REGULATORY IMPACT ASSESSMENT

Title

THE WATER FLUORIDATION (CONSULTATION) REGULATIONS 2005

THE WATER SUPPLY (FLUORIDATION INDEMNITIES) REGULATIONS 2005

The issue and objective

Issue

1. How to give local communities the option of reducing levels of tooth decay by increasing the fluoride content of their water supply.

Objective

2. Of the two sets of regulations:

• The Water Fluoridation (Consultation) Regulations 2005 elaborate on the consultation requirements a Strategic Health Authority ("SHA") has to follow when proposing to enter into, vary, terminate or maintain arrangements with a water undertaker to increase the fluoride content of its water supply; and.

• The Water Supply (Fluoridation Indemnities) Regulations 2005 provide for the Secretary of State for Health to give indemnities to water undertakers and licensed water suppliers who make arrangements with a SHA to increase the fluoride content of its water supply.

Risk assessment

3. There has been a major improvement in oral health over the past 20 years, but major inequalities persist. The National Child Dental Health Survey 2003 showed that five year olds in the West Midlands (where drinking water is fluoridated) had, on average, nearly three times less decayed, missing or filled primary teeth than those in the North West (not fluoridated). Dental disease correlates with social deprivation (except in fluoridated areas) and children suffer the additional disadvantage of loss of sleep and time off school as a result of tooth decay. Some children who need to have teeth extracted under general anaesthetic undergo the additional risks to overall health that this procedure inevitably carries. Costs of dental treatment are also higher in deprived areas without fluoridation.

4. Opponents of fluoridation have long questioned the benefits to oral health and claimed there are risks to overall health. However, two recent research studies

- by the University of York and the Medical Research Council - have confirmed the benefits and found no evidence of risks to health. The government is committed to a continuing programme of research on the effects of fluoridation.

Identify options

5. There are two main options:

Option 1:

Continue to try and reduce the inequalities by oral health promotion measures such as advising parents/children on good oral hygiene, diet etc.

Option 2:

Use of selected fluoridation schemes to obtain an overall improvement in oral health and a reduction in inequalities in oral health.

Issues of equity and fairness

6. Fluoridation has the potential to reduce health inequalities as evidenced by the contrasting level of tooth decay in areas of similar population mix. In Sandwell the water supply was fluoridated in 1986. Over the following 10 years, the amount of tooth decay in children had more than halved. During the same period Bolton, with a comparable population mix, saw little change in its children's oral health. It could be argued that it is unfair to deprive families in areas of high tooth decay of the proven benefits of fluoridation.

Identify the benefits

Option 1:

Changing behaviour in respect of diet and toothbrushing in deprived communities has proved very challenging. Unlikely to reduce inequalities.

Option 2

Reductions in tooth decay among children should be evident within five years of fluoridation.

Quantifying and valuing the benefits

Option 1

Costs of oral health promotion programmes are very high relative to the benefits because of the staff and materials required.

Option 2

Running costs of fluoridation schemes (borne by health authorities) are about 8Op per head of population per year. This compares very favourably with the cost of alternative oral health promotion measures and restorative dental treatment. The Department of Health has been issuing indemnities to water undertakers, who add fluoride to drinking water since 1985, and no significant payments have been made under theses indemnities. Since 1998 only one payment of £400 has been made.

Compliance Costs for Business, Charities, and Voluntary Organisations

7. SHAs reimburse water undertakers in full for both the capital and recurring costs of fluoridating their water supplies. Therefore extending fluoridation would not impose any new regulatory requirements or costs on charities, voluntary organisations or business. In the long term there would be benefits from a healthier workforce taking less time off for dental treatment.

Impact on Small Business

8. No impact on small business has been identified.

Competition Assessment

9. There are no direct competition implications, but new fluoridation schemes would stimulate activity among manufacturers of the plant used to add fluoride to the water and the chemicals used to treat the water.

Consultation

10. The Department of Heath issued a draft of The Water Fluoridation (Consultation) Regulations 2005 for consultation in July 2004. As a result the draft regulations and accompanying guidance have been amended to require SHAs, when consulting on proposals to fluoridate a new area, to give a balanced view of the scientific and ethical issues relating to fluoridation. Then, in assessing the views of the local population, SHAs will need to take account of the weight and cogency of the representations they receive.

Summary and recommendation

11. Option 2 achieves the objective.

Enforcement, sanctions, monitoring and review

12. The Drinking Water Inspectorate monitors the quality of water supplied by water undertakers. Standards for wholesomeness in drinking water are set by the European Drinking Water Directive and by national regulations. The maximum permitted concentration for fluoride in drinking water in the UK is 1.5 miligrams per litre of water. It is an offence under section 70 of the Water Industry Act 1991 to supply water unfit for human consumption.

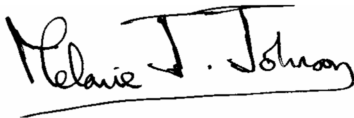
Monitoring and review

11. The Department of Health will monitor the impact of the legislation through regular surveys of oral health. SHAs' experience of the new consultation requirements will also be monitored in conjunction with the water industry.

Declaration

12. I have read the Regulatory Impact Assessment and I am satisfied that the benefits justify the costs.

Signed by the responsible Minister:



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