic” effect, but involves damage to tooth enamel, and is widely regarded by scientists in the field of fluoride research as an early sign of chronic fluoride poisoning.
2. Skeletal fluorosis, a disease of the bones and joints, which is well-known in at least five countries where fluoride exists naturally in drinking water in concentrations of 0.7 to 4.0 parts per million. Artificially fluoridated water supplies in Australia contain about 1ppm of fluoride. Early symptoms of skeletal fluorosis are virtually indistinguishable from arthritis, which is reported to be expanding rapidly in prevalence in the U.S. and Australia (see Time Magazine, December 16). There have been no surveys to investigate the prevalence of skeletal fluorosis in people with high water intakes in artificially fluoridated regions of the world.
3. Hip fractures have been found to be more prevalent in fluoridated areas than unfluoridated areas in 11 out of 19 overseas studies. Several studies which did not observe this correlation were in my view inadequately designed for that purpose.

Finally, Prof Spencers extraordinary statement that individual levels of water intake are irrelevant can only be made by ignoring health hazards.

Fluoridation is medication with an uncontrolled dose. Individuals vary widely in both water intake and sensitivity to medications or environmental pollutants.

Toxicology aims to protect those at greatest risk. For this reason toxicology normally requires a safety margin of 100.

In practice, there is no safety margin for some members of the community exposed to drinking water with a fluoride concentration of 1ppm.

Fluoridation has been abandoned or never implemented in almost all of continental Europe.

It's time that pro-fluoridation ideologues in Australia addressed the above issues or backed off for a while.

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