Written evidence submitted by East Lancashire Against Fluoridation (HCB80)

HEALTH AND SOCIAL CARE BILL ("The Bill") 2021 (Clauses 128-9)

HOUSE OF COMMONS PUBLIC BILL COMMITTEE

1. EXECUTIVE SUMMARY

- Fluoridation of the public water supply is fundamentally flawed and surrounded in controversy. It is a population-wide solution to a problem which no longer exists.
- The proposal to return decision-making on water fluoridation schemes to central government makes no logical sense. It is much more appropriate to leave decision-making with local authorities and simplify the process they have to follow.
- **Clauses 128-9 in the Health and Social Care Bill 2021 should be deleted.**

2. INTRODUCTION

2.1. East Lancashire Against Fluoridation was formed many years ago to oppose proposals to introduce water fluoridation into East Lancashire. It had several local MPs as Patrons and is supported by numerous local councillors.

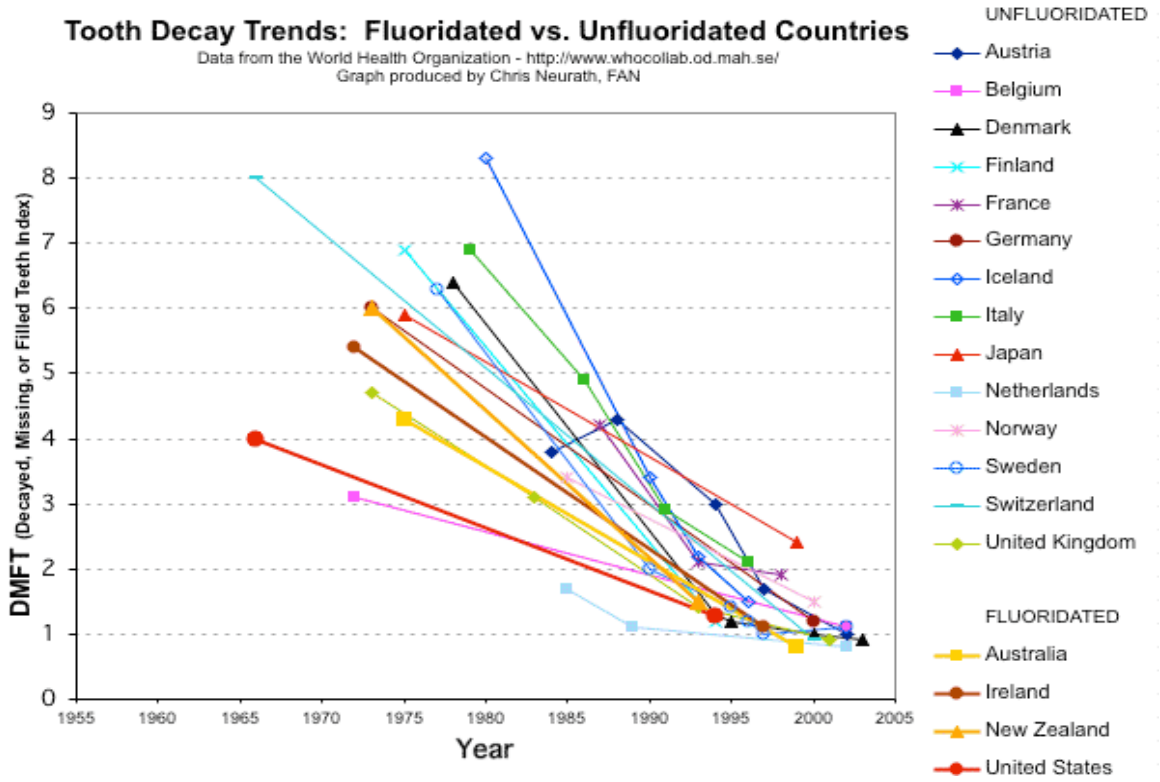
2.2. We keep up to date with developments in water fluoridation and take every opportunity to express views, brief local authorities, members of the public, etc.

3. BACKGROUND

3.1. Fluoridation of the public water supply as a public health measure is fundamentally flawed: -

- As a form of compulsory medication, ***it is unethical***
- Taken in unspecified doses by vulnerable populations, ***it is dangerous***
- By its medicinal nature, ***its legality is questionable***
- With other means available to combat tooth decay, ***it is unnecessary***
- Since only a tiny amount of fluoride ends up on children's teeth, ***it is inefficient***
- Latest scientific studies and the absence of clinical trials show, ***it is unsafe***
- With most of the fluoridated water missing its intended target and being discharged into water courses, ***it is potentially damaging to the environment***
- When equitably compared with other oral health improvement programmes, ***it is expensive***

3.2. When water fluoridation was introduced around 70 years ago there was no fluoride in toothpaste, dental products (varnish, mouthwash, etc), processed food, etc and tooth decay was widespread.



As the diagram above shows, today, dental decay rates are universally low, irrespective of fluoridation status. However, there is still considered to be a problem in 'pockets' of the population, namely, socially disadvantaged young children. Against this background of tooth decay being localised and not widespread and fluoride- based dental products being widely available, it is hard to escape the conclusion that water fluoridation ***is a (population-wide) solution to a problem which no longer exists.***

3.3. The current dental health problem in young children is a local one – not a national one. These dental health inequalities will not be solved by a population-wide solution like water fluoridation. Furthermore, there is no credible scientific evidence (from the York Review [1] in 2000 and the Cochrane Review [2] in 2015) that water fluoridation reduces dental health inequalities. A more targeted approach is called for.

4. THE NEED FOR LOCAL DECISION-MAKING

4.1. Prior to the "Health and Social Care Act 2012" [3] (the last major reform of the NHS) decisions on water fluoridation schemes were taken by the Department of Health through Strategic Health Authorities (SHA's). The 2012 Act transferred responsibility to local authorities, the view being [4]: -

"……. that it is appropriate that decisions on fluoridation are locally determined. Local authorities, as democratically accountable bodies are viewed as being best placed to make a decision on behalf of their local population."

4.2. Although the current decision-making process has shortcomings, at the heart of it there is opportunity for local people to have their say. The proposal to return decision-making on water fluoridation schemes to central government is therefore considered a backward step. The reasons being given in the Bill are worthy of examination: -

"Local authorities have reported several difficulties with this process including the fact that local authority boundaries are not coterminous with water flows, which requires the involvement of several authorities in these schemes, in a way which is complex and burdensome [5]".

4.3. It should be borne in mind that water fluoridation schemes are intended to target socially disadvantaged young children with poor dental health. This target cohort is not widespread across the country but are concentrated in local areas. Fluoridated water cannot be specifically directed to these local areas – the water goes to wherever the water distribution system takes it. This is one of the major weaknesses of water fluoridation in providing any benefit to the young people it is aimed at.

4.4. Changing the decision-making from local authorities to central government will not change the water distribution system. Water flows will still cross local authority boundaries so cooperation and consultation between local authorities would still be needed – unless of course central government intend to by-pass local authorities.

4.5. The so-called *"reported …… difficulties with this process"* being *"complex and burdensome"* are not caused by the water distribution system but are more likely to be caused by the process itself - as defined by the current legislation. It therefore makes more logical sense to ***simplify the current decision-making process*** – but retain the important element of public consultation - than it does to transfer responsibility from local authorities to central government.

4.6. Local authorities are best placed to determine where 'pockets' of deleterious dental health lie – not national government. Furthermore, local decision-makers can decide on the most appropriate oral health intervention to tackle their local problem. If, they decide water fluoridation is a solution they wish to pursue, then they can take into account locally-expressed views and to balance the perceived benefits of fluoridation with the ethical arguments and any evidence of risks to health.

4.7. Water fluoridation is an archaic and controversial subject. Including it in a modernisation of the National Health Service defies logic. It affects entire populations who are best served by locally elected and accountable bodies. Decision-making should remain with local authorities but the process needs to be simplified. It is therefore proposed that ***Clauses 128-9 in the Health and Social Care Bill 2021 should be deleted*** and the current decision-making process simplified.

18 September 2021

REFERENCES

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   https://www.york.ac.uk/media/crd/crdreport18.pdf

2. ***"Water fluoridation for the prevention of dental caries"*** Z. Iheozor-Ejiofor et al Cochrane Library of Systematic Reviews, June, 2015
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3. ***"Health and Social Care Act 2012"***
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4. ***"Healthy Lives, Healthy People: Consultations on the arrangements for consideration of proposals on the fluoridation of drinking water"*** extract from the Executive Summary Gateway Reference 17618 dated September, 2012

5. ***"Integration and Innovation: working together to improve health and care for all"*** published by the Department of Health and Social Care 11 February 2021
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