

## Support it or lose it

**T**HE MEMBERS OF OUR PROFESSION and pediatric dentists in particular must be reminded of the continuing outspoken and also behind-the-scenes work by those who oppose fluoridation of community water supplies. It is easy to become complacent when we read of the percentage of caries-free children in many areas of the United States, a fact verified by clinical observation of children in our practices.

Many members of our Academy realize that the dental health of children was quite different a few decades ago when rampant caries was the rule rather than the exception. They can recall that the methods used to reduce dental caries in young patients included refined carbohydrate restriction and improved oral hygiene. These were the only approaches available to us in the prefluoridation era. The lactobacillus test by Hadley—popularized by Jay—was an aid in determining the child's compliance with refined carbohydrate restriction (McDonald et al. 1987). The reduction in dental caries using this approach was usually disappointing at best.

With the era of community fluoridation the dental health picture began to change dramatically. Recent research studies and observations in private practice continue to support the contention that community water fluoridation is the most effective method of reducing dental caries in the general population. This is particularly true considering the fact that less than half of the population visits a dental office on a regular basis, and about 10% of persons using dentifrices use products that don't contain fluoride. In 1985 about 51% of the U.S. population lived in communities with fluoridated water.

When fluoridation is discontinued in a community there is a dramatic increase in the dental caries incidence (McDonald et al. 1987). After a lapse of two years, children drinking fluoride-free water in an Illinois community experienced as much as a 38%

increase in tooth decay. In a Wisconsin city, tooth decay increased 92% among kindergarten children; 183% among second graders, and 100% among fourth graders when fluoridation was discontinued.

Today in the United States, community water fluoridation is endorsed by the ADA, AMA, U.S. Public Health Service, ASDC, and our Academy. But there are danger signs on the horizon. In a recent article entitled *Fluoridation of water* (Hileman 1988) the author states, "Questions about health risks and benefits remain after more than 40 years." References are made to a possible link between fluorides and cancer, birth defects, hypersensitivity, kidney disease, and genetic mutations. These allegations have been answered by many authorities who continue to stress the safety of community water fluoridation. It is alarming, however, to note that in about 60% of 2000 referenda held in the United States since 1950 fluoridation has been voted down. Even now fluoridation remains an issue in many cities across America. Since 1983, fluoridation referenda have been held in more than 60 communities. In more than half of these, the people voted against fluoridation. Some of these referenda were held in cities without fluoridation in order to decide whether to institute it. In other cities referenda were called by opponents of fluoridation where it already existed in order to terminate it.

We are reminded in an article by Day (1988) that the dominant issue concerning fluoridation is the question of individual rights. Fluoridation proponents say that in a civilized society some compromises are necessary for the common good. Day believes that the argument that fluoridation is a significant infringement on individual freedom is no more valid than asserting that milk should not have vitamin D added to it or that niacin should not be added to bread. There are few places where can a person buy a carton of milk or a loaf of bread that has not been enriched with these valuable nutrients. The dependence of the public on such foods and the

public policy on food enrichment may impinge on personal freedom, but who would insist on the return of personal freedom at the cost of improved public health?

Dr. C. Everett Koop, U.S. Surgeon General, recently has confirmed his continued support of water fluoridation (1988). Koop reminds us that the constitutional issues have been fully dealt with by a number of state Supreme Courts that have upheld fluoridation as legal and appropriate. The U.S. Supreme Court has, on several occasions, determined that there is no basis for review of the state court decisions. In terms of purported health concerns there is much evidence to indicate that there is no scientific basis for a concern and no credible evidence of harm that could justify abandonment. Koop further states that "for my part, I will continue to support community water fluoridation and recommend it to communities as an effective public health measure."

The members of the dental profession and in particular members of our Academy should remain vigilant and aware of the potential threat to the dental health of our children if we should lose the benefit of fluoridation in our community water supplies.



Day HG: Letter to the Editor. Chemistry and Engineering (C and En) 65:3, 49, Oct. 17, 1988.

Hileman B: Fluoridation of water. C and En 65:26-42, Aug. 1, 1988.

Koop CE: Fluoridation of water. C and En 65:2, Nov. 28, 1988.

McDonald RE, Stookey, GK, Avery DR: Dental caries in the child and adolescent, in *Dentistry for the Child and Adolescent*, 5th ed, McDonald RE, Avery DR, eds. St Louis; CV Mosby Co, 1987 pp 240-41, 257.

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## ***Pediatric Dentistry* to be published bimonthly**

Beginning with January, 1990, *Pediatric Dentistry* will be published bimonthly, increasing from four to six issues per year. This move represents a commitment by the American Academy of Pediatric Dentistry to improve and expand communications among the clinicians, educators, and researchers devoted to improving the oral health of all children.

The increased frequency will allow the Academy to circulate more information more quickly to all our subscribers. We can publish important findings more quickly, increase the number of manuscripts published, and ensure that improvements in clinical procedures are circulated promptly.

As always, we encourage readers' comments on the journal and we welcome your suggestions as we move to our expanded publication schedule.