

A Successful Solution:

NON-FLUORIDATED Scotland's CHILDSMILE Programme has brought tooth decay rates far below New Zealand's rates

GULDSMILE



CHILDSMILE Saves £5 Million PER YEAR

in dental health costs for Scotland's population of 5 million....

Preventing THOUSANDS of surgeries and fillings!

In non-fluoridated Scotland, the Government has undertaken a comprehensive programme to combat dental decay, particularly in poor areas.



The CHILDSMILE programme, which started in 2001, involves toothbrushing schemes in pre-schools and primary schools, ensuring children are seen by a dental therapist early, and children and parents get education about sugary foods and drinks.

This is having great success with falling dental decay rates and the need for general anaesthetic oral surgeries being cut in half. This saves Scotland approximately 5 million pounds per year, it prevents tens of thousands of fillings, and saves immeasurable childhood pain and suffering.

There are now other successful programmes around the world modeled on the Scottish CHILDSMILE programme.





SCOTLAND

NEW ZEALAND

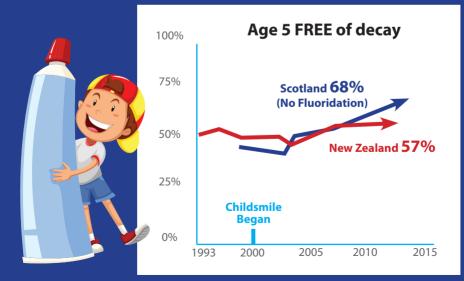
COMPARISON of age 5 children:

In 20 years, Scotland's rate of dental fillings for age 5 children has been cut by more than half. (2.93 to 1.27).	New Zealand's rate of dental fillings for age 5 children has unfortunately INCREASED in that time, from 1.71 to 1.88 average fillings per child.				
The only areas listed in the 2013 NZ Ministry of Health statistics that have better teeth than Scotland's rate for children FREE of decay are two non-fluoridated areas: Wairarapa & Waitemata.	Non-fluoridated areas of NZ often have better teeth than fluoridated areas, according to Ministry of Health statistics. This is also true overseas.				
Since CHILDSMILE began in 2001, the rate of age 5 Scottish children FREE of decay has gone from 45% to 68%. This is an improvement of 23%.	NZ has improved only by 4%. Now, at 57%, we are much lower than Scotland.				
High decile areas of Scotland now have 83% of children FREE of decay.	No area listed in NZ MoH statistics comes even close to this rate.				
COMPARISON of Year 8 children:					
In 20 years, Scotland's rate of fillings for Year 8 children was slashed by TWO-THIRDS (from 2.08 to 0.6).	NZ's rate has barely dropped at all (1.33 to 1.14). Nowhere now in NZ is near Scotland's extremely low fillings rate.				
In 20 years, the rate of Scottish Year 8 children FREE of decay has almost DOUBLED. An improvement from 37.9% to 72.8%.	NZ has improved only by 5% in this same time period. It is now 54%.				

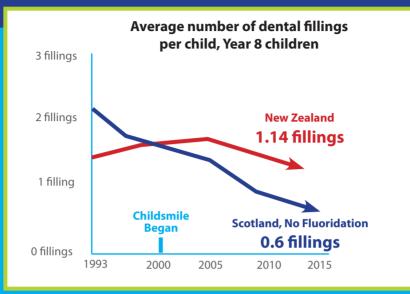
CHILDSMILE's children far surpass New Zealand's children in all four measured dental health standards:

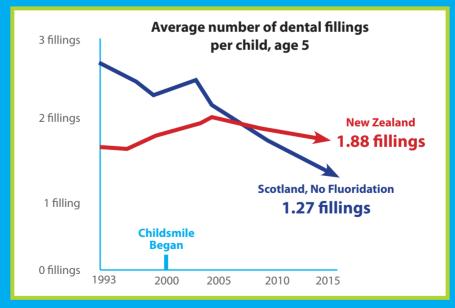
Year 8 children FREE of decay 100% Scotland 73% 75% (No Fluoridation) 50% New Zealand 54% 25% Childsmile Began 0% 2005 2010 2015 1993 2000

GHLDSMILE



Scotland's children have FAR FEWER dental fillings than New Zealand:





Fluoridation *does NOT* reduce the number of general anaesthetic oral surgeries on pre-school children with severe tooth decay

General anesthetic surgeries on pre-school children with severe dental decay are NOT performed more in nonfluoridated areas. In fact, DHB surgery records show the fluoridated area of Taranaki is in an oral health crisis.

Shockingly, while fluoridated Hawera has less than one-sixth of the population of non-fluoridated New Plymouth, it has a frightening THIRTY TIMES higher rate of children's general anaesthetic surgeries for severe dental decay than non-fluoridated New Plymouth.

Taranaki	Total Number of GA surgeries for Age 5 children: 2012, 2013, 2014 (fluoridation stopped in New Plymouth in 2011)	Population	Number of Age 5 children	Percentage of Age 5 children having GA surgery for severe tooth decay
<i>Fluoridated</i> Hawera	34	11,600	208	16.35%
<i>Non-fluoridated</i> New Plymouth	7	74,100	800	00.88%



CUT NUMBER OF

SURGERIES IN

HALF!

Note: New Plymouth stopped fluoridation in 2011 and GA surgeries HAVE NOT increased!

3 KEY PROGRAMME

CHILDSMILE in Scotland, DESIGNED TO SMILE in Wales, Nexo Programme in Denmark Japanese school dental programmes:



Regular pre-school and primary school dental screenings



Daily supervised brushing at pre-schools and low decile primary schools





NHS

OBILE DENTAL CLINIC

Classroom brushing programmes and resident school dentists are the norm in Japan

ELEMENTS





Education for parents and children about healthy foods and drinks





And avoiding sugar!



Hutt Valley DHB has had an average of 44 age five children per year over the last decade who required GA oral surgery.

Severe tooth decay is caused by poverty, sugar, and lack of resources. DHB statistics from around New Zealand, show it is NOT related to fluoridation.

Each child's general anesthetic oral surgery costs \$4,000 in New Zealand. There are an estimated 5000 performed here every year, costing \$20 million, nationwide.

Glasgow researchers found that CHILDSMILE reduced the cost of treating childhood dental disease by more than half between 2001 and 2010. CHILDSMILE saves teeth, saves pain, and saves money.

Nationwide in NZ, we currently spend approximately:

- \$20 million on pre-school GA oral surgeries
- \$1 million on fluoride chemicals
- Hundreds of thousands or more promoting, defending, maintenance and staffing for fluoridation

If NZ implements CHILDSMILE nationwide, we will save more than \$10.5 million a year by:

- Reducing GA surgeries, potentially by half
- Not wasting \$\$ on fluoridation





Northland School Toothbrushing Scheme Seriously Reduces Dental Decay

Dr Dave Stallworthy, A Whangarei dentist says the Government should be funding tooth brushing programmes in schools if it wants to reduce waiting lists for children's oral surgery. Dental decay in even the most deprived communities could be prevented by the simple method of brushing teeth once a day at school.

In 2015, DHB dentist Ellen Clark set up a highly controlled tooth-brushing trial in Northland schools.

A teacher aide was paid to supervise tooth-brushing sessions, once a day for 170 children at Kaitaia Intermediate School. More than two-thirds of the children were Māori.

Ellen says she had hoped to improve the children's oral health - but the results were far better than she dared to hope. No equipment was needed apart from brushes and toothpaste - the children spat into paper towels, and rinsed their brushes at the water fountain.

The beauty of the study was that it removed the usual inequalities in oral health, caused by poverty, and the results had prompted interest from overseas, and from other DHB's around New Zealand, Ellen says.

If New Zealand were to stop fluoridation, millions of dollars would be available for a really good dental health programme.

Unlike fluoridation, CHILDSMILE is really helping children, especially those who need it most.

Extensive information about CHILDSMILE is available: http://www.child-smile.org.uk/

Scottish National Dental Inspection Programme statistics: http://www.scottishdental.org/?s=NDIP

New Zealand Ministry of Health school dental statistics: http://www.health.govt.nz/nz-health-statistics





Fluoride Free New Zealand

PO Box 40, Featherston, NZ Phone 027 361 5951 Email info@fluoridefree.org.nz www.fluoridefree.org.nz