**CUMBRIA COUNTY COUNCIL**

**FLUORIDATION OF WATER SUPPLIES - TASK AND FINISH GROUP DRAFT REPORT**

***OBSERVATIONS AND COMMENTS***

1. **BACKGROUND**

1.1 Water fluoridation in Cumbria is at a unique crossroads. The current Water Treatment Works (WTW’s) at Cornhow and Ennerdale (which supply fluoridated water to Cumbria) are shortly to be de-commissioned and replaced by a new WTW at Williamsgate. Decisions will therefore need to be made by the local authority on the future of water fluoridation in Cumbria.

1.2 The Scrutiny Management Board have established a Task and Finish Group to investigate the risks and benefits of water fluoridation in relation to a number of issues. A draft report by the Task and Finish Group has been prepared (<http://councilportal.cumbria.gov.uk/documents/g11486/Public%20reports%20pack%2024th-Nov-2021%2010.00%20Scrutiny%20Management%20Board.pdf?T=10> Pages 37 to 247 inclusive) and will be presented for approval by the Scrutiny Management Board on Wednesday 24 November 2021.

1. **OVERALL IMPRESSIONS**

2.1 Any scrutiny of water fluoridation is a comprehensive and difficult task. The Task and Finish Group were to address a limited number of issues but inevitably strayed into other areas. The purpose of this short note is **not** to debate the rights and wrongs of water fluoridation per se but to ask some **fundamental questions** which seem to have been overlooked.

1. **HEALTH WARNINGS**

3.1 **Why are the health warnings on fluorides neurotoxicity being ignored?**

This is probably the most fundamental question pertaining to the current fluoridation debate.

Since 2017 there have been important findings from very high-quality, US government funded studies which indicate that fluoride – at the exposure levels found in fluoridated communities – can impact the brain in various ways. The weight of evidence is now irrefutable. The risks to foetal and infant brain development far outweigh any benefits to teeth – damage to a tooth can be repaired; but not damage to the brain.

Public servants, with their duty of care, would be well advised to reflect on the deliberate addition of fluoride to the public water supply to reduce dental decay (with its questionable efficacy and safety) being preferable to protecting foetal and infant brain development.

**\*\*\* SEE NOTE 1**

1. **STATUS OF CURRENT FLUORIDATION SCHEME**

4.1 **When Williamsgate becomes operational, is the existing fluoridation scheme to be terminated, varied, or introduced as a new scheme?**

A simple question to ask, but one which the local authority has been unwilling or unable to answer for nearly 3 months. It is not a trick question but is consistent with current legislation which would require the Cumbrian public to be consulted for the **first time** on water fluoridation.

4.2 **What is the point of “scrutinising” water fluoridation in Cumbria when the decision has already been made to finance and install the fluoridating equipment in the Williamsgate Water Treatment Works?**

On page 47 of the Draft Report the following statement appears: *“Members were appraised of that fact that there is no additional cost to maintaining the current scheme as the capital works at the Williamsgate treatment plant* ***were met*** *by central government”.*

1. **LEGAL STATUS OF FLUORIDATED WATER**

5.1 There is a statement in the draft report (page 46) that *“Members were assured that fluoridation is not classified as a medicine under UK legislation”*

5.2 **If fluoridated water is not a medicine, then what is it?**

Ingestible substances are classified as either foods, medicines, or poisons – which leads to a supplementary question: -

5.3 **How can medicinal claims be made (e.g. reducing dental decay) for fluoridated water if it isn’t a medicine?**

It is unlawful to make medicinal claims for a product which does not have a marketing authorisation (licence issued by the MHRA). “Assurances” given to members may not be much consolation if the legal status of water fluoridation is challenged and they become potentially liable to prosecution. Water companies are indemnified against legal action; Public Health England have distanced themselves from offering legal advice (ref <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/953333/Fluoridation_Toolkit_V1.7.pdf> Page 11); which leaves local authorities fully exposed to potential litigation. It is therefore surprising that Cumbria County Council is prepared to rely on “assurances” rather than seeking the necessary independent legal advice.

1. **SAFETY**

6.1 **If fluoridation is safe why has there never been any randomised clinical trials to prove its safety?**

In the 60-year history of water fluoridation in this country there has never been a single randomised clinical trial to verify its safety which is probably why fluoridated water has never been approved by the MHRA. Furthermore, there is no margin of safety to protect vulnerable groups within the population.

1. **ETHICS**

7.1 **Why is it considered right to override an individual’s right to choose a medical treatment when fluoride is available from sources other than the water supply?**

Dental decay is **not** *“a significant public health problem”* (page 71) – it is universally in decline and is neither contagious nor life threatening – unlike COVID where individuals were given a choice of accepting, or not, vaccination. Furthermore, for those who may choose to use fluoride, it is available from sources other than the water supply.

1. **COST**

8.1 **Why is Cumbria County Council currently paying twice as much for water fluoridation than the national average cost?**

 The statement on page 47 of the Draft Report *“that Members noted that the distinction between capital and revenue costs needs to be clarified up front”* seems to indicate a naïve appreciation of the true costs of water fluoridation.

8.2 Whilst *“central government”* may initially fund capital costs and capital replacement costs they **reserve the right to recover these costs from local authorities.** This “right” is enshrined in current legislation and in the proposed legislation changes in the Health and Care Bill 2021. There is evidence that such cost recovery is taking place and is probably why Cumbria is currently paying so much for water fluoridation (recovering the costs of “capital replacement” at the Cornhow and Ennerdale WTW’s).

**NOTE 1:**

For those who follow the science on fluoride toxicity it is ironic that while Breaker and others (2012) have shown that nature has developed defence mechanisms to protect bacteria and fungi from the toxic fluoride ion by switching on proteins which pump it out of the cell and away from the vulnerable biochemical mechanism with which it interferes, the dental community in an effort to harness fluoride's surface action on the tooth enamel, is prepared to expose the amniotic fluid of a one day old foetus to this same toxic ion. And is prepared to do so even though strong scientific evidence (e.g., US government funded studies - Bashash, 2017, 2018; Green, 2019 and Till, 2020) published since 2017, is indicating that fluoride - at doses experienced in fluoridated communities -is associated with foetal and infant brain damage in the form of substantially lowered IQ and increased symptoms of ADHD.