



## **For immediate release**

Tuesday, 12 December, 2006

### **Unlicensed drug used for babies condemned by health NGOs**

Five non-governmental organisations (NGOs), the Alliance for Natural Health, the Dr Rath Health Foundation, the National Health Federation, VOICE and MayDay, have formed a new alliance to challenge national and international regulations and guidelines that continue to allow the use of synthetic fluorides in infant formulas.

After decades of use in drinking water in certain parts of the world, such as USA, Canada, Ireland, UK, Australia and New Zealand, fluoride's risk to health is demonstrated by a growing body of scientific evidence, including increased risk of cancer, osteoporosis, bone fractures and dental fluorosis (mottling of the teeth), that may outweigh its purported benefit: the reduced incidence of dental caries. This concern has been most recently voiced by the American Dental Association (ADA), which issued interim guidance on 9<sup>th</sup> November 2006, advising parents to mix powdered infant formula with fluoride-free water.

Fluoride represents a range of compounds that occur naturally in both spring and river waters, and a group of synthetic compounds, which are by-products of industrial wastes. These latter compounds are then added to water supplies for the purpose of killing bacteria implicated in tooth decay.

Dr Robert Verkerk, Executive Director of the Alliance for Natural Health, said: *"Fluorides are extremely reactive molecules which have been shown to cause considerable harm in biological systems. They continue to be used by health authorities for a specific medicinal purpose, namely the treatment and prevention of dental caries, yet they have never been subjected to the full risk/benefit analysis which is required in order to bring other drugs to the market. Drinking water medicated with fluoride clearly amounts to government-sponsored use of an unlicensed drug. It is staggering that international bodies such as the United Nations' Codex Alimentarius Commission could have overruled the substantial scientific concerns about fluoride in infant formula raised by several countries in November's Codex meeting in Chiang Mai, Thailand and that babies, the most vulnerable members of our society, are made the innocent victims"*

Paul Anthony Taylor, on behalf of the Dr Rath Health Foundation, added: *"It is deeply irresponsible of governments to force all sectors of society to consume fluoride along with our single most required form of sustenance – water, especially when the toxic dose overlaps the therapeutic dose meaning there is no safety margin. The recent meeting of the Codex Committee on Nutrition and Foods for Special Dietary Uses in Chiang Mai, exemplified the irrational and inconsistent behaviour of regulators in relation to fluoride. On the basis of consensus voting procedures, the same committee, in the same meeting, voted to prevent fluoride from being added to powdered formulas during their manufacture, while allowing the same contaminant to be added to water used in the manufacture of ready-to-use formulas."*

Long time anti-fluoridation campaigner, Robert Pocock of VOICE in Ireland, has welcomed the united front being developed against ingested fluoride. *"VOICE has been waging a long battle against the Irish government's fluoridation of drinking water",* says Pocock, *"given the high toxicity of synthetic fluorides and their uncontrolled dosage, there are undeniable risks to the human body and there is no*

*safety margin between the amounts required to yield a therapeutic effect and the amounts that are universally safe. Since babies are among the most susceptible groups exposed, it is deeply irresponsible for any regulator to continue allowing this unlicensed drug to be used for babies, especially when no specific scientific studies have been undertaken to demonstrate its safety. Worse still is that increasing numbers of cell, animal and human studies reveal significant risks to adults and children, risks that have now been raised by prestigious bodies such as the American Dental Association. ”*

*“Putting this into perspective”, added Verkerk, “the UN World Health Organization has set for fluoride a maximum guideline level of 1.5 mg per litre in drinking water without making any reference to consumption by infants. Looking more closely at the guidelines most recently agreed by another UN body, Codex, the situation is preposterous. We have calculated that, in physiological terms, the Codex guideline level for babies allows a baby to potentially be exposed to the equivalent amount of fluoride to which an adult would be exposed when drinking 16 litres of fluoridated water.”*

The US-based National Health Federation (NHF) has strongly opposed since the 1950s the fluoridation of public water supplies, and has long fought against the contradictory consensus views at Codex meetings. Scott Tips, NHF’s Legal Counsel, said: *“This disproportionate behaviour at Codex must be stopped and we welcome the support of other high-profile NGOs in this important struggle in which the most vulnerable sector of our society – babies - are the innocent victims. Even the Canadian Dental Association has stated that ‘Fluoride supplements should not be recommended for children less than three years old.’ This demonstrates a most definite awareness that fluoride is not the innocuous substance that it is passed off as being, particularly where the forms used (hydrofluosilicic acid, sodium silicofluoride, and sodium fluoride) are nothing more than the by-products of commercial fertilizer or aluminium production. In fact, while many governments struggle with the fluoride issue, increasing amounts of scientific evidence contraindicate the use of fluoride in the public water supply.”*

Also adding its voice to this campaign, the Danish civil health rights organization, MayDay has been publicizing the health risks of fluoride for many years. Tamara Thérèse Mosegaard, MayDay’s chairwoman, noted, *“Our focus is upon working for optimal health for all. As such, clean drinking water without any added medicinal substances is a basic human right.”*

The alliance of NGOs opposed to fluoride is arguing that drinking water is an inappropriate medium for the delivery of fluoride, because – amongst other objections – it is impossible to control dosage owing to different levels of consumption. Additionally, toxicity varies greatly between different groups, with babies being the most sensitive group of all. The NGOs propose that any government wishing to promote fluoride for the purpose of reducing dental caries should make it, at most, optional and should ensure that in whatever appropriate form fluoride is delivered (e.g. as tablets, in toothpastes or mouthwashes) the dosage can be controlled according to body weight, age, medical condition and individual consent. The NGOs are also calling for an international ban on the fluoridation of drinking water, involving as it does, a medicine that is consumed involuntarily that has never been licenced by any national drugs regulator worldwide. Its use by governments is thus seen as a violation of the rights of individuals.

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## **EDITORS' NOTES**

### **Alliance for Natural Health**

The Alliance for Natural Health (ANH) is a UK-based, EU-focused, international, legal-scientific, non-governmental organisation that is working on behalf of medical doctors, complementary health practitioners, consumers and food manufacturers and distributors, to protect and promote natural healthcare, using the principles of good science and good law.

The ANH's principal objective is to help develop an appropriate legal and scientific framework and environment for the development of sustainable approaches to healthcare. Within this setting, consumers and health professionals should be able to make informed choices about a wide range of health options, and in particular those that relate to diet, lifestyle and non-drug-based or natural therapies, so that they may experience their benefits to the full while not exposing themselves to unnecessary risks.

[www.anhcampaign.org](http://www.anhcampaign.org)

### **Dr. Rath Health Foundation**

The Dr. Rath Health Foundation is a non-profit organization dedicated to improving human health on a global scale through research, education and the defence of patients' rights to choose natural health therapies.

The scientific discoveries of its founder, Dr. Matthias Rath, a pioneer in natural health research, offer major breakthroughs in the natural approach to heart disease, cancer and other health concerns. His vision, backed-up by his extensive research, has unleashed the potential of controlling these diseases through natural means. As a result, the Foundation has been instrumental in promoting natural health education and people's health rights throughout the world.

[www4.dr-rath-foundation.org](http://www4.dr-rath-foundation.org)

### **National Health Federation**

Established in 1955, the National Health Federation is an international consumer-education, health-freedom organization working to protect individuals' rights to choose to consume healthy food, take supplements and use alternative therapies without government restrictions. With consumer members all over the world, and a Board of Governors and Advisory Board containing representatives from 6 different countries, the Federation is unique as being the only consumer health freedom organization in the world to enjoy official observer status with the Codex Alimentarius Commission.

[www.thenhf.com](http://www.thenhf.com)

### **VOICE**

VOICE promotes a respectful relationship with the Earth and positive solutions to

environmental destruction. It encourages a way of life that is in harmony with nature rather than in conflict with it. In co-operation with local, national and international organisations VOICE works to:

- increase environmental awareness through education
- empower people to protect our environment
- campaign on national environmental policy.

[www.voiceireland.org](http://www.voiceireland.org)

### **MayDay**

MayDay's purpose is to enhance:

- Information about health and environment related influences on our life quality of both a positive and a negative nature.
- Our right to decide about our own health, and freedom to choose the kind of treatment we want in case of illness.
- Optimal health for all.

[www.mayday-info.dk](http://www.mayday-info.dk)

### **Putting the Codex fluoride in baby milk guideline into perspective**

A typical infant formula delivers about 67 kcal of energy per 100 ml, so a 210 ml feed (for babies of 6 months and over) provides 140 kcal a day. Given the proposed Codex limit (100 mcg per 100 kcal), this could expose a baby to 140 mcg fluoride per feed. If this amount is multiplied by the number of feeds per day, this gives an exposure rate of 840 mcg daily for 6 feeds. Assuming a baby weight of 6 kg, this equates to the same dose per kg as a 60 kg adult exposed to 8.4 mg. Bearing in mind the baby's considerably greater chemical sensitivity, if it is conservatively assumed that the baby is just twice as sensitive compared with an adult, this dosage is physiologically equivalent to exposing an adult to over 16 mg of fluoride daily. Given the standard rate of water fluoridation (1 mg fluoride per litre), this equates to the amount of fluoride that would typically be present in 16 litres of drinking water (about 8 times more than the daily amount of drinking water per adult recommended by most governments).

A threshold level of 0.6 mg Fluoride per litre has been widely regarded as the maximum safe level in drinking water, given that levels above this are associated with unacceptable dental fluorosis (mottling of the teeth - the first visible sign of fluoride poisoning [1]). This 0.6 mg per litre of fluoride level is less than half of the 1.5 mg per litre level stipulated by the World Health Organization (WHO) as the maximum drinking water guideline level. The WHO guideline level is also ten times higher than that stipulated as safe for babies by the British Medical Association [2].

[1] Murray JJ. Efficacy of preventive agents for dental caries. Systemic fluorides: water fluoridation. *Caries Res.* 1993; 27 Suppl 1: 2-8.

[2] British Medical Association, *New Guide to Medicines and Drugs*. Third Edition, British Medical Association, London, 1994.

## **Background to this press release**

In response to growing alarm at the increase in dental fluorosis [1], the American Dental Association (ADA) issued interim guidance on 9<sup>th</sup> November 2006 [2], advising parents to reduce fluoride intake from infant formula. The guidance states that while breast milk is best, ready-to-feed formula (which does not permit fluoride) may also be used and that *'if liquid or powdered concentrate infant formula is [sic] the primary source of nutrition, it should be mixed with water that is fluoride-free (or contains low levels of fluoride)'*.

This advice is less relevant to continental Europe which has virtually no water fluoridation, however it affects the few countries – Ireland and some of the UK, the USA, Canada, Australia and New Zealand – which still permit the addition of an industrial-grade fluoride chemical [3] to drinking water [4]. The low rate of breastfeeding by Ireland relative to the rest of Europe underlines the need for immediate action to protect the tens of thousands of newborns in Ireland who receive nothing but infant formula.

The admission that fluoride exposure in babies is too high is echoed by Irish Dentists Opposing Fluoridation who state [5] that four in ten Irish teenagers have dental fluorosis, the first visible sign of fluoride poisoning. This is an eightfold increase since 1984.

Infant formula was also on the agenda at the 28<sup>th</sup> Session of the Codex Committee on Nutrition and Foods for Special Dietary Uses (CCNFSDU) that met in Chiang Mai, Thailand, in early November. The CCNFSDU refused to classify fluoride as a food contaminant, resisting widespread calls to do so from many delegates, including babyfood NGOs and other accredited observers. Rather than accede to international demand, the CCNFSDU chose the self-contradictory position that *'fluoride should not be added to infant formula'* but at the same time allowing fluoride in reconstituted infant formula *'not (to) exceed 100 µg /100 kcal (24µg/100 kJ)'* [9]. Since however this is the same fluoride content as in fluoridated drinking water, it is apparent that the Codex Secretariat, urged by strong pressure from USA, Australian and European government delegations, put the protection of water fluoridation policy before the health of babies.

By another apparent coincidence the UN's health arm, the World Health Organization (WHO), chose this month to issue 'Fluoride in Drinking Water', a monograph that has been overdue since 2004 [10]. The delay, as so often with this contaminant, is explained by the inconvenient but compelling evidence, both scientific and epidemiological, that ingested fluoride - even in small amounts - is harmful. Another likely reason is the WHO's own flawed policy on fluorides, dating back to the 1950s, when it colluded with the US delegation to promote fluoride in drinking water against widespread international opposition. While the US military and industrial motives from the 1940s on have been laid bare in *The Fluoride Deception* [11] – the WHO's unscientific promotion of fluoride has been compellingly criticised [12] by dedicated campaigners and also in works such as *Fluoride: Drinking ourselves to death?* by Barry Groves (Newleaf, 2001).

Once again, instead of acknowledging the growing body of scientific evidence of the many and varied chronic effects of long-term, low-level fluoride ingestion as revealed in March 2006 by the US National Academies [13], the WHO has completely ignored this authoritative scientific report, the product of twelve recognised world leaders in their respective fields of fluoride research. The WHO authors see no reason to revise the guidance on fluoride level in drinking water (1.5mg/l) even though it was last set in 1984 when evidence of widespread fluorosis was only just emerging.

A measure of the absurdity of this guidance is provided by Senegal, which has unilaterally determined a maximum drinking water level for fluoride of 0.6 mg/l, recognising that 90% of children in one area of Senegal have dental fluorosis [14]. While the monograph does acknowledge the fluoride risks in Senegal and another 27 countries such as China, India and those bordering the African Rift Valley, these risks are all associated with naturally-occurring fluoride and not the deliberately added, contaminated industrial-grade fluorides that are the cause of particular concern to both the ADA, the NGOs responsible for this release and other anti-fluoride campaigners.

The WHO publication ascribes its opinions only to the authors, nevertheless several of the named authors are either official fluoridation promoters (e.g., Prof Lennon, Chairman of the British Fluoridation Society and Dr Chapman, University College Cork, the leading centre for fluoride promotion in Ireland) or, as per the lead author, J. Fawell, consultants to the chemical and fluorochemicals industries.

[1] [www.fluoridealert.org/dental-fluorosis.html](http://www.fluoridealert.org/dental-fluorosis.html)

[2]

[http://www.ada.org/prof/resources/positions/statements/fluoride\\_infants.asp?id=egram\\_061109](http://www.ada.org/prof/resources/positions/statements/fluoride_infants.asp?id=egram_061109)

[3] <http://www.fluorideaction.net/phosphate/oerview.htm#6>

[4] <http://www.fluorideaction.net/carlsson-interview.html>

[5] [www.idof.net](http://www.idof.net)

[6] <http://www.fluoridealert.org/health/news/09.html>

[7] <http://debates.oireachtas.ie/DDebate.aspx?F=DAL20061108.xml&Node=H16-125#H16-125>

[8] ] Irish Seanad Debate 19<sup>th</sup> February 2002, Senator Avril Doyle MEP quoted that the British Medical Association's safe level of fluoride in infant formula of 0.15 mg/l is exceeded seven times by Irish tap water, fluoridated at 1.0mg/l.

[9] : *Fluoride should not be added to infant formula. In any case its level should not exceed 100 µg /100 kcal (24µg/100 kJ) in infant formula prepared ready for consumption as recommended by the manufacturer.* Complete report of the 28<sup>th</sup> Session of CCFNSDU, Chiang Mai, Thailand:

[http://www.codexalimentarius.net/download/report/669/al30\\_26e.pdf](http://www.codexalimentarius.net/download/report/669/al30_26e.pdf)

[10] <http://www.who.int/mediacentre/news/new/2006/nw04/en/index.html>

[11] <http://www.fluoridealert.org/fluoride-deception.htm>

[12] <http://tinyurl.com/b4bez>

[13] <http://www.fluoridealert.org/health/epa/nrc/index.html>

[14] <http://www.blackwell-synergy.com/links/doi/10.1111/j.1600-0528.2004.00152.x/full/>