



XX November 2024

Councillor [Name] [Surname]  
Mayor  
[Council]

Email:

Dear Mayor

We seek your explicit support to ensure water fluoridation is available to benefit your community.

Dental caries (tooth decay) remain the most common preventable chronic disease in Queensland, especially in children. Poor oral health is proven to contribute to a greater risk of other conditions such as heart disease, stroke, uncontrolled diabetes, respiratory diseases and mental illness.

This has a massive financial cost on the entire community and continues to drain public health resources. Doctors and dentists also continue to be distressed by increasing rates of preventable tooth decay and the widening dental health gap between patients living in areas where community water fluoridation is not available.

Thankfully, fluoridation is widely considered one of the safest and most cost-effective preventative strategies against dental caries. It has been available in Australia for 70 years and across Queensland since 2007 when it was implemented to combat childhood rates of tooth decay up to 30% higher than the national average.

In 2012, however, this vital public health service was delegated to local councils. Since then, Queenslanders' access to fluoridated water has declined from 90% to nearly 70% with children and remote and First Nations communities impacted the most.

These ill-conceived decisions were made despite the wealth of sound evidence to support water fluoridation at the recommended levels as safe and effective. Conversely, there is no scientific evidence to support the many extreme and unfounded claims of fluoride's adverse outcomes on general health.

It is essential that Gympie Regional Council acts in the interests of the community it was elected to serve by ensuring its decisions are based on accurate and up-to-date scientific information, including in relation to fluoridation. To assist, our organisations offer your Councillors a professional briefing from dentists and doctors about water fluoridation. Additional information can also be accessed on [ADAQ's website here](#).

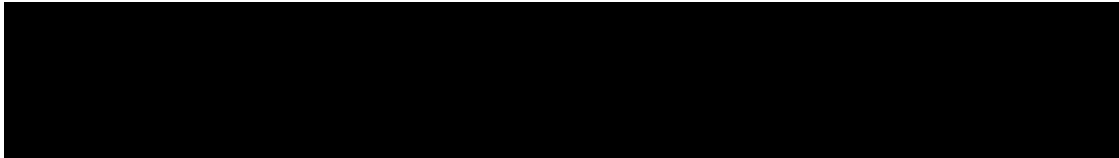
We reiterate our call for all Queenslanders to have access to the benefits of fluoridated drinking water, regardless of where they live and would welcome an opportunity to discuss this important issue with you further.



AUSTRALIAN DENTAL ASSOCIATION  
QUEENSLAND



Yours sincerely



Dr Jay Hsing  
**President**  
**ADAQ**

Dr Nick Yim  
**President**  
**AMA Queensland**

Enc: ADAQ Statement on Water Fluoridation in Queensland

Copy to:

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## PURPOSE

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ADAQ's official position on fluoridation of public water supplies.

This position is an integral part of ADAQ's vision for all Queenslanders to enjoy excellent oral health regardless of where they live. It is based on the overwhelming evidence about the safety of regulated fluoridation in the Australian context.

This document briefly details the history and *status quo* of fluoridation in Queensland and includes useful messages to reassure the public.

## POSITION STATEMENT

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About 90% of the Australian population has access to fluoridated water, but only about 72% of Queenslanders do. Community fluoridation is one of the simplest, safest and most inexpensive preventative health measures known to unquestionably work at every life stage.

ADAQ supports the re-introduction of state government-led water supply fluoridation in Queensland now. The Queensland government should reverse the 2012 changes to the *Water Fluoridation Act 2008*.

While these changes are legislated, ADAQ urges all local councils who do not currently fluoridate their water supplies to consider doing so as a priority, for the immediate benefit of their constituents.

Sufficient funding should be made available to local government as soon as possible, to fund construction or maintenance of fluoridation plants and training for qualified operation staff. The state government should commit to support Councils' fluoridation capital costs and promote fluoridation where it's currently not provided.

Local councils should be supported in the design and procurement for new infrastructure, performing checks and testing, training personnel, and inform their constituents on the benefits of fluoridation. Any infrastructure grants should be tied to the requirement to maintain or implement water fluoridation in the most appropriate way for the type of water supply and local characteristics.

ADAQ is open to work with Queensland Health and other public health stakeholders on a public education campaign to inform Queenslanders and their local councillors about the safety and efficacy of fluoridated water, and debunk harmful myths.

## OVERARCHING PRINCIPLES

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**ADAQ's vision is for all Queenslanders to enjoy excellent oral health. Everyone deserves access to ethical and effective dental care, driven by clinical excellence.**

**All Queenslanders should be able to access fluoridated water, regardless of age, social status, or where they live.**

Community fluoridation is one of the cornerstones of modern preventive dentistry.

It is ethical to fluoridate community water, because it provides an undisputed oral health benefit to all social groups (NHMRC 2017; UNESCO, 2008;52).

State and local governments have a responsibility to make decisions that provide the best possible community health outcomes.

However, as with other public health measures, fluoridation decisions should rest with the state department of health: councils do not have public health expertise to make an informed decision on behalf of their communities.

Individual choice is never impinged by mandatory community fluoridation as people can still choose to not drink from water supplies.

## CONTEXT

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- The current *Guidelines for use of fluorides in Australia* (The Guidelines; Australian Research Centre for Population Oral Health, 2019) identify fluoride use as essential to dental caries prevention. The Guidelines recommend the following:
  1. *Water fluoridation should be continued as it is an effective, efficient, socially equitable and safe population approach to the prevention of caries in Australia.*
  2. *Water fluoridation should be extended to as many non-fluoridated areas of Australia as possible, supported by all levels of Government.*
  3. *The level of fluoride in the water supply should be within the range 0.6–1.1 mg/L.*
  4. *For people who choose to consume bottled or filtered water containing fluoride, manufacturers should be encouraged to market bottled water containing approximately 1.0 mg/L fluoride and water filters that do not remove fluoride. All bottled water and water filters should be clearly labelled to indicate the concentration of fluoride in water consumed or resulting from the use of such products.*
  5. *People in non-fluoridated areas should obtain the benefits of fluoride in drinking water using bottled water with fluoride at approximately 1 mg/L.*
- The Australian Government’s National Health and Medical Research Council (NHMRC) has supported community water fluoridation since 1952. The latest *Public Statement* on fluoridation was released in 2017 and confirms the evidence that water fluoridation can reduce tooth decay incidence by up to 44% in kids, and about 25% in adults. (NHMRC, 2017).
- Community Water Fluoridation is recognised in the foundation areas of the current *National Oral Health Plan 2015-2024*:

*Community water fluoridation is a cost-effective and equitable means of increasing exposure to the protective effects of fluoride, thereby reducing tooth decay across the population, and subsequently reducing pain, suffering and costs to individuals and*

*government, The impact of community water fluoridation on tooth decay is supported by overwhelming scientific evidence, and recognised by health and professional organisations as one of the most important public health interventions. (p.7)*

*(...) Given the substantial oral health disparities and inequalities in access to dental care that can exist and the improved design and reducing cost of fluoridation plants, extending coverage to smaller communities may be appropriate. (p.23)*

- Most health organisations in Australia and internationally, including the World Health Organisation, and the FDI World Dental Federation, continue to support and encourage water fluoridation as a public health measure. This support is based on a substantial body of scientific evidence from studies around the world. The following organisations publicly support water fluoridation in Australia: all branches of the Australian Dental Association, Australian Medical Association (AMA), Public Health Association of Australia, Royal Australasian College of Physicians, Australasian Academy of Paediatric Dentistry, National Rural Health Alliance.
- Queensland Health supports fluoridation; however, the current Palaszczuk Government has so far fallen short of committing to mandatory fluoridation, to reverse the 2012 changes to legislation that put back decision-making to local councils.
- A 2011 Queensland Government factsheet quoted that: *for each \$1 invested in water fluoridation, the estimated saving for an individual is between \$12.60 – \$80.00, with greatest benefit to the most disadvantaged.*
- In 2019, AMAQ estimated the reintroduction of water fluoridation would cost less than \$1 per person. However, the Local Government Association of Queensland (LGAQ) disputed this estimate because it did not allow for capital costs.
- LGAQ's official position remains that councils should be allowed to decide on the issue, in consultation with their communities. However, in Australia oral health is a state government responsibility; therefore, should fluoridation be made compulsory, relevant capital and recurrent costs should be fully funded by the state.

## **REGULATION & STATUS QUO ON WATER FLUORIDATION IN QUEENSLAND**

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The legislative framework for water fluoridation in Queensland is comprised of the *Water Fluoridation Act 2008* (the Act), the *Water Supply (Safety and Reliability) Act 2008*, and the *Water Fluoridation Regulation 2020* (the Regulation). Queensland Health is the government agency responsible for the administration and enforcement of the water fluoridation legislative framework.

The object of the Act is to promote good oral health in Queensland by the safe fluoridation of public potable water supplies. The Regulation prescribes the key requirements relating to the addition of fluoride, and the monitoring of fluoride in reticulated water. This legislative framework was introduced in 2008 and, at that time, prescribed mandatory fluoridation of all water supplies serving at least 1,000 people.

Subsequent amendments to the Act in late 2012 removed the mandatory requirement, instead allowing local governments to determine whether it is in the best interests of their communities to add, not add, or cease to add fluoride to water supplies in their area.

Currently, 51 out of 77 local government areas in Queensland are without fluoridated supplies. These include major populated areas in SEQ such as: Cairns, Bundaberg, Rockhampton, Hervey Bay.

The following councils in Queensland **do not** fluoridate water. Available data shows corresponding higher rates of dental decay.

Bundaberg Regional Council	Livingstone Shire Council
Burdekin Shire Council	Mackay Regional Council
Cairns Regional Council	Mount Isa City Council
Cassowary Coast Regional Council	North Burnett Regional Council
Charters Towers Regional Council	Paroo Shire Council
Cloncurry Shire Council	Rockhampton Regional Council
Doomadgee Aboriginal Shire Council	South Burnett Regional Council
Fraser Coast Regional Council	Southern Downs Regional Council
Gladstone Regional Council	Tablelands Regional Council
Hinchinbrook Shire Council	Whitsunday Regional Council

Five councils have naturally high levels of fluoride (Artesian waters basin), which in some cases exceeds safe fluoride levels:

Bulloo Shire, Diamantina, Kowanyama Aboriginal Shire, McKinlay Shire and Quilpie Shire.

The prescribed fluoride concentration is specified in Section 4 of the Water Fluoridation Regulation 2020 and is modulated to account for naturally occurring fluorides and for higher exposure in hotter parts of Queensland where people would drink more water routinely (source: Seqwater). As follows:

water supply in local government area listed in Schedule 1, part 1:	0.6 mg/L.
water supply in local government area listed in Schedule 1, part 2:	0.7 mg/L.
water supply in local government area listed in Schedule 1, part 3:	0.8 mg/L.

Queensland Health updated its *Water Fluoridation Code of Practice* (the Code) in October 2021. The Code details the criteria fluoridation facilities and water suppliers must meet to ensure safe and effective operation. In the Code, it is mentioned that: *Water fluoridation is a very effective public health measure that results in true cost savings as it saves more money than it costs to implement and operate in the majority of communities.* (p.6)

Seqwater is the state government bulk water supply authority. It adds fluoride to the water of the most populated areas of Queensland, under direction of councils.

The local councils serviced by Unitywater (Moreton Bay, Sunshine Coast and Noosa) have all elected to fluoridate. (Source: [Unitywater](#)).

In 2019, The Therapeutic Goods Administration (TGA) confirmed that fluoridated water is an 'excluded good' for the purposes of the *Therapeutic Goods Act 1989*, thus clarifying that

state and territory governments are responsible for regulating fluoride in reticulated supplies as public health measure. (source: TGA [media releases](#)).

## HISTORICAL NOTES

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The effects of fluoride on oral health were first noted in 1901 by American dentist Frederick McKay in Colorado Springs, US.

Fluoride has been added to drinking water for over 75 years. In Australia, Tasmania was the first state to begin fluoridation in Beaconsfield, in 1953, followed by NSW in 1956.

In Queensland, the *Fluoridation of Public Water Supplies Act 1963* maintained local governments' full decision powers, thus failing to lift fluoridation uptake

A colourful debate had dragged on in the Sunshine State throughout the 1950s and 1960s. There were genuine social concerns which have been summarised by dental historians as: *sheep, climate and sugar*: fluoridated water would be bad for the sheep, subtropical climates changed fluoride absorption, and the thirsty work of cane cutters would put them in danger of excess intake (Akers & Foley, 2012. Akers & Porter, 2004).

Water fluoridation in Queensland was mandated by the state government only in 2008 (for water supplies serving more than 1000 people).

ADAQ was heavily involved in reviewing the proposed legislation and battling misinformation campaigns from anti-fluoridationists.

The legislation was amended in 2012, with decision-making responsibility and funding handed back to local government authorities 'on behalf of their communities', on an 'opt-in/opt-out' basis. As a result, many councils opted out on account of unsustainable financial burden due to capital and ongoing costs of maintaining plants and qualified staff.

The Queensland Government claimed to 'have taken onboard the views of the community'. At the time, Premier Campbell Newman did not deny that it was mainly a cost-saving move for his government, and pointed critics to the wide availability of fluoride through toothpaste and tablets. According to RTI released documents, the Queensland Fluoridation Capital Assistance Program (QFCAP) costs to 2011, amounted to \$131 million.

Some councils had already received funding for fluoridation infrastructure by 2012, and in some case built, when they decided against fluoridation on behalf of their communities. In 2020, *The Australian's* Sarah Elks estimated that councils in Cairns and Rockhampton each received nearly \$2 million for fluoridation equipment only to turn off supplies in 2013.

Many SEQ councils decided against opting-out only because they would have to bear the costs of removing their supplies from the main network.

Some councils initially started out fluoridation but subsequently stopped. This is the case of Hinchinbrook Shire Council in North Queensland, which started fluoridation in 2013 and voted against it in 2017.

By then, rates of tooth decay in Queensland started showing a lower prevalence in fluoridated areas. This was picked up by dental professionals moving practices between fluoridated and non-fluoridated areas and is evidenced formally in many studies. For

example, the *Queensland Child Oral Health Survey 2010-2012* found children in Townsville had the lowest prevalence of tooth decay in the state. Townsville had been steadily fluoridated since 1964.

Since the Act was amended in 2012, smaller and low-cost sodium fluoride saturator systems were developed which make fluoridating small water supplies more economical. In NSW, the Mendooran water supply is fluoridated for the benefit of just 400 (source: NSW Health, 2015).

In 2016, Premier Anastacia Palaszczuk made a public commitment to support Councils' fluoridation capital costs<sup>1</sup>. However, her government had previously confirmed that there were no plans to reverse back the 2012 changes. Moreover, there is to date no evidence that consultation with health stakeholders or councils has happened since the 2016 commitment on the subject.

The issue of fluoridation is resurfacing in the media slowly after the COVID-19 pandemic, here in Queensland and in other states.

## FLUORIDATION MYTHS

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Fluoride is a naturally occurring substance that filters from rocks to water sources.

Scientific evidence to date has consistently debunked all anti-fluoridation arguments and conspiracy theories on the effects of fluoride on human health and the environment.

After over 75 years of water fluoridation, there are many studies worldwide that prove that children growing up in unfluoridated areas have higher dental decay rates than those who had access to fluoridated water, regardless of fluoride toothpaste availability (see for example, Armfield 2005).

The dangers of over-exposure to fluoride are low. High levels of fluorosis from naturally occurring fluoride are not as prevalent in Australia as in some Northern Hemisphere countries. Regulations already allow for modulating maximum allowed amounts. Moreover, high fluoride products are age restricted in Australia.

Reported increases in the prevalence of fluorosis in recent years are likely due to inadvertent ingestion of topical fluorides from toothpastes (Do & Spencer, 2015; Do, L. et al., 2017).

A recent UQ study by Professor Loc Do provides some reassurance on the topic of neurotoxicity. The study found that: *exposure to fluoridated water during the first 5 years of life was not associated with altered measures of child emotional and behavioural development and executive functioning.* (Do et al., 2023).

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<sup>1</sup> The original media statement can be viewed here: [Premier to support Council fluoridation capital costs - Ministerial Media Statements](#).



## TERMINOLOGY

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**Fluoridation** means here the controlled addition of prescribed forms of fluoride to drinking water for the purposes of oral health benefit. In Queensland, the prescribed fluoride compounds are: fluorosilicic acid ( $H_2SiF_6$ ), sodium fluoride (NaF) and sodium fluorosilicate ( $Na_2SiF_6$ ). Fluoride is added by dosing to achieve prescribed concentration, or blending, where the source water contains naturally occurring fluoride.

**Fluoride concentration** refers to the concentration of fluoride ion in water.

**Fluoridation facilities** include buildings and equipment for dosing or blending prescribed fluoride, including associated storage and safety equipment.

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## CONTACTS

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**ADAQ acknowledges the Traditional Owners across Australia and their continuing connection to land, sea and community. We pay respect to all First Nations Peoples and their Elders, past, present and emerging.**