



# It's time for the public to get the facts straight on fluoridation

Jacqueline Sieber, Guest Column

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I am not a politician or a journalist, just a local Waterloo dentist who feels a moral and ethical responsibility to my patients and our community to provide support for the continuation of our water fluoridation program.

There have been numerous editorials and comments regarding anti-water fluoridation, so I feel it is timely to set the record straight.

In fact, I was rather surprised to listen to several anti-fluoridation activists at a recent Waterloo council meeting claim that the fluoride is poison and even causing certain cancers.

These associations are based on misinformed opinions similar to that of aluminum causing Alzheimer's disease.

Searching for information from reputable sources such as the World Health Organization, the Center for Disease Control, Health Canada, and the Ontario Dental Association can ensure that you are getting pure facts that are supported by unbiased, international scientific research. Please check out their websites.

In the Coles Notes form, there are facts that will help you make an informed decision.

## Facts on fluoride

- There is an increase in caries (cavities) experience within communities that have discontinued water fluoridation.
- There is no evidence to identify fluoride as a carcinogen.
- Many studies have revealed there is a positive cost benefit.
- There are benefits for both adults and children from a fluoridation program.
- And, finally, Health Canada released its most current consensus in April 2008: Fluoride is safe and effective and should be kept in our water.

Interestingly, both Cambridge and Waterloo have lower DMFS (decayed missing filled surfaces of teeth) scores than Kitchener. Kitchener's water supply is non-fluoridated and Cambridge has higher than normal natural levels of fluoride. The proof is in the pudding.

The group I worry about the most is the kids, especially those who do not have access to care.

It has been established that caries rates are higher in socio-economically disadvantaged children residing in non-fluoridated communities.

For anyone who has had a toothache, it is truly disheartening to see a child in pain, especially when it might have been avoided.

Continuing our water fluoridation programs from a pure, uncontaminated source, as well as stressing good oral hygiene in our schools, will help keep caries in check.

It is time for the "anti-fluoridationists" to put away their scare tactics and for us, the general public, to acknowledge the benefits of Waterloo's water fluoridation.

We need to act in a supportive and intelligent manner to continue what is known as one of the 10 great public health achievements of the 20th century.

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