Editorial comment
To fluoride or not to fluoride...

The prospect of the government using thousands of our pounds to add fluoride to our water supplies raises more than a few crooked eyebrows. Some of you out there are genuinely delighted that the UK is finally making headway with reducing tooth decay through a pretty clear cut solution—both in adults and children. While others of you—dentists and members of the public—are fuming. So what to do?

Well the easy get-out clause for the government is to roll out any ‘controversial’ issue to a ‘public consultation’. It certainly sounds good doesn’t it—even has overtones of the right kind of public etiquette, and genuinely sounds like it includes the views from the very rich and the very poor. Maybe it does, but I really can’t imagine we’ll receive a phone call asking whether we are ‘for’ or ‘against’ fluoridation. But if we do, what will they say? Will they say: ‘Hello, how do you like the idea of ingesting a substance which is used as a pesticide and has been suspected of causing cancer, hip fractures, mental impairment, fertility problems, thyroid conditions, brittle bones, anaemia, chronic fatigue, excessive thirst, headaches, skin rashes and dental deformities’? Probably not.

**Added vitamins**

Chatting to Dr Cockcroft last week his reasons to back fluoridation are set in stone. When asked why everyone else should drink fluoridated water for the benefit of the more decayed, he said: ‘I don’t have the right to impose fluoridation, but would you stop treating hung cancer in people just because they smoke?’

“We add fluoride to bread and cereal, more vitamins and minerals to biscuits and confectionery so what’s the difference? If you lose your teeth at ten years old you are stuck with that for the rest of your life.’

For the ‘evidence’ for fluoridation is pretty weighty isn’t it. Studies from around the world claim that the average child is likely to have two fewer decayed teeth and that about 15 per cent more children would be totally free from tooth decay. The government will also add that ‘fluoridation is an effective and relatively easy way to address health inequalities’—giving children from poorer backgrounds a dental health boost that can last a lifetime, reducing tooth decay and the dental work they need in the future’. In response to this, a plethora of highly valuable, expert and experienced doubters—is used to winning fluoridation arguments, rather than being brow-beaten and bullied by the medico-political establishment will point rather angrily at the evidence on the other side of the fence.

Tony Lees, dental adviser to the UK Councils Against Fluoridation is one such man. He cites figures from the York Herald. ‘It condemns one in eight people to a life-time of paying for cosmetic dentistry.’

The country has said time and time again for over 40 years that it does not want dangerous toxic poisons pouring into our water supply. Solid facts are the only solution to this long-standing issue.