FAN-Australia drops a bombshell on Water Fluoridation.

Media Release: Brisbane, Australia 4th April 2011

Merilyn Haines, the director of the newly formed group FAN-Australia (Fluoride Action Network Australia), has found some startling statistics buried deep in official research material by ARCPOH (The Australian Research Centre Population Oral Health at the Adelaide Dental School) that could scuttle the water fluoridation program once and for all.

Haines has found in the ARCPOH statistics that the permanent teeth of children in largely unfluoridated (<5% before 2009) Queensland were erupting on average two years earlier than the children in the rest of Australia, which is largely fluoridated. A two-year delay would negate all the small reductions in tooth decay claimed by dental researchers since 1990. In other words fluoridation doesn't work. Any difference in tooth decay claimed to be due to fluoride is simply an artefact of the delayed eruption caused by fluoride.

Source – Published and unpublished data from 2003- 2004 Australian Child Dental Health Surveys
(unpublished data obtained by Freedom of Information application)

(Queensland became fluoridated from 2009 onwards.)
According to Professor Paul Connett, director of the Fluoride Action Network, who is currently on a fluoride-tour of New Zealand, “Critics of fluoridation, like Dr. Hardy Limeback in Toronto, have long pointed out that any reduced tooth decay touted by promoters could easily be accounted for by the delayed eruption of the teeth. Even when this argument received strong experimental support from Komarek et al. in 2005, this has still has been ignored by those promoting fluoridation. But they cannot ignore it any longer: the figures of the dental department research team most associated with the promotion of fluoridation in Australia (and beyond) demonstrate that this delay is real.”

**Less teeth erupted for any given age would mean less surfaces available for tooth decay to have taken place.** A delayed eruption of one – two years would account for the small reductions claimed in ALL the US and Australian studies published since 1990 (Brunelle and Carlos, 1990; Slade et al., 1996; Spencer et al., 1996; Armfield et al., 2009; Armfield, 2010). These studies have found reductions ranging from 0.12 of one permanent tooth surfaces saved in Western Australia (Spencer et al., 1996) to 0.6 permanent tooth surface saved in the largest survey ever conducted in the US (Brunelle and Carlos, 1990). This is not very much when you consider that there are five surfaces to the chewing teeth and four to the cutting teeth, and by the time all the child’s teeth have erupted there are a total of 128 tooth surfaces. One tooth surface saved amounts to less than 1% of all the surfaces in a child’s mouth. Now even this small benefit has evaporated.

**More on the history**

In 1999, the National Health and Medical Research Council, Australia’s peak Medical Research body, stated that, “evidence exists that tooth eruption is delayed in fluoridated areas. It has been suggested that a proper comparison of caries rates should involve children one year older in fluoridated areas than in non- fluoridated areas.”

In 2000, the York Review pointed out that none of the studies that they had reviewed had controlled for “the number of erupted teeth per child” (McDonagh et al., 2000, p.24).

In 2005, Komarek et al. did control for eruption of teeth and reported no difference in decay between children living in Belgium receiving fluoride supplements (and those who weren’t) that was relatable to fluoride exposure (as measured by the severity of dental fluorosis).

In 2009, Peiris et al. reported that children in largely fluoridated Australia had a delay in "dental age" of 0.82 years compared to children in largely unfluoridated UK. However, the authors did not discuss the possible reasons for this delay and the number of children involved in the study (about 80 in each country) was not very large.

2011. Now the bombshell – the delay has been found and it is in the official statistics. ARCPOH has failed to respond to several inquiries on this matter. According to Haines, “Surely, this must end water fluoridation. If it doesn’t work what’s the point of putting this...
toxic substance into the drinking water and what reason can they possibly have for forcing it on people who don’t want it?”

However, this isn’t just about teeth. The finding could be even more significant than that. If fluoride causes a delayed eruption of the teeth then the most likely mechanism for doing so is fluoride’s ability to lower thyroid function (see chapter 8 in the 2006 National Research Council review, “Fluoride in Drinking Water.”) According to Connett, “Lowered thyroid function in infants would mean slower growth of their tissues and could explain the 24 studies that have found an association between lowered IQ in children and exposure to moderate levels of fluoride in China, India, Iran and Mexico.”

It also raises the possibility that millions of people in fluoridated countries suffering from hypothyroidism have had this condition caused, or exacerbated, by exposure to fluoridated water. Haines’ asks “If ingesting fluoride delays tooth eruption for 1 to 2 years what other effects is it having on our bodies?”

Meanwhile, if swallowing fluoride does not reduce tooth decay, why would any reasonable person, decision maker or regulatory official continue to sanction adding fluoride to the public water supply?

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Media Release sent by Queenslanders For Safe Water on behalf of Fluoride Action Network Australia Inc

Comment: We already knew about the delay in eruption being caused by fluoride disrupting metabolism. Dr Albert Schatz (the discoverer of streptomycin in 1943) calculated that the delay is 14 months on average. A delay in the growth of permanent teeth is not only due to fluoride disrupting a young child’s metabolism but is also due to the late shedding of milk teeth because they too are delayed. Moreover, the graph clearly shows that fluoridated 5-year-olds clearly have less milk teeth than their non-fluoridated peers.

For young children to experience a 24 months delay in the growth of permanent teeth means that they are heavily fluoridated. The dose is the poison and, in hot countries, people tend to drink more fluids. It follows that pregnant Australian women have been drinking far too much tap water. This is an unwise practice because fluoride crosses her placenta and adversely affects the growth of her unborn child. If infants are fed on baby formula made up with fluoridated tap water, the disruption to growth continues.

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