

## **Health and Wellbeing Scrutiny Committee**

### **Policy Review: Evidence Gathering Session 7**

#### **WATER FLUORIDATION**

**Meeting Objectives:** To take a final look at water fluoridation, some of the ethical considerations associated with a community scheme and the ChildSmiles scheme operated in Scotland.

**In attendance:** Cllrs Dixon (Chair), Davison, Leadbitter, Mann and McClennan  
Professor Emeritus Mike Lennon (British Fluoridation Society),  
Dr Ray Lowry (British Fluoridation Society) and Dr Colwyn Jones (NHS Health Scotland Dental Public Health Consultant)

**Apologies:** Cllrs Cunningham and Butler

The main points arising from the session were as follows:

- A number of environmental studies were highlighted including the Grand Rapids/Muskegon/Aurora fluoridation trials. Professor Lennon stated that these trials were replicated across Europe, including in the UK, with similar results.
- Approx. 6 million people in UK receive fluoridated water, with the North East and West Midlands as key areas.
- Based on the results of the dental surveys which compare outcomes between fluoridated and non-fluoridated areas, people do drink enough water for water fluoridation to improve their dental health.
- Ethical issues were discussed, and Professor Lennon referred Members to the paper by the Nuffield Council on Bioethics. It was noted that the Nuffield Council reported that the most appropriate way of deciding on water fluoridation was through the democratic decision-making process.
- In terms of water fluoridation affecting intelligence levels it was reported that there were 2 or 3 respectable studies i.e., a Canadian Study had shown a very small reduction in IQ in boys but not in girls; a Spanish study had revealed a slight increase in IQ in fluoridated areas and A New Zealand Study had shown no difference.
- Professor Lennon also informed the Committee that cases of skeletal fluorosis are extremely rare in the UK, and that it is only really experienced in countries with high levels of naturally occurring fluoride like Pakistan (8-10ppm).
- It was noted that water fluoridation should be conducted in conjunction with other interventions. Water fluoridation is expressly permitted in English law.

- Fundamentally it was important to get everyone brushing regularly with a fluoride toothpaste and reducing sugar in the diet. However, these were recognised as long-term projects.
- Members raised the issue of deprivation and how there is a danger that water fluoridation can abdicate the responsibility of parents to ensure good oral health in their children.
- Professor Lennon informed the Committee that those who most benefitted from water fluoridation were those aged between 3-18 years of age as recognised by several studies. However, it was acknowledged that water fluoridation has an effect on people of all ages.
- The ChildSmiles scheme was highlighted as a positive intervention that looked at promoting a sustained behavioural change in children and parents. Dr Jones reported that the universal provision of nurse-led schools in Scotland was a big advantage to the scheme being a success.
- The importance of early intervention in terms of supervised tooth brushing schemes was also highlighted.
- While CWF schemes do not affect behavioural change, it was noted that it did raise the bar in terms of oral health.

The Chair thanked everyone for their attendance and contribution and closed the session.