

DR. GORDON PAYNE - TO ORKNEY CRAS.

Good evening ladies and gentlemen. I am a paediatric dentist in London and I have been treating children for 25 years. My undergraduate training was in pharmacology and toxicology, after which I completed my dental training. Then, I studied to become a paediatric dentist. After that I received my Master of Science degree in physiology. **I think** all of this training combined with my clinical experience allows me to be able to make sound judgements about the benefits of community water fluoridation.

We know that fluoride works, and I could go on and on about the scientific literature, but I **would** rather tell you about my day to day experiences treating children in London and why I think fluoride is a good thing.

During my dental training in the early 1980's, our professors would tell us that cavity rates are declining in Ontario and that one day we might find ourselves out of a job. Nothing could have been further from the truth. Since the 1980's several demographic and lifestyle changes have occurred that have caused the cavity rates of Ontario children to increase dramatically.

First, we have had an increase in immigration from third world countries where decay rates are very high.

Secondly, there has been an increase in the number of families where both parents work. This has led to more rushed lifestyles, and visits to fast food drive-thrus have replaced nutritious home-cooked meals. Often caregivers, and not parents, have become responsible for attending to childrens' oral hygiene. And at bedtime, parents may not wish to fight with their kids about proper toothbrushing as it interferes with what little quality time they have with them.

The third reason for the increase in cavities in kids is the propogation of sugary drinks, like juice, pop, and sports drinks. These have replaced milk and fluoridated water in our childrens' diets. The American Academy of Pediatrics recommends that children aged 1 to 7 should consume not more than 6 ounces of juice per day.

This is now the unfortunate situation we see in many London children. And these are not all kids from low-income families. We see this in the children of doctors, lawyers, and teachers. This child is only 2 years old. **Treatment** for children like this usually involves a visit to the operating room under general anaesthesia.

There are obvious risks... and great costs to our over-burdened health care system. The waiting list for general anaesthesia for kids like this in London is 9 to 12 months! And many of these kids have pain and infection.

These days my practice is very busy. Can you imagine how worse this situation will become if we remove the fluoride from London water. I urge you to consider the children of London when making your decision.

Thank you.

(HIGHLIGHT = SLIDE CHANGE)