

Preventative Dental Treatments and Dental Health Expenditure in Wolverhampton 1997 - 2002

Introduction

This summary examines the impact of water fluoridation in the Wolverhampton district after 1997 and illustrates why claims by pro-fluoridationists cannot be taken at face value.

Water fluoridation is NOT proven to reduce tooth decay. The Government-commissioned York Review (2000) looked at all work on the subject submitted by the pro-fluoride lobby and found that the quality of studies underpinning the practice was poor.

Poorly designed studies i.e. studies that do not allow for confounding factors, are open to bias and with dental practitioners and academics overwhelmingly in favour of fluoridation, it is likely that any bias in their studies will be in favour of the practice.

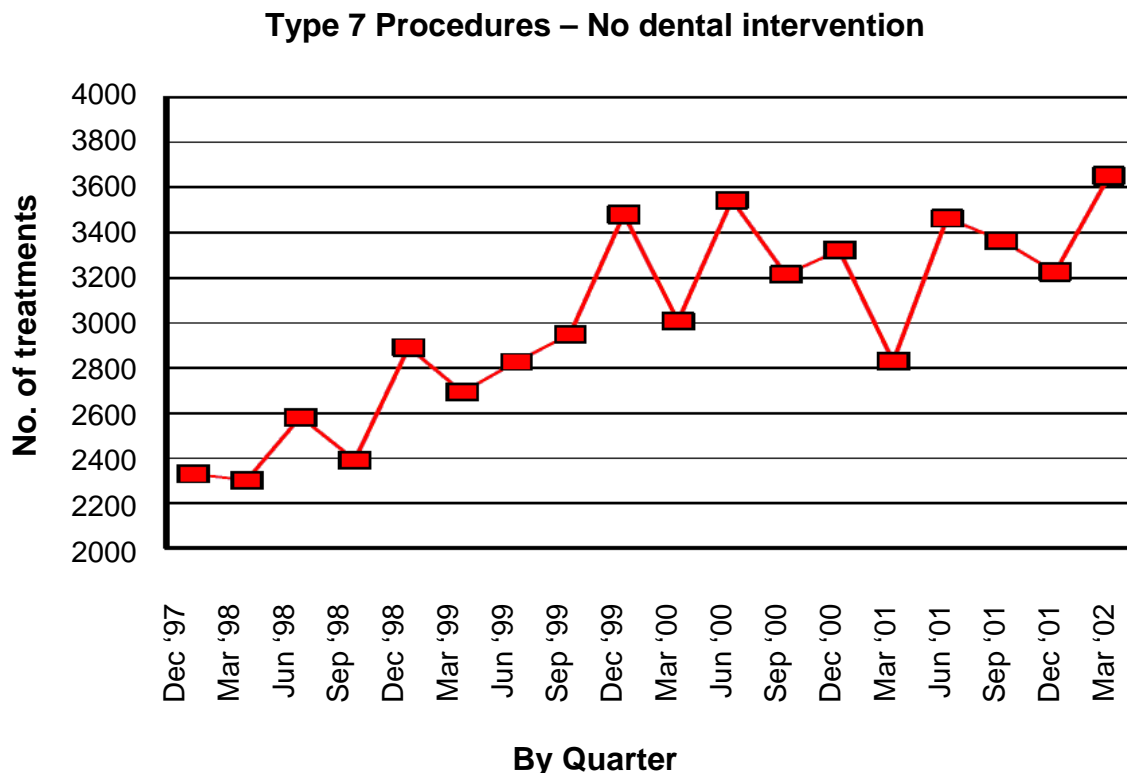
The British Association for the Study of Community Dentistry (BASCD's) annual dental surveys are not based upon any baseline studies, have no controls and no attempt is made to blind observations. They were rejected by the York Review's scientists as they did not meet any of its inclusion criteria. Being of questionable scientific value the BASCD's surveys cannot be used to inform what is and is not clinically effective in reducing tooth decay.

Wolverhampton

Prior to 1997, only 32% of the population of Wolverhampton received fluoridated water. After 1997, this increased to 100% of the population. By examining official and irrefutable Dental Practice Board statistics¹ for Wolverhampton covering the five years from 1997 to 2002, we can observe some surprising developments.

While some improvement in dental health has been claimed for Wolverhampton since 1997, there are factors which indicate that fluoridation is not responsible. The first factor, illustrated by Graph 1, is the massive increase in preventative measures carried out by dentists since 1997. Type 7 Procedures, designed to help prevent tooth decay, do not include drilling or filling.

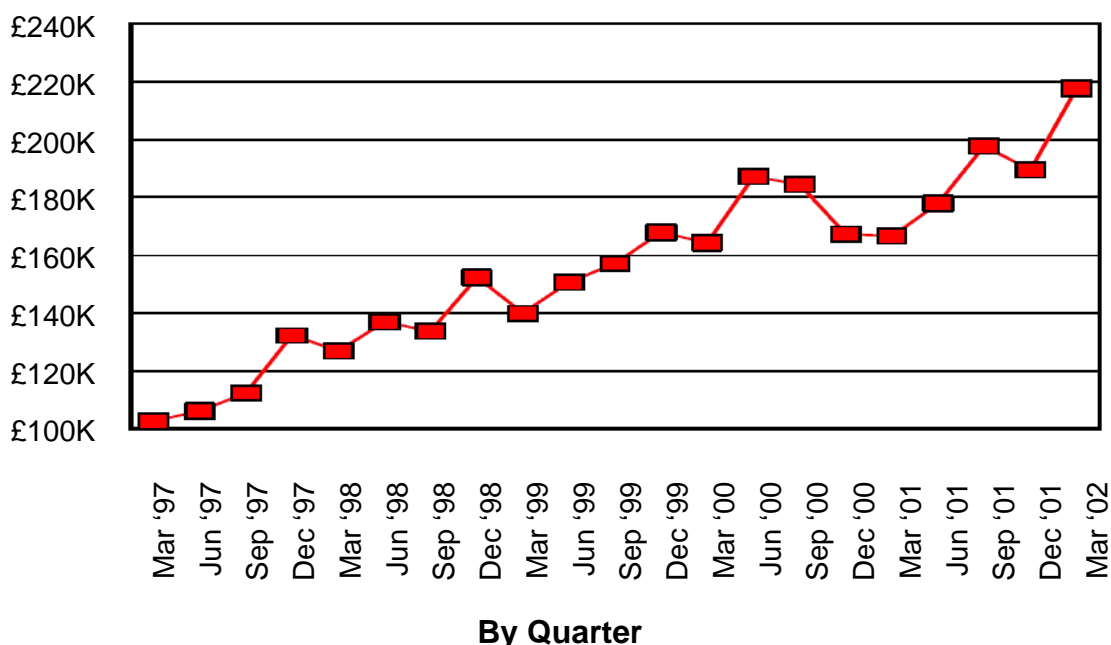
Graph 1. Preventative measures conducted by Wolverhampton dentists on children under the age of 18 since 1997.



The second factor, illustrated by Graph 2, is the increase in dental health expenditure in Wolverhampton of over 100% between 1992 and 2002.

Graph 2. How much have Wolverhampton dentists been spending on children under the age of 18 since 1997?

Dental health expenditure in Wolverhampton since 1997



Conclusions

The two graphs presented show that, once fully fluoridated, Wolverhampton dentists appear to have worked harder to prevent tooth decay in children, increasing NHS dental health expenditure in the process. Any improvement in dental health from this activity will of course have been attributed to water fluoridation. If fluoridation is effective why should so much extra effort and additional NHS funds be needed to prevent tooth decay?

Board members of Strategic Health Authorities and Primary Care Trusts can, with absolute justification, reject water fluoridation as it will NOT address the oral health needs of the people they serve. SHA and PCT board members should instead demand for their communities the same level of screenings and preventative treatments carried out in fluoridated areas like Wolverhampton.

Screenings and preventative treatments could most effectively be carried out in schools ensuring that children from deprived families will be reached. And, unlike water fluoridation, screenings and preventative treatments will not involve water companies violating their customers' human right to refuse consent.

Reference

1. All data used in this publication has been derived from the Dental Practice Board's OFFICIAL statistics - www.dpb.nhs.uk These statistics are a TRUE representation of the procedures and expenditure of National Health Service dentists.

This document is based upon Dental Practice Board statistics compiled for National Pure Water Association by Chris Holdcroft of - www.fluoridationfacts.com