

<b>ORDINARY MEETING</b>  <b>30 JANUARY 2013</b>	<b>15</b>
---	-----------

## IMPACT OF AMENDMENTS TO WATER FLUORIDATION ACT 2008

A Ung: 1/58/13: #3845281

### **RECOMMENDATION:**

That Council,

1. Continue with the fluoridation of the Cairns Regional Council water supply;

OR

2. Cease the fluoridation of the Cairns Regional Council water supply and redeploy the assets into other existing infrastructure;

OR

3. Request further information by way of a Council workshop;

OR

4. Conduct community consultation via:
  - a) Web based poll (voluntary)
  - b) Independent representative telephone poll
  - c) Ratepayer referendum

---

### **EXECUTIVE SUMMARY:**

The *Water Fluoridation Act* is a Queensland State wide legislative requirement introduced by the State Government in 2008 and is advised on and managed by Queensland Health. On the 28<sup>th</sup> of November 2012, the incumbent State Government amended the Act with the primary alteration being the removal of the mandatory requirement to fluoridate all relevant public potable water supplies.

This effectively results in Local Governments now having to determine if continuation of fluoridation is in the best interest of their communities.

### **BACKGROUND:**

In March 2008, the Queensland Government passed the *Water Fluoridation Act 2008*. The Queensland *Water Fluoridation Act 2008* requires that:

“A public potable water supplier for a relevant public potable water supply must add fluoride to the water supply within the period prescribed under the regulation”.

Under the Act, Cairns Regional Council was required to fluoridate the Freshwater Treatment Plant, Behana Creek, Frenchman Creek, Mossman and Whyanbeel water supplies.

This report seeks direction from Council on future fluoridation of Council water supplies.

**COMMENT:**

Queensland Health and other areas of the scientific community state that fluoridation:

- Evidence of improvements in oral health within five years of implementation;
- Recent reviews of water fluoridation found an average of 2.25 less decayed teeth per child.
- 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;
- More than 150 major health organisations including the World Health Organisation, the Australian Medical Association (AMA), and the Australian Dental Association (ADA) support water fluoridation;
- Every person of every age benefits from drinking fluoridated water throughout their life. Children benefit as soon as their teeth are formed and elderly people keep their teeth longer – fluoride reduces their chances of developing tooth decay.

People and bodies against fluoridation state that:

- That Queenslanders were not given a choice and fluoridation was implemented by force rather than community consultation;
- It is a toxic chemical that should not be added to the water supply;
- No consideration was given to the ethical, economic, environmental and societal concerns of fluoridation;
- Water fluoridation does not decrease tooth decay;
- Alternative options are available;
- Increases the chance of Fluorosis.

Further to this since the introduction of Fluoride to the supply there have been a number of impacts to Water Operations, Treatment and Maintenance. Safety requirements and protocols have been introduced into existing procedures which have had an administrative and financial implication to the organisation.

The legislation around the introduction of Fluoride into the water supply requires daily testing, weekly reticulation sampling and quarterly raw water sampling for naturally occurring fluoride, additional maintenance and regular calibration of the monitoring instruments along with an increase in asset base with no whole of life costs provided under the Capital investment by the State Government.

These requirements represent a greater cost to the organisation over the life of the assets than the Fluoride itself including additional administrative burden. These operational costs are now part of the annual operating budget each year. Cessation of fluoridation would have a direct cost reduction to the operating budget albeit minor.

On December 20 2012 the Local Government Association Queensland LGAQ released a “Your LG Online Alerts” advising Clarification of LGAQ’s policy on fluoridation adopted at the 2005 conference.

The clarification is as follows:-

### **5.5.7 Fluoridation of Public Water Supplies**

#### **5.5.7.1**

*Local Government believes it is a principle of ethical public health policy that mass, involuntary medication must never proceed without the express consent of the community.*

#### **5.5.7.2**

*Express consent of the community to fluoridate public water supplies should be sought either by the State Government or Local Government, if they choose to do so.*

#### **5.5.7.3**

*As oral health is a State Government responsibility and the State will receive a direct financial benefit from the fluoridation of public water supplies, the State Government should fully fund Local Government for the capital and recurrent costs of its introduction.*

Cairns Regional Council officers now seek direction from Council as representatives of the community as to which action/s they wish to take regarding fluoridation which is no longer mandatory under the Act.

Options available to Council are provided in the options section of this report.

### **CONSULTATION:**

Consultation was undertaken with the Acting Manager Infrastructure & relevant Project Engineers.

Consultation has also been undertaken with Queensland Health who has confirmed that the following Councils/Water Suppliers have advised their position as of 18 January 2013:

<u>Continuing with Fluoridation</u>	<u>Ceasing Fluoridation</u>
Brisbane	North Burnett
Ipswich	South Burnett
Somerset	Tablelands (not commencing)
Scenic Rim	
Central Highlands	
Banana Shire (will commence)	

**CONSIDERATIONS:****Risk Management (Operational):**

Fluoride Risk management issues can be categorised into two (2) areas:-

- 1 - Managing Dosing Risks
- 2 - Managing Workplace Health and Safety Risks

**1 - Managing Dosing Risks**

The risk assessment should be site-specific and encompass, at a minimum, those risks associated with equipment, dosing, chemical supply, staffing, recording, reporting, and analyses. Some examples of risks that are addressed include those that are related to:

- Incorrect operation of flow meters and/or flow switches;
- Incorrect understanding of the control philosophy of the fluoride dosing system among operational staff;
- Inadequate incident management planning and incorrect responses to 'out of specification' operations;
- Inadequate record keeping and analysis of results;
- Inadequate communication protocols for issues that affect the operation of the fluoride dosing facility; and storage reservoirs.

This fluoride dosing risk assessment process is part of an overall risk management plan and risk assessment associated with the Safe Operating Procedures SOP's of each relevant water supply.

**2 - Managing Workplace Health and Safety Risks**

The risk assessments are site-specific and encompass the design of the entire plant including facilities, hardware, systems, equipment, products, tooling, materials, energy controls, layout and configuration. Again, the risk assessment process is part of an overall risk management plan and risk assessment documentation.

The removal of Fluoride dosing from our system removes these identified risks and reduces the administrative burden to maintain and report the performance and incident response of the Fluoride system.

**Corporate and Operational Plans:**

Fluoridation of the potable water supply is covered by the Water & Waste Operational Plan

**Statutory:**

Nil due to the changes to the *Water Fluoridation Act 2008*.

**Policy: (only where policy is applicable)**

Nil

Options:

Option 1 - Continue with fluoridation

Option 2 - Discontinue fluoridation and decommission all fluoride treatment plants;  
The State Government had committed to funding the Capital investment of the fluoride plant. Should we decommission these plants then some of the plant (pumps, motors, conveyors & instruments) may be salvaged and used in our other wastewater process. Those elements specific to the fluoridation process not able to be re-used could be offered to those Councils who choose to continue dosing.

Option 3 - Request further information by way of a Council workshop prior to making a decision;

Option 4 - Conduct community consultation via:

- a) Web based poll (voluntary)
- b) Independent representative telephone poll
- c) Ratepayer referendum (compulsory)

The web based poll would be accessible to non-representative members of the public and is therefore not recommended.

A ratepayer referendum is considered a large expenditure for community consultation and is therefore not recommended.

An outsourced, structured and independently managed telephone poll would accurately gauge the community feedback on fluoridation.

**EXECUTIVE ATTACHMENT:**

Letter from Queensland Health #3840239

Alex Ung  
**A/General Manager Water & Waste**



**Queensland  
Government**

Queensland Health

Enquiries to: Dr Greg Jackson  
Director – Water Program  
Health Protection Unit  
Telephone: (07) 3328 9345  
Facsimile: (07) 3328 9354  
File Ref: CH008999

Mr Peter Tabulo  
Acting Chief Executive Officer  
Cairns Regional Council  
PO Box 359  
CAIRNS QLD 4870

Dear Mr Tabulo

As you may be aware, Parliament has recently amended the *Water Fluoridation Act 2008* (the Act). These amendments are significantly different from the proposed changes circulated for consultation in October of this year.

The primary alteration to the Act is the removal of the mandatory requirement to fluoridate all relevant public potable water supplies. Local Governments must now determine if it is in the best interests of their communities to implement, or to continue, fluoridation.

Where a water supplier for a community is not a Local Government the changes to the Act will require the water supplier to act on the Local Government's decision.

Full details of the changes to the Act are provided in the explanatory document enclosed. The revised Act is expected to be available online shortly at <http://www.legislation.qld.gov.au/>.

Also enclosed is a frequently asked questions document addressing some of the most common queries about the changes that have been asked of Queensland Health, the Department of State Development, Infrastructure and Planning and the Queensland Water Directorate since announcement of the amendments on the 29 November 2012.

Fluoridation has been proven as a safe and effective means of preventing tooth decay, for people of all ages, and is supported by peak health bodies including the National Health and Medical Research Council, the Australia Dental Association, the Australian Medical Association and the World Health Organization.

When considering whether fluoridation is in the best interests of a community Queensland Health recommends Local Governments consider the significant oral health benefits that are associated with drinking water fluoridation. With the State Government providing up to 100% of the eligible costs associated with the installation of fluoride dosing infrastructure, Local Governments should carefully balance the costs to rate payers of operating and maintaining fluoride dosing infrastructure against the savings for rate payers in terms of avoided dental visits and associated pain and suffering from tooth decay.

**Office**  
Queensland Health  
Level 1, 15 Butterfield Street  
HERSTON QLD 4008

**Postal**  
PO Box 2368  
FORTITUDE VALLEY BC

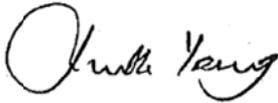
**Phone**  
(07) 3328 9266

**Fax**  
(07) 3328 9121

To assist Local Governments in determining what is best for their communities Queensland Health is able to offer the services of oral health and public health professionals to brief Local Government representatives on the health benefits of fluoridation and to assist Councillors in assessing the credibility of common pro- and anti-fluoridation arguments.

Should you have further questions, not answered by the documents enclosed, or wish to arrange for a briefing, please contact Dr Greg Jackson, Director – Water Program, Queensland Health on telephone (07) 332 89345.

Yours sincerely

A handwritten signature in black ink, appearing to read "Jeannette Young". The signature is written in a cursive, flowing style.

Dr Jeannette Young  
**Chief Health Officer**  
12 / 12 / 2012