

American Water Works Association

THE FLUORIDATION
of
PUBLIC WATER SUPPLIES

Statement of Recommended Policy and Procedure

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AMERICAN WATER WORKS ASSOCIATION

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Statement of Recommended Policy and Procedure

A statement approved by the Board of Directors on May 29, 1949, and presented on June 1, 1949, at the Annual Conference, Chicago, by A. P. Black, Chairman, Special Committee on A.W.W.A. Policy re Fluoridation of Public Water Supplies. The other committee members were A. E. Berry; H. A. Faber; R. J. Faust; W. V. Weir; H. T. Dean, Consultant; and L. H. Enslow, ex-officio.

IN COMMUNITIES WHERE A STRONG PUBLIC DEMAND HAS DEVELOPED AND THE PROCEDURE HAS THE FULL APPROVAL OF THE LOCAL MEDICAL AND DENTAL SOCIETIES, THE LOCAL AND STATE HEALTH AUTHORITIES, AND OTHERS RESPONSIBLE FOR THE COMMUNAL HEALTH, WATER DEPARTMENTS OR COMPANIES MAY PROPERLY PARTICIPATE IN A PROGRAM OF FLUORIDATION OF PUBLIC WATER SUPPLIES.

THE results of several carefully conducted epidemiological studies on the relationship between fluoride occurring naturally in communal water supplies and the prevalence of dental caries have demonstrated that the presence of 1-1.5 ppm. of fluoride (F) in drinking water is associated with a 50-65 per cent reduction in caries prevalence. The discovery of this phenomenon engendered the proposal that fluoride be added to communal

water supplies as a caries prophylactic measure. This proposal is now being tested in several communities in the United States. A preliminary indication of the full effect of artificially fluoridated drinking water on dental caries will not be forthcoming, however; until children in the test areas have used such waters throughout the enamelification period of the teeth—birth through age eight years for all teeth except third permanent molars.

The water industry is being confronted with demands for the addition of fluorides to water supplies and many utility managements need assistance in handling such demands. Although available evidence supports the hypothesis that fluoridated water will be an effective caries preventative, the evidence is presumptive. It should be remembered, however, that all epidemiological evidence is presumptive.