Fluoridation and Queensland Difference

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On many issues, Queenslanders beg to differ. The fluoridation of water supplies is one such issue. In this piece, Harry Akers explores aspects of the history and politics of the fluoridation debate and tries to get to the bottom of this instance of Queensland exceptionalism.

It is a common refrain in Australian culture that “Queensland is different” or “only in Queensland”. Depending upon where you sit, this can be a good or bad thing. In The Courier-Mail of 17 November 2004, prominent US fluoride opponent, Professor Paul Connett, writes of Brisbane’s low potable fluoride concentration: “Brisbane may be out of step with the rest of Australia but it is not out of step with the rest of the world. Brisbane is in step with major cities throughout Europe and Japan where water is not fluoridated.” In contrast, fluoride advocates ask “Why is Queensland different?”, when the water supply of 75 per cent of the rest of Australia is fluoridated.

Apart from the question of “why”, it also needs to be asked whether Queensland difference is important. In his 2005 Queensland Health Systems Review, consultant Peter Forster concluded: “Queenslanders have the lowest standard of oral health in Australia.” This view is widely endorsed and has arisen in spite of Queensland Health’s enduring record of providing dentistry across the state, and its greater spending on the delivery of public dental services than any other state or territory government. Queensland’s low fluoride status has to be considered as a significant part of the problem. Its implications permeate the State’s dentistry by influencing caries diagnosis, restorative principles, practice philosophy, university curricula and allocation of human and fiscal resources.

While the vast weight of scientific evidence endorses the safety, effectiveness and desirability of adjusted water fluoridation, simple statistical observation confirms perennial Queensland apathy and even intermittent antipathy. Since 1954, almost all Queensland authorities have either ignored or refused to implement this public health measure. By 1984, of the 850 Australian towns and cities that had introduced adjusted water fluoridation, only seven were in Queensland.

Another Queensland feature has been the comparatively high incidence of de-fluoridations (cessation of adjusted fluoridation): Gold Coast (1979); Gatton Agricultural College (1979); Allora (1982); Killarney (1983); Proserpine - Whitsunday (1992); Gatton (2002); and Biloela (2003). These figures reveal the early Queensland adoption of fluoridation from zero in 1963 to 10.1 per cent of the population in 1979 was followed by a decline to 5.1 per cent in 1984. The current figure is probably under 5 per cent. Unlike other Australian states and mainland territories, opponents of fluoridation have successfully campaigned against this public health measure after its implementation. Moreover, Brisbane is Australia’s only sub-optimally fluoridated state capital. These statistics accompany a quantifiable biological and fiscal burden.
Other legislative and political developments have captured fluoride advocates’ interest. Queensland difference was obvious in the Fluoridation of Public Water Supplies Act (1963). Its nexus with the Local Government Acts (1937-1962) was unique within Australian fluoride legislations and continues, in spite of the Beattie Government’s 2005 parliamentary amendments. As a consequence, Queensland opponents to fluoridation enjoy tactical advantages in three realms of authority: the Minister for Local Government; the local authority; and the ratepayers. All have the power to call for a referendum.

In this regard, the Act remains distinctive because legislative provisions in other states favour executive decision to fluoridate and discourage the use of referenda. The Queensland legislation is, therefore, not only the most liberal in Australia but is also the antithesis of the government authoritarianism, which so often accompany cultural explanations of Queensland’s exceptionalism.

The inconsistent application of the legislation to ignore, implement and block fluoridation is another intriguing feature. For example, the autonomous 1971 cabinet decision to allow the Utah Development Company to fluoridate Moranbah shows executive power, under the direction of the health minister, exists in Queensland. Paradoxically, at the same time, cabinet, at the request of the Minister for Local Government, ordered a referendum in Gympie and in doing so, revoked the Gympie City Council’s decision to fluoridate. However, several years earlier, cabinet refused to intervene at Mareeba, where the municipality continues to fluoridate its water supply.

Since 1997, successive Queensland governments have augmented the fluoride legislation with a policy, which states in part: “…it is a principle of ethical public health that mass, involuntary medication must never proceed without the express consent of the community.” No other government in Australia equates adjusted water fluoridation with “mass involuntary medication” in formal policy. Furthermore, since 1954, Queensland governments have handled adjusted fluoridation as a water treatment issue rather than as a health issue. Hence in Queensland, the Minister for Local Government has been the major player as evidenced by two health ministers’ failed attempts in cabinet to mandate fluoridation.

In spite of intermittent political rhetoric and unlike other States, Queensland’s Minister for Health has largely been a spectator. There have been two exceptions: the aforementioned Moranbah proposal and in 1997, the Minister for Health Mike Horan, often threatened a referendum, even though he did not have the legislative responsibility to follow through. Another enduring difference is the State’s limited indemnity provisions. This issue surfaced again as a concern for local authorities in 1997 in the Brisbane City Council’s Lord Mayor’s Taskforce on Fluoridation - Final Report. This investigation produced the first official Australian report to reject the implementation of adjusted water fluoridation and became another Queensland milestone.

There are many factors that contribute to community hesitance about this public health measure. Compulsion ranks highly. Pharmacology is also relevant because, when it
comes to amelogenesis (enamel formation), there is a fine parameter between fluoride therapy and toxicity. Furthermore, the need for perennial exposure in order to maximise dental benefit facilitates the community’s perception of accretion. Public debate is often ill informed, polarised and usually appears in provincial newspapers, where fluoride, irrespective of dose and homeostasis, is portrayed as a poison.

Decentralisation, local politics and lack of centralised authority over water treatment also contribute to Queensland’s low fluoride status. Political expedience is another factor. Long ago, many Queensland politicians realised that fluoridation involved irreconcilable values offering neither political compromise nor advantage. Their tactics initially involved the use of free fluoride supplements, calls for a referendum or procrastination under the guise of a need for more research. Eventually politicians realised that they could either ignore the issue or blame another tier of government.

More recently, debate over the domestic use of recycled water suggests that interference with potable water more generally is another community consideration, as are the current tensions between state government and local authority. That being said, it needs to be emphasised that while Queenslanders’ opinions on water fluoridation have been intermittently quantified, underlying behavioural motives have not been authoritatively investigated. This state of affairs reflects not only a lack of theoretical foundation for such research but also the difficulties associated with exploring fluoride politics in two tiers of government. While cultural explanations of Queensland difference tend to be an inaccurate and lazy way of explaining particular public policies, when it comes to Queenslanders’ attitude to community dental health, some dental professionals continue to wonder.