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15 September 2010

Dear Mr McTear

Re: Freedom of information request

Thank you for your e-mail dated 19 August 2010 in which you raised a number of issues relating to water fluoridation. I will endeavour to address each of your points in turn;

(1) Does this Authority intend to consider giving advice regarding formula fed babies and diabetics due to your adding fluoride to in some areas tap water?

A The SHA supports the recommendations of the World Health Organisation that mothers should be encouraged to breast-feed rather than bottle feed their babies, because breastfeeding is best for infants' general health and well-being. However, if breastfeeding is not possible, some mothers may make up bottle feeds using tap water. There is no evidence of any harmful effects to health from this. On the other hand, there is substantial evidence of long-term benefits to children's dental health if the tap water contains fluoride at or around a concentration of one part per million.

The scientific evidence suggests that, in fluoridated and non-fluoridated areas the teeth of young children may be more susceptible to fluorosis if they consume too much fluoride by, for example, swallowing fluoride toothpaste when they brush their teeth. For that reason, current dental advice to all parents is to supervise their children's tooth-brushing up to at least age 7 years and use a very small volume of toothpaste for children under 3 years (Delivering Better Oral Health- evidence based toolkit for prevention' 2nd edition (2009)). This advice is supported for all areas of England whether fluoridated or not.

From all the evidence available, the SHA does not believe that it is necessary to give any additional advice to mothers in fluoridated areas. Experience in fluoridated parts of the UK suggests that mothers who bottle-feed their babies are happy to make up infant formula feeds with tap water. However, should any individual mother have a particular concern about further reducing the risk of even very mild forms of fluorosis, they have the option of purchasing either a ready to use low fluoride formula feed or of making the feed up themselves with a low fluoride bottled water.

With regard to advice to diabetics, there is no evidence to suggest that people with diabetes who drink fluoridated water are either at greater risk of developing this condition or that those who already have the condition are at a higher risk of health problems. Regardless of whether they drink fluoridated water or not, people whose diabetes is poorly controlled may be at higher risk of, for example, renal problems. It is therefore interesting to observe that several large community based studies found no increased renal disease associated with long-term exposure to drinking water with fluoride concentrations of up to 8 parts per million (eight times higher than the concentration found in UK fluoridation schemes). It is important that people with diabetes should remain free from infections, including mouth infections, which might compromise their glucose control. Maintaining good oral health and preventing dental caries in this sub-section of the population is therefore particularly relevant. In light of the current evidence Yorkshire and the Humber Strategic Health authority does not plan to give any specific additional advice to diabetics in fluoridated areas.

(2) **I've checked the dental decay statistics and compared them with other areas including Birmingham which has been fluoridated the longest. I found that dental decay was the same or worse in Birmingham as it is in non fluoridated areas, thus fluoridating tap water does not work.**

http://www.apho.org.uk/resource/item.aspx?RID=71168

Four systematic reviews of the scientific evidence on the dental benefits of water fluoridation have been published in the past ten years. A review by the University of York (2000) concluded that *'the best available evidence suggests that fluoridation of drinking water supplies does reduce caries prevalence, both as measured by the proportion of children who are caries free and by the mean change in dmft/DMFT score'.* They found that, on average, children in fluoridated areas have 2.25 fewer teeth decayed, missing and filled than those in non-fluoridated areas, and that nearly 15% more children in fluoridated areas are caries-free than in non-fluoridated areas. Another review by a US Task Force (2002) found that, on average, children in fluoridated areas have between 41% and 51% less caries than those in non-fluoridated areas.

In 2007, the Australian National Health and Medical Research Council published the results of a further systematic review which, again, confirmed the significant dental health benefits of water fluoridation. In the same year, a US review (Griffin et al) concluded that, on average, adults who have lived all or most of their lives in fluoridated areas have between 27% and 35% less caries than those who have lived mainly in non-fluoridated areas.

When examining statistics regarding dental decay, it is important to remember that high tooth decay levels are closely associated with high levels of social deprivation. With those children living in socially deprived areas having significantly higher levels of disease than their more affluent peers. This has to be borne in mind when comparing different communities. Two out of the three Birmingham Primary Care Trusts have very high levels of deprivation. Heart of Birmingham is the most deprived PCT not only within the West Midlands but also in England, whilst Birmingham East and North PCT is the 10th most deprived in England.

When like is compared with like (i.e., communities with similar levels of deprivation), it is possible to see that places receiving fluoridated water, including Birmingham, tend to have better children's dental health than those with non-fluoridated water. For example, according to the 2007/08 national survey that forms the basis of the APHO analysis you referred to, the average 5-year olds in non-fluoridated Manchester has 2.4 teeth affected by decay, compared with the average Birmingham 5-year old with just 1.4 teeth affected. Similarly, children in non-fluoridated Liverpool, Bradford, Blackburn and Knowsley have much more tooth decay than their Birmingham counterparts.

(3) All toothpaste in the states and some here warn that if you swallow some of the toothpaste you should consult a poisons expert.

A Standard practice in the UK is for fluoride toothpaste packets to advise that young children should be supervised when brushing and only a small amount of toothpaste should be used. This advice is also given by health professionals in line with the guidance in 'Delivering Better Oral Health-evidence based toolkit for prevention' 2nd edition (2009)', produced by the Department of Health and the British Association for the Study of Community Dentistry.

(4) The dental association are changing the advice they give concerning formula fed babies and diabetics in fluoridated areas.

A This is a matter for the relevant dental association.

(5) If you check the attached link, you will also find many other disturbing changes in fluoridated areas compared with non fluoridated areas.

http://video.google.com/videoplay?docid=-2886269353175462948#

A Your comments have been noted.

Finally, I would like to reassure you that Yorkshire and Humber Strategic Health Authority will continue to review any emerging scientific evidence with regard to the effectiveness and safety of water fluoridation and take action as appropriate.

I trust we have responded to your request appropriately. However, if you are unhappy with this response please contact me in the first instance.

If you have any further concerns about our response you may wish to contact the Information Commissioner www.informationcommissioner.gov.uk

Yours sincerely

Karl Milner
Director of Communications and Public Relations