

Bill's teeth near perfect thanks to fluoride

“ALL THAT FLUORIDE and I'm still here, I'm healthy – and I have great teeth.”

The words of 70-year-old Hamilton man Bill Bolstad, who has consumed 70 years of fluoridated water – more than most New Zealanders – because he grew up in Colombia, Missouri, USA.

“Where I grew up, we got our water from deep wells and I as I understand it, it was the water pressure from the river that caused the fluoride to be dissolved in the water.”

Mr Bolstad attributes a lifetime of fluoridated water as the reason he has near perfect teeth – with only “a couple” of fillings which he says he got when, as a teenager he wore braces, which meant he couldn't brush his teeth as well.

“And I haven't had any cavities since. I have had some maintenance on the original ones, but that's it.”

And what's more, Mr Bolstad says his sisters also have great teeth and that he himself is in perfect general health as well.

“The diseases that anti-fluoridationists claim are caused by water fluoridation – bone disease, for example – these are age-related diseases. We are going to see an increase

in these kinds of diseases due to the changing demographic anyway. You can't blame fluoride.”

Mr Bolstad, a retired senior lecturer of Statistics at the University of Waikato having lived in Hamilton for 40 years, said it was a mistake for Hamilton City Council to

“The council's decision [to remove fluoride from Hamilton's water] made a mockery of science, they made a mockery of the medical profession and they made a mockery of democracy.”

have taken fluoride out of the water in the first place.

“I don't know what they were thinking. The council's

decision [to remove fluoride from Hamilton's water] made a mockery of science, they made a mockery of the medi-

cal profession and they made a mockery of democracy.

“We voted here in 2006 to keep our water supply fluoridated. The result was a resounding 70 per cent in favour of that.

“I know which way my vote is going. I just hope it's listened to this time.”



TOUGH TEETH: Bill Bolstad (70) grew up drinking fluoridated water in the USA and has just a few fillings today, which he puts down to water fluoridation.

I vote FOR



fluoride being added to the water



www.waikatodhb.health.nz/fluoride

Ongoing personal attacks on health staff

THERE WILL BE no Waikato District Health Board (DHB) staff attending a Hamilton City Council-organised public meeting about community water fluoridation on Monday 30 September.

Waikato DHB chief executive Craig Climo says the major reason for that is simple: “My team are the subject of ongoing

personal attacks from the anti-fluoridationists and I won't expose them further.”

Population Health Medical Officer of Health Dr Felicity Dumble said city councillors asked their staff to organise the meeting after they decided to hold a referendum on adding fluoride to the public water supply.



Dr Felicity Dumble

The meeting's purpose would be to provide an opportunity for Waikato DHB and Fluoride Free Hamilton to present their positions on the referendum question.

“Past experience tells us that these meetings are disrupted by those opposed and it is an unpleasant experience for the health professionals who attend trying to get the science across to an audience who have fixed opinions based on misinformation,” said Dr Dumble.

“We're well past arguing

about the science and the reality is fluoride has been in Hamilton's water supply for nearly 50 years with the only health effect being less tooth decay.”

She said those who are genuinely interested about which way to vote in the referendum, should arm themselves with sound and scientific advice which could be obtained from the Ministry of Health, Waikato DHB, National Fluoride Information Service and other reputable health organisation's websites and advertising.

Dr Dumble said she was

frustrated by claims that Waikato DHB agreed to there being a tribunal process in the first instance.

“My team are the subject of ongoing personal attacks from the anti-fluoridationists and I won't expose them further.” – Craig Climo

“Last year, when the Hamilton City Council was considering how to address the community water fluoridation issue, the Waikato DHB recommended they consult

with the public through a referendum – not a tribunal,” said Dr Dumble.

“The research still supports the safety and effectiveness of community water fluoridation, but it needs to be acceptable to the community as well.” She said Waikato DHB

advised the council not to use the tribunal format strongly supported by those opposed to community water fluoridation as it distorts the balance of opinion on the matter.

“A small vocal minority is given the same weight as the vast majority of dentists, doctors and scientists regarding the issues of oral health, medicine and the science.

“The DHB encourages every eligible voter to have their say on the issue now the Hamilton City Council is giving them the opportunity.”



Health professionals vote FOR fluoride being added to the water

Maxillofacial Surgeon

Dental House Surgeon

Dental Nurse

Waikids Nurse

Paediatrician

Nurse Coordinator

Waikids Nurse

Medical Officer of Health



www.waikatodhb.health.nz/fluoride

The real social cost of bad teeth

HAMILTON dentist Steven Pawley knows better than most the social cost poor oral health can have on people going about their every day lives.

Dr Pawley, of Hillcrest Dental, treated 180 patients in a pilot project run by the Social Development Ministry, his practice and what was the Waikato Primary Health Organisation, back in 2007.

He said the findings of the project were "incredibly encouraging" and spoke volumes about the effect that poor oral health can have on people finding a job.

"After I got their oral health up to scratch, 30 of the participants got jobs straight away," said Dr Pawley.

"Another 30-odd got jobs within the first month. It created significant savings because these people were off the benefit – let alone the improvement socially and in

personal confidence and self esteem."

The 100 Healthy Smiles project was offered free to high-needs, low income earners through Five Cross Roads' Work and Income New Zealand office.

By charging a flat rate of \$230 an hour (the cost was absorbed by the project, not the patient), Dr Pawley significantly reduced costs which are usually paid at rates per procedure.

Under normal circumstances, adult Work and Income clients were referred for free treatment of acute problems only.

With the 100 Healthy Smiles programme, those with poor dental health – even without acute symptoms – were treated.

"Health professionals acknowledge that poor oral health has a significant impact on people's ability to eat a

balanced diet and can have a detrimental impact on their appearance and self-confidence."

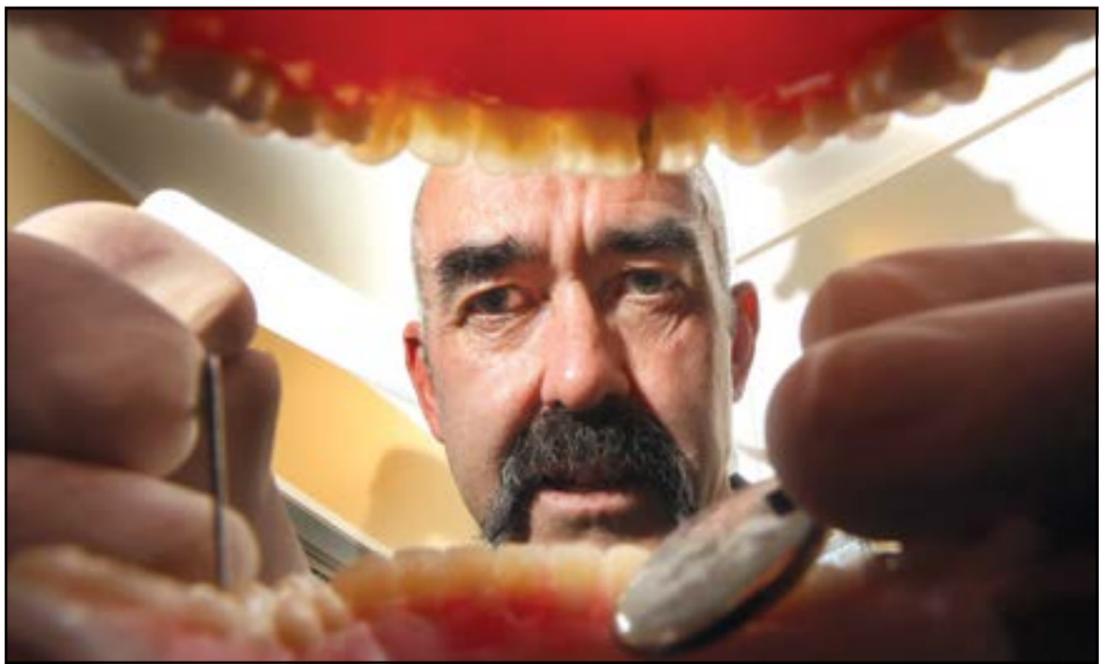
Dr Pawley said thanks to the scheme, patients felt more confident when being interviewed for a job.

"Dental problems are one of the barriers some people face to gain sustainable employment."

He said rather than just dealing with the most acute problem he took an overall view, just as he would do with any paying patient.

"The good thing is that if someone comes in who needs extensive dentistry, budget is not really a consideration. I could do what was needed – from dentures, to bridge work."

Dr Pawley expected the preventive work would alleviate the need for costly emergency work later.



BAD TEETH BAD NEWS: Hamilton dentist Steven Pawley treated 180 patients over a 12-month period in a project called 100 Healthy Smiles and knows the effect poor oral health can have. Photo courtesy Waikato Times

Children's health is in danger paediatricians say

PAEDIATRICIAN Dr David Graham says Hamilton City Council's decision to take fluoride out of the city's water supply represents a "danger to the public health of children".

His stance mirrors that of his Royal Australasian College of Physicians colleagues who in their Oral Health



Dr Dave Graham

in Children and Young People Position Statement say

Dr Graham, Clinical Unit Leader of Waikato District Health Board's paediatric personnel and Waikids service, affirms community water fluoridation as the single most effective public health measure to prevent tooth decay and improve oral health.

"Poor oral health has a significant functional impact on many aspects of health, and can have long term consequences on appearance and self esteem," said Dr Graham.

"Tooth decay is preventable, but is still an all too prevalent health problem in New Zealand and can affect children greatly according to their social status, background and location."

But, it was not just the oral health of young people that will be affected by ceasing

community water fluoridation, says Auckland University associate professor Chris Bullen – but their overall health.

"Many scientific reviews provide strong and compelling evidence that community water fluoridation is not only an effective and cost-saving method for reducing tooth decay, but it is regarded as one of the 'top 10' public health interventions of all time."

Dr Graham supported the professor's comments, reiterating that poor oral health in childhood can have far reaching consequences into adulthood.

"It is now well known that poor oral health can result in other preventable chronic diseases. With a greater emphasis on prevention and non-invasive treatments in early childhood, the rate of dental issues and caries risk declines, helping to reduce the risk of developing a chronic disease later in life."

"While the onus is appropriately placed upon parents and caregivers to ensure children have healthy diets and dental habits conducive to good oral health, many children are not fortunate enough to experience these basic cares."

He said the far-reaching effects of water fluoridation ensure all children are



habitually exposed to at least one preventative oral health measure.

"One of the best things about community water fluoridation is that everyone benefits simply by consuming food and drink prepared with fluoridated water, therefore water fluoridation is a key way to reduce inequalities in oral health," said Professor Bullen.

New Zealand president of the RACP Dr John O'Donnell encouraged Hamilton City Council to review the robust scientific evidence outlining the public health benefits of water fluoridation when mak-

ing important decisions that will affect its residents.

"Of concern to the RACP is the emerging pattern whereby decisions are being made to remove fluoride based on poor research with low evidence and the pressured approach of anti-fluoride lobbyists," he said.

In September 2012, the RACP and the Royal Australasian College of Dental Surgeons released a joint position statement.

To view the position statement, and learn more about water fluoridation, visit www.waikatodhb.health.nz/fluoride

Maori urged to vote for water fluoridation

THE REMOVAL of fluoride from the Hamilton city water supply will create greater oral health inequalities to the most disadvantaged in society, a disproportionate amount of whom are Māori, says Waikato District Health Board's Iwi Māori Council.



Harry Mikaere

Chairperson Harry Mikaere, also an appointed member of Waikato DHB's board, urges Māori living in Hamilton, to vote for fluoride being added to the water in the upcoming city council-run referendum.

"The position of the Iwi Māori Council is that we acknowledge the poor oral health status of our community, and the low income some of these families experience, and we feel that it is of benefit to Māori – and to everyone – to have Hamilton's water fluoridated," said Mr Mikaere.

"The Iwi Maori Council understands the health implications of having fluoride removed from the water for our people. Māori have high dental needs – and many don't have the money to seek the treatment required to fix the effects of tooth decay.

"The privilege of drinking

fluoridated water every day provides protection for teeth regardless of whether you can afford toothpaste and a good, low sugar diet."

He said for many Māori, community water fluoridation was the only available prevention measure against tooth decay.

Mr Mikaere serves on many councils and boards and is chair of Te Korowai Hauora o Hauraki, which provides health services to the Hauraki and Coromandel communities. They were one of several organisations who convinced the Thames Coromandel District Council to retain fluoride in the Thames water supply earlier this year.

The Iwi Māori Council comprises membership from the four iwi of Tainui, as well as Tuwharetoa, Whanganui and Maata waka.

It is supported by Waikato DHB's Māori Health, Te Puna Oranga. General manager Ditre Tamatea said every body is entitled to their view but fluoride is a naturally found compound that exists in all water.

"At the council historically was doing was topping it up to a level whereby all people would safely benefit by having stronger teeth. Ironically in some parts of the world fluoride can naturally be found in water to higher levels than what the council

used to top the Hamilton water supply up to," he said.

"The council's decision to remove fluoride from the city's water supply did not well represent the interest of Māori and was a prime example of a decision made by a select few that will create a growing gap between the oral health of those whom have much in society relative to those whom have very little."

Mr Tamatea, like Mr Mikaere, urged Māori and others to participate in the referendum and to vote for fluoride being put back into the water supply.

"We have had it for several decades, it's brought a benefit to those of our people worst off, let's not give that up."

"If we fail to get fluoride back into our city's water supply we can guarantee that over successive years from this date going forward that the oral health of lower-socioeconomic groups, including many Māori, will decline," said Mr Tamatea.

"The further decline in the oral health of our population would have a significant social and financial cost not just on many whānau but on the health sector as well. The situation, unless changed, is set to go from bad to worse; those at the bottom of the heap will feel the impacts most disproportionately."



I vote FOR fluoride being added to the water

Mum's the word on fluoride

HAMILTON DENTIST and mum-of-one Anna Robinson, says she hopes her son, Liam (2) will grow up on fluoridated water as she did.

She said next month's community water fluoridation referendum is a chance for the Hamilton public to have their say in the fluoride debate and that she hopes voters make a well informed choice, based

on evidence based facts.

Dr Robinson works at Northcare Dental Centre in Pukete and graduated from the University of Otago with a Bachelor of Dental Surgery (BDS) in 2004.

"As a dentist, my concern is that by removing fluoride from our community's water, at-risk groups are being further deprived of an effective public

health measure," she said.

"As a mum, I know how hard it can be to clean children's teeth at home. Sometimes it's a battle! Water fluoridation gives parents some peace of mind that their children's teeth are being looked after.

"I hope that Liam is drinking fluoridated tap water as I did, growing up in Hamilton." She said the benefits

of water fluoridation are well-established and well-researched.

"Numerous reputable studies show that it is a very safe, effective and economical way of reducing dental decay, especially for those most at risk of poor oral health - children, Maori/Pacific Islanders and/or New Zealanders with low socio-economic status."



DENTIST COME MUM: Dr Anna Robinson hopes community water fluoridation is the winner on the day so son Liam grows up drinking fluoridated water, as she did.

What the other health professionals are saying

IT'S NOT JUST oral health that is affected by dental decay. The effects are far reaching. We talked to some health professionals, who say while they don't deal directly with teeth, they support community water fluoridation because of the effects poor oral health has on the patients in their line of work.

Raewyn Fisher – Cardiologist

"The effects of poor dental and oral health can extend to heart problems in all age groups. The Waikato region still has a relatively high incidence of rheumatic fever and rheumatic heart disease causing heart valve damage.

These damaged heart valves are at further risk of infection which can result in serious illness (endocarditis) resulting in prolonged hospitalisation, often high-risk cardiac surgery, stroke and even death.

The most common reason for valve infection is spread of infection from the mouth/teeth. We not infrequently see young patients present with life-threatening infection which could have been pre-

vented by good dental health."

Cathy Khouri – Nutritional consultant at Nutrition Care Limited

"Environments vary in their content of essential nutrients and can confer a country-wide deficiency state, as in New Zealand.

There is a large body of scientific evidence that shows the positive impact of community water fluoridation on New Zealanders' health.

Since September 2009 Iodine has been added to bread in NZ to address the re-emergence of iron deficiency. It is right to draw a parallel between iodine and fluoride intake deficiency, e.g. goitre, in the New Zealand environment."

Jill Dibble – Community Health Manager

"All children, regardless of their circumstances, need good oral health.

Children with decay and toothache are disadvantaged in regard to

their general well-being and their ability to learn.

Tooth decay is painful, preventable and has a social impact for children and young people who have to have teeth removed.

Many families simply cannot afford adding fluoride options onto their household costs – it's these kids that will miss out."

Dr David Graham – Clinical Unit Leader of Paediatrics, Waikato DHB

"It is now well known that poor oral health can result in other preventable chronic diseases. With a greater emphasis on prevention and non-invasive treatments in early childhood, the rate of dental issues and caries risk declines, helping to reduce the risk of developing a chronic disease later in life.

While the onus is appropriately placed upon parents and caregivers to ensure children have healthy diets and dental habits conducive to good oral health, many children are not fortunate enough to experience these basic cares."



Cathy Khouri



Dr Raewyn Fisher



Dr David Graham



Jill Dibble

More money, more time needed

HAMILTON CITY Council's decision to take fluoride out of the water supply means Kara Disher and her team at Frankton Community Dental Centre have taken on a bigger workload.

That's because proactive parents are requesting topical fluoride application on their children's teeth to make up for the lack of fluoride in the water.

Topical fluoride application is a treatment that has traditionally been given every six months to 'high needs children' but is now being asked for regularly.

Frankton Community Dental Centre services about 7500 children throughout Hamilton West.

Mrs Disher has been a

dental therapist for 22 years, and has worked in Tasmania and the United Kingdom. She joined Waikato DHB 12 years ago meaning she has seen hundreds of thousands of teeth in her time in varying states of health.

Her view on community water fluoridation is simple: "Its [water fluoridation] worth is undeniable. It's affordable. It works and makes a huge difference. I've seen it," said Mrs Disher.

When working in Tasmania, Mrs Disher noticed the biggest difference as half of the island had access to fluoridated water and the other half didn't.

"The children who drank non-fluoridated water had noticeably more dental caries

than the children on the island that had fluoridated water."

As well as asking for topical fluoride application, Mrs Disher said they had received a lot of queries about fluoride tablets.

"One mother told me she is putting fluoride tablets in the water bottles her children take to school.

"It's fantastic that parents are using their initiative – but many don't. And it's those people's children who will suffer. Besides, parents shouldn't have to worry about adding fluoride to their water when it's been in the city's water supply for 47 years already and the evidence says it's only been to our benefit."



TOPICAL APPLICATION: Dental therapist Kara Disher applies fluoride topically to Katie Jeffcoat's teeth – a measure increasingly being requested now Hamilton's water is no longer fluoridated.

One-on-one with Dr Robinson

Is fluoride in water a toxin? Is it safe?

Fluoride in our water is not a toxin, at safe, optimal levels. The recommended level in New Zealand is 0.7-1.0mg/l. Extensive studies of water fluoridation and human health have been undertaken in many countries over many years.

Anything in excess can be considered toxic. We can die drinking too much water!

Does it hurt babies, cause brain damage, bone cancer or other cancers?

To my knowledge, no. Recent reviews of the scientific evidence over the last 60 years confirm that there are no significant health concerns arising from optimally fluoridated water.

Is water fluoridation effective in protecting teeth?

Yes. Fluoride helps to protect our teeth by lowering the pH at which enamel starts to demineralise (break down). It strengthens teeth and reverses or slows the early stages of tooth decay. Fluoride works best in little amounts, often, that's why water fluoridation is perfect.

Isn't it only topical application, that's effective?

No. Topical application of fluoride is effective, but community water fluoridation provides additional benefits. Over half of New Zealand adults avoid going to the dentist because of cost, and over half of New Zealand children don't brush their teeth twice a day with the recommended strength fluoride toothpaste.

Water fluoridation is important because it makes basic care for your teeth accessible to all.

Do you see fluorosis from drinking water?

Dental fluorosis occurs when young children are exposed to excessive amounts of fluoride when their teeth are developing.

The excess fluoride usually presents itself as white opaque flecks on the tooth surface, but this does not require further dental treatment. If anything those white flecks are super resistant to decay!

Optimally fluoridated water does not lead to severe fluorosis.

Fluorosis is usually associated with the exposure of fluoride from several sources, such as fluoridated water, dental products containing fluoride, toothpaste etc.

Most young children tend to eat/swallow toothpaste instead of spitting it out. In my opinion, to reduce the potential for dental fluorosis it is more important to educate parents to use a smear of toothpaste when brushing their children's teeth, and encourage their children not to eat toothpaste.

And finally, what is the recipe for healthy teeth?

The best recipe for healthy teeth is a combination of good oral health care (which will vary from person to person depending on your existing dentition), regular dental examinations and advice from your dental professionals – and water fluoridation.

I vote FOR fluoride being added to the water

The following medical, scientific and technical experts deplore the misrepresentation of science to support the beliefs of the anti-fluoridation lobby.

The true science of water fluoridation has:

- SHOWN that drinking water fluoridation reduces the incidence of tooth decay
- NOT SHOWN that drinking water fluoridation has any ill-effects on general health

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Dr Peter Langley BDS
Dental Surgeon

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Dr Andrew Mackie DClinDent
Prosthodontist

Dr Patricia McIntyre BDS
Dental Surgeon, Itauna, Brazil

Dr Hamid Mohammed BDS, FRACDS
Dental Surgeon

Dr Steven Pawley BDS
Dental Surgeon

Dr Ken Perrott PhD
Retd. AgResearch, Hamilton

Dr Maria Poynter MBChB MPH
College of Public Health Medicine (NZCPHM)

Dr Marguerite G. Ritchie BDS
Dental Surgeon

Dr Lindsay Robinson BDS, Dip Clin Dent
Dental Surgeon

Dr Amir Russell BFS &MDI, MFDA, NZDREX
Dental Surgeon

Dr Hanan Russell M.B.Ch.B FRNZGP, DCH
Dental Surgeon

Dr Anna Tan BDS
Dental Surgeon

Dr Karyn Taylor BDS
Dental Surgeon

Dr Steve Tiang BDS
Dental Surgeon

Dr Malcolm R. Ward
Dental Specialist, Auckland

Dr Rob Warr BDS
Dental Surgeon

Dr Robert Welch, ONZM PhD
Company Director

Dr Brian Whitley BSc, BDS, MDS, FRACDS (OMS)
Oral and Maxillofacial Surgeon, Hamilton

Dr Neil Wright BDS
Dental Surgeon

Dr Cathy Pikhloz
Public Health Medicine Specialist, Auckland Regional Public Health Service

Dr Alastair Fung BDS
Dental Surgeon, Medford House Dental Care

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Professor Murray Thomson
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Dr Steven Condliffe PhD
Physiology, University of Otago

Dr Dan Mornin
Pathology, University of Otago

Dr Helena Magrath-Cohen
Pathology, University of Otago

Research Professor Margaret Baird
Immunologist, University of Otago

Rebecca Harris
Editor, Best Practice Journal (bpac)

Dr Jonathan Broadbent PhD
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Megan Coleman
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Professor Paul Kruger PhD
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Professor David Harding PhD
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Emeritus Professor Andrew Brodie PhD, DSc, FRSC, FNZIC
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Dr Ashley Wilson PhD
Chemistry

Dr James Crowley PhD
Chemistry, University of Otago

Dr Angela Maxwell-McRae BDS
Frankton Dental Surgery

Thomas Mitchell FNZIC
Former Director, DSIR

Dr Michael Edmonds PhD, President NZIC
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Dr Alistair Fung BDS
Dental Surgeon