

21 June 2016

Dear Mr. Boyden

The Minister for Health, Simon Harris, T.D., has asked me to thank you for your recent letter concerning water fluoridation.

Water fluoridation is the adjustment of a naturally occurring element found in water in order to prevent tooth decay. Dental fluorosis is the only known side effect of water fluoridation. At the levels of fluoride present in Ireland's water supplies any occurrence of dental fluorosis in most cases is only detectable by a dentist as faint white flecks on the surface of the teeth. In the majority of cases dental fluorosis generally does not require any treatment. This is in contrast to the treatment of tooth decay which may on occasion require complex interventions.

Fluorosis is an indicator of overall fluoride absorption from all sources. The Department of Health, in addition to monitoring the impact of water fluoridation on dental decay, has also rigorously monitored enamel fluorosis and responded to evidence of change in fluorosis levels. The Department is currently collaborating in a University College Cork-led research project, "Fluoride and Caring for Children's Teeth" or (FACCT). The study is considering the impact of changes on the oral health of children, following policy decisions relating to toothpaste use by infants and young children made in 2002 and the reduction in the level of fluoridation in drinking water in 2007. Early results from the study show that at 5 years of age 60% of children have no caries. While the results are generally positive, there remain oral health differences between fluoridated and non-fluoridated communities.

The legislation on water fluoridation requires that a daily test be carried out at water treatment plants by the local authority water services staff. Monthly fluoride testing is carried out by the HSE and the EPA also carries out testing which requires monitoring of fluoride levels in water supplies. If the fluoride levels are found to be outside the range specified in the legislation, those responsible are notified, prompt adjustments are made to the dosing equipment and a new test carried out.

In the case of *Ryan v Attorney General* (1964) the Supreme Court did not accept that the fluoridation of water was, or could be described as, the mass medication or mass administration of "drugs" through water. The Health Products Regulatory Authority (HPRA) is the competent authority for the licensing of human and veterinary medicines and medical devices in Ireland. The HPRA considers that neither drinking water itself nor the fluoride added to drinking water in the form of fluoride salts or silica fluoride, as defined in the Health (Fluoridation of Water Supplies) Act 1960, should be categorised as medicinal products. The HPRA considers that the fluoridation of drinking water should be seen as a measure consistent with general public health management. Fluoridation can be likened to adding vitamin D to milk or folic acid to cereals.

The Nuffield Council on Bioethics in the United Kingdom, to you refer, published a

landmark report on ethical issues in public health in 2007. It recognises the tensions between protecting personal autonomy and promoting the welfare of all. To quote from the report:

“From an ethical and practical standpoint, an important dimension of public health policy is therefore to balance the liberal emphasis on choice and autonomy with the imperative to support those who do not have the opportunities to choose because of, for instance, poverty or dependency.”

Given that fluoridated water does not smell or taste differently from un-fluoridated water, the “freedom of choice” argument is essentially a debate about whether individuals who have a personal preference not to drink water containing 0.6 - 0.8 parts per million of fluoride should be able to prevent the rest of society enjoying the considerable benefits afforded by fluoridation. It is the view of the government that the common good should prevail.

The European Union Scientific Committee on Health and Environmental Risk (SCHER) conducted a review, to which this Department contributed. Its report, published in 2011, concluded that there are no known negative health implications from fluoridating water at levels used in the EU. With regard to the Precautionary Principle, the European Union states that this Principle cannot be used to make simple arbitrary decisions in the manner suggested, but may only apply when three primary criteria are met, concerning the identification of potentially adverse effects, the evaluation of the scientific data available; and the extent of scientific uncertainty. It is noteworthy that, following the SCHER report, neither SCHER nor the EU Commission has stated that the Precautionary Principle should be invoked in relation to water fluoridation.

The Department of Health keeps the policy of water fluoridation under constant review. As part of this ongoing work, a review of evidence on the impact of water fluoridation at its current level on the health of the population was conducted by the Health Research Board (HRB) on behalf of the Department. This review was published by the HRB in June 2015. The HRB has found no definitive evidence that community water fluoridation is associated with negative health effects.

I trust that this clarifies the matter for you.

Yours sincerely

David O'Connor  
Private Secretary

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