

6th December, 2005

Dear Premier Beattie,

The Public Health Association of Australia Inc (PHAA) would like to commend the Queensland Government for taking the first step towards progressing water fluoridation in Queensland. Recent surveys undertaken by Queensland Health and Local Government Association of Queensland have confirmed that the majority of Queenslanders support this move.

To date, the lack of availability of this internationally recognized and accepted effective public health measure in Queensland has resulted in the significantly higher burden of oral disease in Queensland communities compared to other states and territories. Significantly increasing the availability of water fluoridation in Queensland will reduce the inequities in oral health status in this State.

While the capital funding offered to Local Governments addresses the issue of capital costs associated with establishing water fluoridation plants, it has not addressed other concerns raised by Local Governments. Local Government Association Queensland has raised concerns related to recurrent fluoridation costs and responsibility for decision making, on a number of occasions.

The issue of recurrent costs does not appear to reflect current thinking across Australia. With more than 70% of the Australian population (outside Queensland) currently receiving fluoridated water supplies, where recurrent costs are generally borne by the water supply authority or local government, there has been little concern raised about the recurrent costs associated with supply.

In contrast to the concerns raised in relation to recurrent costs, there is substantial support nationally and internationally for Health Authorities to be responsible for decision making in relation to water fluoridation. Recent changes to the legislation for England and Wales mean that, in future, water suppliers will be obliged to fluoridate supplies when asked to do so by a strategic Health Authority. The experiences of other Australian states and territories, also demonstrates that the responsibility for water fluoridation is allocated to a Health Authority or mandatory requirement for water providers.

In New South Wales the responsibility for recommendations related to water fluoridation resides with the Fluoridation of Public Water Supplies Advisory Committee for consideration and direction by the Secretary Director General, Department of Health (on application of water supply authority, or by direction if water supply authority refers issue for consideration). In Tasmania and Western Australia the responsibility resides with the Health Minister (after receiving advice from Fluoridation Committee). In Victoria the responsibility resides with the Secretary, Department of Human Services. In South Australia and the Northern Territory the responsibility resides with the State or Territory Government (under fluoridation policy). In the Australian Capital Territory the responsibility resides with the Territory Government (fluoridation is a condition of licenses for water authorities).

In Queensland, there are a number of areas where a primary water supply is shared across multiple Local Government areas. This issue complicates the decision making process for water fluoridation under the current legislation as it relies on the agreement of multiple councils. This issue is especially relevant for South-East Queensland. A direction to fluoridate a primary water source is the most cost effective and efficient model for water fluoridation with the greatest benefit to the community.

PHAA has actively advocated for improved oral health in Australia for the past decade. Limited access to optimally fluoridated water in Queensland has been considered a major oral health risk resulting in significant excess morbidity and unnecessary community costs. PHAA urges the Queensland Government to consider taking the next step towards progressing water fluoridation by removing the decision making from Local Government authorities and allocating this important health decision with an appropriate Health Authority through amendments to the current legislation. A decision making model that places the decision making with a Health Authority following community consultation will alleviate the potential for politics to take precedence in progress this most important public health initiative.

Yours truly,

Helen Clifford  
Oral Health SIG Convenor