
Notable Quotes:

- "In Canada, actual intakes are larger than recommended intakes for formula-fed infants and those living in fluoridated communities. Efforts are required to reduce intakes among the most vulnerable age group, children aged 7 months to 4 years."

- "Current studies support the view that dental fluorosis has increased in both fluoridated and non-fluoridated communities. North American studies suggest rates of 20 to 75% in the former and 12 to 45% in the latter."

- "The magnitude of [fluoridation's] effect is not large in absolute terms, is often not statistically significant, and may not be of clinical significance."

- "Although it was initially thought that the main mode of action of fluoride was through its incorporation into enamel, thereby reducing the solubility of the enamel, this pre-eruptive effect is likely to be minor. The evidence for a post-eruptive effect, particularly its role in inhibiting demineralization and promoting remineralization, is much stronger."

2 years later


- "In the absence of comprehensive, high-quality evidence with respect to the benefits and risks of water fluoridation, the moral status of advocacy for this practice is, at best, indeterminate, and could perhaps be considered immoral."

- "Ethically, it cannot be argued that past benefits, by themselves, justify continuing the practice of fluoridation. This position presumes the constancy of the environment in which policy decisions are made. Questions of public health policy are relative, not absolute, and different stages of human progress not only will have, but ought to have, different needs and different means of meeting those needs. Standards regarding the optimal level of fluoride in the water supply were developed on the basis of epidemiological data collected more than 50 years ago. There is a need for new guidelines for water fluoridation that are based on sound, up-to-date science and sound ethics. In this context, we would argue that sound ethics presupposes sound science."