



Government of **Western Australia**  
Department of **Health**

# Fluoride use for oral health in Western Australia

## Fluoride use for oral health in Western Australia

The use of fluorides is one of the most effective ways of preventing tooth decay.

Guidelines for the use of fluorides in Australia have been developed in line with national and international evidence<sup>1,2</sup>. Where applicable, guidelines have been adapted for a WA context.

### Community water fluoridation

The scientific evidence on community water fluoridation is regularly reviewed by Australia's peak health policy body, the [National Health and Medical Research Council](#) (NHMRC). Following the completion of a detailed review in 2016, the NHMRC released its Public Statement in 2017 which strongly recommends community water fluoridation as a safe, effective and ethical way to help reduce tooth decay across the population<sup>3, 4, 5</sup>.

Fluoridation of community drinking water supplies in Western Australia is regulated under the [Fluoridation of Public Water Supplies Act 1966](#). Approximately 92% of the State's population has access to fluoridated drinking water.

1. Community water fluoridation should be continued and extended as it remains an effective, efficient, socially equitable and safe population approach to the prevention of tooth decay in Western Australia. Community water fluoridation should remain part of a suite of dental health initiatives including those which support a healthy diet, good oral hygiene, appropriate use of fluoride toothpaste and regular dental check-ups.
2. The level of fluoride recommended by NHMRC in drinking water supplies in Australia should be within the range 0.6–1.1 milligrams per litre.
3. Infant formula sold in Australia is safe for consumption by infants when prepared in accordance with the manufacturer's instructions on the label and reconstituted using fluoridated tap water.

### Packaged (bottled) water

4. Not all bottled water contains fluoride. Manufacturers of bottled water containing fluoride are required to comply with the [Food Standards Code](#). The Code permits a fluoride level between 0.6 and 1.0 milligram per litre in bottled water. All bottled water with fluoride added must be clearly labelled.
5. For people in non-fluoridated areas to obtain the benefits of fluoride in water, it is recommended that people buy bottled water with fluoride at approximately 1.0 milligram per litre for drinking.

### Self-use fluoridated toothpaste

6. From the time that teeth first erupt (about 6 months of age) to the age of 17 months, children's teeth should be cleaned by a responsible adult, but not with toothpaste, except on the recommendation of a dental professional.

7. For children aged over 18 months but less than 6 years, the teeth should be cleaned twice a day with toothpaste containing 0.5–0.55 milligrams/gram of fluoride (500–550 parts per million). Toothpaste should always be used under the supervision of a responsible adult, a small pea-sized amount should be applied to a child-sized soft toothbrush and children should spit out, not swallow, and not rinse. Young children should not be permitted to lick or eat toothpaste.

Standard toothpaste (containing 1-1.5 milligrams/gram of fluoride) is not recommended for children under six years of age unless on the advice of a dental professional.

8. For people aged six years or more, the teeth should be cleaned twice a day or more frequently with standard fluoride toothpaste containing 1–1.5 milligrams/gram fluoride (1000–1500 parts per million). People aged six years or more should spit out, not swallow, and not rinse.

For people at elevated risk of tooth decay, a dental professional may vary this advice.

### **Self-use fluoride supplements**

9. Fluoride supplements in the form of drops or tablets to be chewed and/or swallowed should not be used.

### **Self-use fluoride mouth rinses**

10. Children under the age of six years should not use fluoride mouth rinse.
11. Fluoride mouth rinses may be used under guidance from a dental professional by people aged six years or more who have an elevated risk of developing caries. After rinsing, mouth rinse should be spat out, not swallowed.

Fluoride mouth rinse should be used at a time of day when toothpaste is not used and should not be a substitute for brushing with fluoridated toothpaste.

### **Professionally applied fluoride products**

12. Fluoride varnish should only be applied by appropriately trained health workers for people who have a higher risk of developing decay, including children under the age of 10 years.
13. High concentration fluoride gels and foams (those containing more than 1.5 milligrams per gram of fluoride) should only be applied by a dental professional on people aged 10 years or over who have a higher risk of developing tooth decay.
14. Silver diamine fluoride or silver fluoride should only be applied by a dental professional on people with tooth decay where traditional treatment approaches to caries management might not be possible.

## References

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4. National Health and Medical Research Council. NHMRC Public Statement 2017, Water Fluoridation and Human Health in Australia Canberra: NHMRC; 2017. Available from: <https://www.nhmrc.gov.au/about-us/publications/2017-public-statement-water-fluoridation-and-human-health#block-views-block-file-attachments-content-block-1>
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## More information

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