Worldwide Alliance to End Fluoridation

Why we have to end water fluoridation worldwide.

Introduction: Fluoridation is the practice of adding a compound containing (or generating) the fluoride ion into the public water supply ostensibly to fight tooth decay. The concentration of the fluoride ion used averages about 1 milligram per liter or 1 part per million (ppm). In different jurisdictions the levels used range from 0.6 to 1.2 ppm.

The arguments against this practice.

Water fluoridation is unethical. It is an unethical practice to use the water supply to deliver any medicine (a substance used to treat or prevent a disease) for fairly obvious reasons: a) You cannot control the dose or b) who gets the medicine and c) it violates the individual’s right to informed consent to medical treatment.

Water fluoridation is unnatural. It is particularly inappropriate to put fluoride into the public drinking water because fluoride is not an essential nutrient. Not one single process in the human body needs fluoride to function properly. Nature has given its own verdict on the lack of need for fluoride. The level in mothers’ milk is extremely low (0.004 ppm, NRC, 2006, p.40). That’s right fluoride is unnatural. It is reckless to bottle-feed babies at 250 times higher levels of fluoride than nature intended.

Water fluoridation is unsafe. There are many health concerns. It is well known that fluoride causes health problems in areas where there are high levels of fluoride in the water. There is an inadequate margin of safety to protect all citizens (especially babies and children) from these documented effects.

a) Dental fluorosis. Children are being over-exposed to fluoride as evidence by the increasing prevalence of dental fluorosis (an irreversible discoloring and mottling of the enamel). 41% of all U.S. children aged 12-15 now have this condition. 8.6% of them have the “mild” form with up to 50% of the enamel (of the affected teeth) impacted and 3.6 % have the “moderate” or “severe” forms with 100% of the enamel impacted (CDC, 2010).

b) Lowered IQ. Over 200 animal and human studies have shown that fluoride is a neurotoxin (www.FluorideAction.Net/issues/health/brain). Fluoride interferes with many brain functions like learning, memory, and other aspects of mental development. A Harvard team showed that out of 27 studies, 26 found a lowering of IQ in children exposed to fluoride (Choi, 2012; Landrigan and Grandjean, 2014). Proponents have argued that this meta-analysis can be ignored because the fluoride concentrations were much higher than the levels used in fluoridation. But this is simply not true. In nine of the studies the concentrations were less than 3 ppm. This leaves no adequate margin of safety to protect the mental development of all babies and children drinking fluoridated water.

c) Lifelong accumulation of fluoride in bone. The kidneys can excrete about 50 -60% of our daily intake of fluoride but the rest concentrates in our bones and accumulates there over a lifetime. Based on communities with high natural levels of fluoride in India and China it is clear that fluoride can damage the connective tissue and cause symptoms very similar to arthritis. Further accumulation in the bones makes them brittle making them more vulnerable to fracture (Li et al., 2001).
d) Extra risks from the chemicals used. Making matters even less acceptable to many citizens is the fact that the chemicals used in fluoridation programs are not the pharmaceutical grade chemicals used in dental products but contaminated industrial grade chemicals obtained from the scrubbing systems of the phosphate fertilizer industry. These contaminants include cancer-causing chemicals like arsenic for which there are no safe levels. Dilution is not the answer to pollution!

**Water fluoridation is unproven.** The evidence that swallowing fluoride actually reduces tooth decay is remarkably weak. After 70 years there has not been one single randomized controlled trial (RCT) – the gold standard of epidemiology - to demonstrate effectiveness. Recent US government-funded studies indicate little if any difference in tooth decay between fluoridated and non-fluoridated communities, especially in the permanent teeth (Brunelle and Carlos, 1990). Warren et al. (2009) concluded that, “achieving a caries-free status may have relatively little to do with fluoride intake.”

**Water fluoridation is unnecessary.** Most countries in the world (including most of Europe) do not fluoridate their water, yet tooth decay has been coming down as fast in non-fluoridated countries as in fluoridated ones (http://fluoridealert.org/content/who-data/).

a) **Fluoride’s main action is topical not systemic.** Even promoters of fluoridation now admit that the predominant benefit of fluoride is **topical not systemic** (CDC, 1999, 2001). Fluoride works mainly on the surface of the tooth not from inside the body. With topical treatments like fluoridated toothpaste readily available, there is no need to swallow fluoride and no need to force it on people who don’t want it. It is arrogant for local governments to force citizens to swallow fluoride, especially when they have informed themselves of the dangers involved.

b) **There are better ways to fight tooth decay in low-income families.** The Childsmile program in Scotland has shown that large reductions in tooth decay can be achieved in children from low-income families. This program involves teaching tooth brushing in nursery schools, educating parents on better diets and providing topical fluoride varnishes to those most vulnerable (Childsmile).

c) **An extra benefit of the alternative approach.** An educational program to reduce sugar intake would not only help fight tooth decay but also obesity, which left unchecked will cost this country billions of extra dollars in health care.

**Summary and Conclusion.** Fluoridation is a poor medical practice; it is unethical, unnatural, unsafe, unproven and unnecessary. It should have ended when promoters admitted that fluoride’s supposed beneficial action is topical not systemic. When swallowed fluoride poses many serious risks to our brains, bones and other tissues. Since it has been demonstrated that there are safer and cost-effective alternative ways of fighting tooth decay in low-income families which do not involve forcing it on people who don’t want it, fluoridation must be brought to an end immediately wherever it is still practiced. We need education to fight tooth decay not fluoridation. That education offers other important health benefits.

**Postscript.** Further discussion of the arguments presented above can be found in *The Case Against Fluoride* … by Paul Connett, PhD; James Beck, MD, PhD and Spedding Micklem, DPhil (Oxon) (Chelsea Green, 2010). Each argument in this book is backed up with 80 pages of citations to the scientific literature. For researchers who wish to remain up-to-date with the science we recommend using the studytracker on the website of Fluoride Action Network (www.FluorideAlert.org)