

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE

Refer To: PS, CPB-2  
October, 1968

Fluoride Tablets in a Community Program

When communities are considering water fluoridation, anti-fluoridationists often suggest a tablet program as an alternative. The program in Clifton, New Jersey, is frequently cited as an alleged success.

Under date of August 1968, the American Dental Association issued a statement titled, "Fluoride Tablets in a Community Program," pointing out the shortcomings of tablet programs which tend to make such programs unsuitable as a public health measure. Considerable detail is given on the Clifton program. The attached copy of a recent letter from the New Jersey State Commissioner of Health also very effectively refutes the alleged success of the tablet program as a public health measure.

These statements should be useful to communities working for water fluoridation.

Community Programs Branch  
Division of Dental Health  
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Bethesda, Maryland 20014

Enclosures (2)

C O P Y

August 16, 1968

James H. Gaines, D.M.D.  
1405 Laurens Road  
Box 5061  
Greenville, South Carolina 29606

Dear Doctor Gaines:

This is in response to your recent letter and enclosures of articles from The Greenville News.

With respect to the allegations in the News and Dr. Feltman, we have these comments. There has been no evidence to our knowledge of a reduction of tooth decay in Clifton as a result of this program, in marked contrast to communities with fluoridated water supplies, where there have been numerous carefully controlled studies showing significant declines in the incidence of decay. Phillipsburg, New Jersey, and Easton, Pennsylvania have, for example, demonstrated the great benefits of fluoridated water, in preventing dental decay.

It is alleged that the cost of the pill program assuming that it is effective, for which evidence is scanty at least, in 1967 was less than \$500. According to the lowest estimates we received (March, 1968) from one of the nation's largest suppliers of fluoride pills, \$500 will buy 182,000 pills. The Clifton program purports to treat 7,000 children, who would need 2,555,000 pills if taken in the proper dose of one pill per day. Therefore, \$500 could only possibly serve seven percent of the program's requirements. I would further point out that, using Doctor Feltman's own figures, 3,000 children remain untreated. These are undoubtedly those that would benefit most from fluoridation of the community's water.

I consider the use of tablets on a community basis, in an effort to obtain a sort of individually achieved fluoridation, a waste of the taxpayer's money. This approach does not achieve the benefits of fluoridation of a community water supply. It purports and professes to do what it cannot do, and in that sense amounts to misrepresentation. It may also delay the adjustment of the fluoride content of the community water supply by purporting to confer a public health benefit.

James H. Gaines, D.M.D.

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August 16, 1968

Let me make absolutely clear that I firmly support the prevention of dental decay by means of fluoridation of water supplies. It is effective; it is economical; it is sensible, it is safe.

I am enclosing a report from the American Dental Association that we have just received.

Sincerely,

Roscoe P. Kandle, M.D.  
State Commissioner of Health

RPK:AP

Council on Dental Health  
American Dental Association

Fluoride Tablets in a Community Program

In some communities, the free distribution of fluoride tablets to children has been advocated as an alternate measure to fluoridation of the public water supply. The tablet program in Clifton, New Jersey, is held up as an example. Advocates of this alternative assert that it makes fluoride available only to the age group which benefits from it and on the individual choice of parents. They claim that the purchase of fluoride tablets is less costly than initiating controlled fluoridation for the community.

The Council on Dental Health has reviewed the limited reports available on distribution of fluoride tablets, including data on the Clifton program made available by Dr. P. Richard Wexler of Clifton, chairman of the fluoridation committee of the New Jersey State Dental Society.

Limits to Effectiveness: There are critical shortcomings to the distribution of fluoride tablets to a large population which tend to make this program unsuitable as a public health measure. It is difficult to get tablets to all children of appropriate age and it is highly improbable that parents will consistently give their children tablets daily for the duration of the tooth developmental years.

The Council on Dental Therapeutics has stated:

The results of limited observations suggest that only a small proportion of parents will continue the conscientious administration of fluoride supplements to children over the long periods required in the development of caries-resistant teeth.

Clifton Program: In the Clifton program, the tablets dispensed could benefit only a small minority of the eligible child population. The attached report on the Clifton program shows the number of tablets dispensed in comparison with the estimated population of children eligible to benefit. For 1967, 180,000 tablets were dispensed through the program: that is about 2.3 percent of the 7,665,000 total necessary to allow for one tablet a day for the child population estimated at 21,000. The 1967 total could provide adequate benefits to some 500 children. The table indicates also that the total of tablets dispensed has decreased gradually since 1960.

Since fluoride tablets are made available through the dentist or physician, children who do not have professional treatment regularly do not have access to tablets. Consequently, the benefits of this program would not be available to that significant segment of the child population which could particularly benefit from this preventive measure; the underprivileged, those without regular dental care or no dental care at all, and those whose parents are not informed or negligent on dental health needs.

A telling comment on the Clifton program is the following quotation from a May 16, 1960 letter from New Jersey's state health commissioner, Roscoe P. Kandle, M.D., to the Clifton Board of Health:

When the fluoride content of a community water supply is adjusted to achieve the recommended concentration of fluoride, all the young children in the community using the water receive the protection of life-long duration. This method leaves nothing to chance. It does not depend upon the day to day persistence of individuals, many of whom are not likely to maintain a sustained daily tablet intake.

Other Examples: Fluoride tablet distribution has been tried in several other cities. Newark, New Jersey, bought 100,000 tablets in 1956 and reportedly had about 98,000 left in 1961. It has been estimated that the children of Newark would require about 25 million tablets per year.

A program of free fluoride tablets for a group of Hawaiian families was described in the Hawaii Medical Journal. Extensive publicity initially resulted in utilization of tablets by 90 percent of parents. Four years later, 12 percent of parents were using the tablets. The two physicians reported:

Our opinion is that fluoridation on an individual basis although perhaps effective for a few comprehending families, is a total failure from a public health standpoint.

A Poor Alternative: When communities consider the provision of free fluoride tablets to all interested parents, it should be pointed out that this is a very poor alternative to fluoridation of the public water supply. It is obvious that any program that depends upon the individual initiative and unfailing follow-through of a great number of people can not be an effective public health measure.

Total costs quoted for purchase of tablets and administration of a program may be small compared with the initial cost of the installation of fluoridation equipment. In comparison of total program costs, it must be noted that all children benefit from controlled fluoridation while fluoride tablets benefit only a small minority. Cost of tablets per child is much greater than the pro rata cost of community fluoridation.

In contrast, fluoridation of the public water supply provides an adequate amount of fluorides for decay prevention for the entire population and requires no individual initiative to obtain full, proven benefits. This measure is supported by evidence of its safety and effectiveness.

August, 1968

# REPORT OF THE CLIFTON, NEW JERSEY, FLUORIDE TABLET PROGRAM\*

<u>YEAR</u>	<u>TABLETS DISPENSED</u>	<u>PARTICIPATING</u>	
		<u>DENTISTS</u>	<u>PHYSICIANS</u>
1960	496,000	48	5
1961	536,000	46	3
1962	449,200	39	3
1963	--	--	-
1964	300,000	23	3
1965	320,000	29	3
1966	250,000	15	3
1967	180,000	17	2

## SCHOOL POPULATION

PUBLIC SCHOOLS	12,342	
PAROCHIAL SCHOOLS	3,000	
PRE-SCHOOL CHILDREN	5,640	
TOTAL	<u>21,000</u>	(Approximate)

## RECAPITULATION

21,000	children
21,000	fluoride tablets per day required for total prevention
7,665,000	fluoride tablets per year required
180,000	tablets actually dispensed
2.3%	percentage of tablets needed for total prevention
500	number of children involved
2.4%	percentage of children involved

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\*Data provided by Dr. P. Richard Wexler, Clifton.