	Title: Position Statement 3: Fluoride	
	Date Reviewed: October 2019	Version <b>PS3.16.0</b>
	Approved by: Executive Council	Next Review: October 2020

## FLUORIDE

### Position Statement/Media Release

Fluoride is the cornerstone in the prevention of dental caries. The National Health and Medical Research Council states ‘a national standard for access to either fluoridated water supply or fluoride in other forms is required for the whole population’. Therefore, ADOHTA continues to support the benefits of fluoride as an effective individual and public health strategy in the reduction of dental caries and achieving oral homeostasis. ADOHTA adopts the view that appropriate fluoride regimes should be determined using an individual care approach based on assessment of oral health needs, the current environment and documented literature. The most accurate and current evidence indicates that fluoridation of drinking water supplies is safe, effective, efficient, cost-effective and the most socially equitable strategy for caries prevention.

### Water fluoridation:

Water fluoridation should be continued, as it remains an effective, efficient, socially equitable and safe population approach to the prevention of caries in Australia. Water fluoridation should be extended, with support from all levels of Government, to as many individuals as possible that are living in non-fluoridated areas of Australia. The level of fluoride in the water should be within the range of 0.6-1.1mg/L, with variation within that range according to the mean maximum daily temperature.

In order to permit people to be able to choose to consume bottled or filtered water containing fluoride, manufacturers should be encouraged to market bottled water containing approximately 1.0mg/L fluoride and water filters that do not remove fluoride. An integral part of this guideline is that all bottled water and water filters should be clearly labelled to indicate the concentration of fluoride in water consumed or resulting from the use of such products.

Current infant formula is safe for consumption by infants when it is made up using fluoridated or non-fluoridated water.


ADOHTA will support the continued lobbying for water fluoridation in non-fluoridated areas particularly those rural and remote.

### Toothpastes:

For children aged 18 months to five years (inclusive), the teeth should be cleaned twice a day with toothpaste containing 0.5–0.55mg/g of fluoride (500–550ppm). Toothpaste should always be used under supervision of a responsible adult, a small pea-sized amount should be applied to a child-sized soft toothbrush and children should spit out, not swallow, and not rinse. Young children should not be permitted to lick or eat toothpaste.

For people aged six years or more, the teeth should be cleaned twice a day or more frequently with standard fluoride toothpaste containing 1- 1.5mg/g fluoride (1000–1500ppm). People aged six years or more should spit out, not swallow, and not rinse. Standard toothpaste is not recommended for children under six years of age unless on the advice of a dental professional.

For infants, children, teenagers and adults who do not consume fluoridated water or who are at elevated risk of developing caries for any other reason, should seek dental professional advice to determine if toothpaste usage should be varied. Variations could include more frequent use of

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fluoridated toothpaste, commencement of toothpaste use at a younger age, or earlier commencement of use of standard toothpaste containing 1mg/g fluoride (1000ppm).

#### **Fluoride Tablets, Drops, Rinses and Varnish:**

Fluoride supplements in the form of drops or tablets to be chewed and or swallowed are not recommended for use. Children below the age of six years should not use fluoride mouth-rinse.

Fluoride mouth-rinse may be used by people aged six years or more who have an elevated risk of developing caries. For best benefit Fluoride mouth-rinse should be used at a time of day when toothpaste is not used, and it should not be a substitute for brushing with fluoridated toothpaste. After rinsing, mouth-rinse should be spat out, not swallowed.

High concentration fluoride gels and foams (those containing more than 1.5mg/g fluoride ion) may be used for people aged 10 years or more who are at an elevated risk of developing caries in situations where other fluoride vehicles may be unavailable or impractical.

It is recommended that sodium fluoride be marketed as a water supplement to be added to non-fluoridated water sources, thereby achieving a fluoride concentration of approximately 1mg/L. Fluoride varnish should be used for people who have elevated risk of developing caries, including children under the age of 10.

#### **Research and Recommendations:**

There is a need to support further studies that examine the impact of fluoride treatments in the Australian population including: studies in epidemiology of dental caries and dental fluorosis and investigations into the impact of both conditions on people's well being and quality of life, the risk factors for dental caries and dental fluorosis, the use of fluoride treatments in dental practice and the population and the efficacy, effectiveness and cost-effectiveness of fluoride treatments.

Research is needed to develop new preventative interventions including new vehicles for fluoride delivery as well as other preventative strategies that are not based on fluoride.

The information contained in this statement has been obtained from the ARCPOH – Fluoride Review Guidelines 2012.

#### **References**

ARCPOH – Fluoride Review Guidelines 2012

[http://www.adelaide.edu.au/arcpoh/dperu/fluoride/ARCPOH\\_FluorideOct2014.pdf](http://www.adelaide.edu.au/arcpoh/dperu/fluoride/ARCPOH_FluorideOct2014.pdf)

NHMRC - A systematic review of the efficacy and safety of fluoridation

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