September 1, 2011

Ms. Cynthia Oshita  
Office of Environmental Health Hazard Assessment  
1001 I Street  
Sacramento, California 95814  

Dear Ms. Oshita:

On behalf of our 157,000 members, the American Dental Association is pleased to provide comments to the California EPA as it considers whether or not to classify fluoride and its salts as possible carcinogens. We commend the California EPA’s Office of Environmental Health Hazard Assessment (OEHHA) for the performance of its due diligence related to fluoride and the public’s safety. The California OEHHA will undoubtedly receive numerous comments on the science discussed in *Evidence on the Carcinogenicity of Fluoride and Its Salts* document developed by the Carcinogen Identification Committee (CIC) for the (California OEHHA).

Because we believe that the evidence reviewed in the OEHHA report is inconsistent and scientifically inconclusive with respect to drawing conclusions about the potential of fluoride to be carcinogenic in humans, it is important to consider the proven health benefits of fluoride. The ADA would like to take this opportunity to comment on the important roles that fluoridation and the use of fluoride-containing dental products have played in the oral and general health of the public.

Throughout decades of research and more than sixty-five years of practical experience, fluoridation of public water supplies has been responsible for dramatically improving the public’s oral health. In 1999, the Centers for Disease Control and Prevention named fluoridation of drinking water one of ten great public health achievements of the 20th century noting that it is a major factor responsible for the decline in tooth decay.1,2

In some ways, fluoride/fluoridation is a victim of its own success. Today, many adults under the age of forty are not aware of the ravages of tooth decay that were common in the first half of the 20th century. Nearly 40% of all World War II draftees required immediate treatment for the relief of dental pain. The requirement that draftees must have six opposing teeth had to be waived early in the war effort as many potential soldiers did not meet the requirement. The typical schoolchild developed three to four new cavities each year. It was commonplace for individuals to receive dentures as graduation or wedding gifts. The loss of all of one’s teeth was simply viewed as an eventuality. Today, the vast majority of people simply do not have that type of decay burden thanks in large part to the role fluoride/fluoridation plays in preventing decay. We must not lose sight of the remarkable progress that has been made.
Former U.S. Surgeon General David Satcher issued the first ever Surgeon General report on oral health in May 2000. In *Oral Health in America: A Report of the Surgeon General*, Dr. Satcher stated that community water fluoridation continues to be the most cost-effective, practical and safe means for reducing and controlling the occurrence of dental decay in a community. Additionally, Dr. Satcher noted that water fluoridation is a powerful strategy in efforts to eliminate health disparities among populations. Studies have shown that fluoridation may be the most significant step we can take toward reducing the disparities in tooth decay.

In August 2002, the U.S. Task Force on Community Preventive Services concluded that the evidence for the effectiveness of fluoridation is strong based on the number and quality of studies that have been done, the magnitude of observed benefits and the consistency of the findings. The Task Force issued a strong recommendation that water fluoridation be included as part of a comprehensive population-based strategy to prevent or control tooth decay in communities. Studies prove water fluoridation reduces tooth decay by 30%-50% in children and adolescents and approximately 27% in adults, even in an era with widespread availability of fluoride from other sources such as fluoride toothpaste.

Community water fluoridation is a most valuable public health measure because:

- Optimal fluoride water is accessible to the entire community regardless of socioeconomic status, educational attainment or other social variables.
- Individuals do not need to change their behavior to obtain the benefits of fluoridation.
- Frequent exposure to small amounts of fluoride over time makes fluoridation effective through the life span in helping to prevent dental decay.
- Community water fluoridation is more cost effective than other forms of fluoride treatments or applications.

In December 2010, the U.S. Department of Health and Human Services (HHS) unveiled Healthy People 2020, the nation’s new 10-year goals and objectives for health promotion and disease prevention. Noting that the launch of Healthy People 2020 comes at a critical time, HHS Secretary Kathleen Sebelius commented, “Our challenge and opportunity is to avoid preventable diseases from occurring in the first place.” Recognizing the importance of oral health, a specific set of objectives was established to promote prevention of oral disease. Oral Health Objective 13 which sets the goal for fluoridation states that at least 79.6% of the U.S. population served by community water systems should be receiving the benefits of optimally fluoridated water by the year 2020 - an increase of 10% from the 2008 level of 72.4%.

In January 2010, the U.S. Department of Health and Human Services (HHS) and the U.S. Environmental Protection Agency (EPA) announced important steps to ensure that standards and guidelines on fluoride in drinking water continue to provide the maximum protection to the American people to support good dental health, especially in children. HHS is proposing that the recommended level of fluoride in drinking water can be set at the lowest end of the current optimal range to prevent tooth decay, and EPA is initiating review
of the maximum amount of fluoride allowed in drinking water. HHS and EPA made this announcement “based on the most up to date scientific data.”

Community water fluoridation is endorsed by the ADA, the American Academy of Pediatrics, the American Medical Association, the American Public Health Association, the Association of State and Territorial Dental Directors, the World Health Organization and many other organizations and agencies.

Oral care products with fluoride have also played a key role in helping to significantly reduce the incidence of dental decay in children and adolescents. Fluoride was originally introduced into toothpaste in the 1950’s, and in 1960 the American Dental Association awarded its first Seal of Acceptance for a fluoride toothpaste to Crest Fluoride Toothpaste. The ADA Seal statement that appeared on the product label stated, “Crest has been shown to be an effective decay preventative dentifrice that can be of significant value when used in a conscientiously applied program of oral hygiene and regular professional care.” The ADA Seal of Acceptance program, has been in existence since 1930, and its mission is to help consumers identify safe and effective dental products.

Today, because fluoride toothpaste has been shown to be so effective in helping to reduce tooth decay, in both fluoridated and non-fluoridated areas, all toothpastes that carry the ADA Seal contain fluoride to help prevent decay, and fluoride is found in almost every toothpaste available to consumers. Fluoride mouthrinses have also been clinically shown to provide an added reduction in tooth decay when used with fluoride toothpaste, in both fluoridated and non-fluoridated areas.

The Food and Drug Administration, the agency with regulatory authority over marketed products, has approved the daily use of fluoride toothpaste and mouthrinse by consumers as being effective in helping to reduce tooth decay. It did this through its over-the-counter monograph procedure which resulted in the final rule of Anticaries Drug Products for Over-the-Counter Human use.

As the California OEHHA proceeds with its review, the ADA hopes OEHHA will note the importance of fluoridation and fluoride-containing dental products in the prevention of tooth decay and the contribution these measures have made, not only to the oral health, but the general health and well-being of the public.
If you have any questions, please contact Ms. Jane McGinley, manager, Fluoridation and Preventive Health Activities, at 312-440-2862 or mcginleyj@ada.org.

Sincerely,

Raymond F. Gist, D.D.S.  
President

Kathleen T. O’Loughlin, D.M.D., M.P.H.  
Executive Director

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References


