Position statement
Water Fluoridation

HCQ HEALTH CONSUMERS QUEENSLAND

HCQ Position

Water fluoridation is a public health measure that benefits both individuals and communities regardless of their age, education, income or access to dental care.

Lifelong health outcomes are influenced by early access to dental services, water fluoridation and good oral healthcare practices (see below).

Local decision-making around the inclusion of potable water fluoridation must be evidence-based and led in partnership with health and dental experts.

Suboptimal fluoridation rates are not sustainable, nor do they overcome preventative health measures. Poor oral health has been proven to have compounding impacts on overall health outcomes.

HCQ believes that legislative reform is necessary to ensure potable water fluoridation in Queensland is required and available across all local government areas (LGA) to protect and promote good oral and general health.

Water Fluoridation in Queensland

In 2008, the introduction of fluoride to potable water supply in Queensland was mandated through statute leaving all decision-making control and oversight to the State Government and not the LGAs. Since 2012, following legislative amendments, decision-making powers were conferred to the LGAs which currently provides them the autonomy to make decisions about potable water fluoridation without government oversight.

Prior to the legislative amendments, water fluoridation coverage was close to 90% across Queensland. Since 2012 coverage has fallen to approximately 72% (Queensland Health, 2025; Sexton, et al. (2024) with LGAs continuing to re-assess fluoridation policies or remove fluorine entirely.

The recent cessation of potable water fluoridation across several Queensland LGAs gives rise to issues of widening health disparity particularly for those residing in regional, rural or remote communities where fluoridation is absent or poorly understood.

Evidence

In Queensland, children aged between 5-10 years' experience tooth decay above the national average by almost 10% (CHO, 2025). In annualised reporting, 50.2% of this age group experienced dental decay in their primary 'baby' teeth with 29.9% of this cohort observed to have 'untreated decay' in their primary teeth. 30% of children aged 6-14 years were also found to have decay in their permanent teeth (CHO, 2025).

Tooth decay or dental caries are formed by the presence of plaque on a person or child's teeth. The World Health Organisation (WHO) observes that continued high intake of free sugars, inadequate exposure to fluoride and poor or limited toothbrushing enables plaque to form which leads to dental decay, pain and occasionally tooth loss or infection (2025).

Exposure to potable water fluoridation is causally linked to lower incidents of childhood dental caries, especially in younger children (Foley et al., 2022; Messenger, 2025). When good oral health is present from a young age, this remains a strong indicator for good oral health as an adult (AIHW, 2022). The lifelong health impacts of good oral health cannot be underestimated – it remains fundamental to overall health and quality of life (AIHW, 2025).

Water fluoridation remains a cost-effective public health policy with the NMHRC affirming

GPO Box 1328
Brisbane Qld 4001

Level 3, 340 Adelaide St
Brisbane Qld 4000

(07) 3012 9090
info@hcq.org.au

that for every dollar spent on fluoridation, up to $18 is saved on avoidable dental treatment (2017). Costs also include days absent from school or employment due the impact(s) of poor oral health.

Principles

HCQ believes the following principles are critical to ensuring equitable, evidence-based and sustainable oral health outcomes for all Queenslanders:

- **Health equity**

Potable water fluoridation remains a proven public health measure that reduces health disparity across all LGAs, particularly for young children, vulnerable and low-socio-economic communities.

- **Evidence-based intervention**

Potable water fluoridation is strongly supported by health authorities, local, national and international evidence as an effective and safe measure to prevent poor dental health. Its presence in drinking water remains a strong predictor of life-long good oral health.

- **Cost effective social benefits**

Fluoridation delivers strong economic benefits to heath consumers and health services. Good oral health minimises lost productivity across school and workforces and reduces the risk of potentially preventable hospitalisations (PPH).

Oral healthcare measures

Australia's National Oral Health Plan (2015 – 24) reminds us that "a healthy mouth enables people to eat, speak and socialise without pain, discomfort or embarrassment" (COAG Health Council, 2015, p ix).

To reduce the risk of poor oral health, regular behaviours that children and adults can take to maintain good oral health include:

- **Brush twice daily** for 2 minutes morning and before bed using a soft toothbrush and fluoride toothpaste
- **Use floss or interdental brushes** daily to remove plaque and bacteria between teeth
- **Spit, don't rinse after brushing**. This leaves a layer of fluoride on your teeth to strengthen enamel
- **Limit added sugar to your daily intake** to prevent cavities and tooth decay
- **Have regular dental check-ups**. Take your baby for their first check-up when their first teeth appear in their mouth.

References

1. Queensland Health. (2025). Water Fluoridation. Water fluoridation | Queensland Health
2. Sexton, T., Diep, H., Le, T., Lalloo, R., Ford, P., Do, L & Stormon, N. (2024). Socio-economic status and access to fluoridated water in Queensland: an ecological date linkage study. Medical Journal of Australia, 220 (2), 74-79. doi: 10.5694/mja2.52196
3. Chief Health Officer Queensland. (2025). Dental and oral health – Report of the Chief Health Officer Queensland. Queensland Government, Brisbane. Available at: Dental and oral health | Report of the Chief Health Officer Queensland
4. Foley, M., Sexton., C., Spencer, A., Lalloo, R., & Do, L. (2022). Water fluoridation, dental caries and parental ratings of child oral health. *Community Dentistry and Oral Epidemiology*, 50(6), 493 – 499.
5. Messenger, A. (2025, October 15). Water fluoridation cut tooth decay in Queensland children, study shows, but most councils have decided against it. The Guardian. Water fluoridation cut tooth decay in Queensland children, study shows, but most councils have decided against it | Queensland | The Guardian
6. National Health and Medical Research Council. (2017). *Water Fluoridation and Human Health in Australia: Questions and Answers*. Canberra: National Health and Medical Research Council. Water Fluoridation and Human Health in Australia: Questions and Answers
7. World Health Organisation. (2025, 17 March). *Oral Health*. Oral health
8. Australian Institute of Health and Welfare. (2022). *Australia's children*. Available at: Australia's children, Dental health - Australian Institute of Health and Welfare

GPO Box 1328
Brisbane Qld 4001

Level 3, 340 Adelaide St
Brisbane Qld 4000

(07) 3012 9090
info@hcq.org.au

9. Australian Institute of Health and Welfare. (2025). *Oral health and dental care in Australia*. Available at: Oral health and dental care in Australia, Introduction - Australian Institute of Health and Welfare

10. COAG Health Council. (2015). *Healthy Mouths, Healthy Lives: Australia's National Oral Health Plan 2015 – 2024*. Australian Government, Canberra. Australia's National Oral Health Plan 2015–2024

GPO Box 1328
Brisbane Qld 4001

Level 3, 340 Adelaide St
Brisbane Qld 4000

(07) 3012 9090
info@hcq.org.au