

RESPONDENT INFORMATION FORM:  
 A CONSULTATION ON THE SCHOOLS (NUTRITION AND HEALTH  
 PROMOTION) (SCOTLAND) BILL

Please complete the details below and return it with your response. This will help ensure we handle your response appropriately. Thank you for your help.

Name: BRITISH DENTAL ASSOCIATION

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1. Are you responding: (please tick one box)
- (a) as an individual?  go to Q2a/b and then Q4
- (b) on behalf of a group/organisation?  go to Q3 and then Q4

**INDIVIDUALS**

2a. Do you agree to your response being made available to the public (in the Scottish Executive library and/or on the Scottish Executive website)?

- Yes (go to 2b below)
- No, not at all  We will treat your response as confidential

2b. **Where confidentiality is not requested, we will make your response available to the public on the following basis (please tick one of the following boxes)**

- Yes, make my response, name and address all available
- Yes, make my response available, but not my name or address
- Yes, make my response and name available, but not my address



**ON BEHALF OF GROUPS OR ORGANISATIONS:**

3. The name and address of your organisation **will be** made available to the public (in the Scottish Executive library and/or on the Scottish Executive website). Are you also content for your **response** to be made available?

Yes

No  We will treat your response as confidential

**SHARING RESPONSES/FUTURE ENGAGEMENT**

4. We will share your response internally with other Scottish Executive policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for the Scottish Executive to contact you again in the future in relation to this consultation response?

Yes

No

## **British Dental Association**

### **Response to the consultation document**

#### **Schools (Nutrition and Health Promotion) (Scotland) Bill**

The British Dental Association is the professional association and trade union for dentists in the UK. We have over 18,000 qualified members, the majority of the profession, and over 3,500 student members. The BDA develops policies to represent dentists working in every sphere, from general practice, through community and hospital settings, to universities and the armed forces.

The BDA welcomes this opportunity to comment on the consultation document. The comments are made generally, rather than on specific points or questions posed in the document.

#### **General Comments**

A diet which is high in sugar is a direct cause of tooth decay in both adults and children. Consequently any measures designed to reduce obesity by reducing the intake of sugary foods and sugary and acidic drinks will also have a very positive impact on reducing tooth decay.

The BDA was disappointed that there were no groups of dental consultees in the list and there was no mention in the consultation document of the impact and burden of dental disease.

The introduction to the Scottish Executive Consultation "Towards Better Oral Health in Children"<sup>1</sup> published in 2002 stated that:

*A healthy mouth is an asset to be prized. Yet, despite some improvements in oral health over the last 30 years, too many people in Scotland still suffer from tooth decay and other oral diseases, with the attendant miseries of pain, infection, disfigurement, absence from school and work, and occasionally, even more serious consequences.*

*In Scotland at present:*

- *By the age of 3, over 60% of children from areas of severe deprivation have dental disease.*
- *By the age of 5, 55% of children have dental disease.*
- *Over a quarter of a million (250,000) teeth are extracted from children each year.*
- *By the age of 14, 68% of children already have decay in their adult teeth.*
- *Tooth extraction remains the largest single reason for children receiving general anaesthesia in hospital.*
- *By middle age (35-44), the average adult has lost seven adult teeth and has 11 teeth filled.*
- *Over 65 years of age, 56% of adults have lost all their teeth.*

The link between poverty and tooth decay in children in Scotland is well known and was highlighted in the recently published report of the National Dental Inspection Programme of Scotland (NDIP)<sup>2</sup>. This was the first time that the programme had targeted primary seven (P7) children. The study took place in school year 2004/05. The report reveals that Scotland does not compare well with other home countries of the UK. In the 2004/05 report from the British Association for the Study of Community Dentistry, Scotland had the highest number of Decayed, Missing and Filled Teeth at 1.29, while Wales had 1.09 and England 0.64.

Overall, 47.1% of P7 children in Scotland had obvious decay experience compared to 31.3% in England and Wales. The majority of dental disease continues to be borne by children from more deprived backgrounds, where 11-year olds are more than twice as likely to suffer from obvious decay experience in permanent teeth as children from more affluent homes.

The BDA believes that a reduction in child poverty combined with improvement in diet and nutrition and improved levels of oral hygiene will almost certainly lead to a narrowing of oral health inequalities.

Following the consultation "Towards Better Oral Health in Children"<sup>1</sup> the Scottish Executive published an Action Plan for Improving Oral Health and Modernising NHS Dental Services in Scotland<sup>3</sup>. The Plan states that *"we need to ensure that children from all communities in Scotland access care regimes which emphasise the importance of good dental health and healthy eating habits from early childhood. This requires a partnership between a range of professionals and the parents of young children."*

The Action Plan continues *"Improvements in oral health, particularly for children, cannot be achieved solely by those providing dental services. They require a multi-faceted approach, involving other sectors within the NHS, other statutory agencies, such as education authorities, and by tackling the broader determinants of poor oral health such as diet and smoking."* The Action Plan outlines the measures that have been, or will be, introduced to achieve such an approach. It is important that the Schools (Nutrition and Health Promotion) (Scotland) Bill takes these initiatives into account.

The removal of vending machines selling sugary carbonated drinks and tuck shops, except for the selling of fruit, would see a reduction in the consumption of sweets, unhealthy snacks and fizzy, sugary drinks and a consequent improvement in oral health. Healthy alternatives, such as milk which is of a suitable type for the age of the child or chilled drinking water, must be provided to avoid children bringing their own supplies of unhealthy foods and drinks into the school or visiting local shops and food vans in breaks.

There is a need to look at the way foods and drinks are promoted and advertised to children and measures need to be put in place to improve food labelling.

There are a number of factors common to general and oral health which should be addressed in attempting to reduce health inequalities. The various agencies concerned should be encouraged not to ignore oral health in determining the approaches to be taken.

***BDA Scotland***  
***28 July 2006***

- 1 Towards Better Oral Health in Children 2002
- 2 National Dental Inspection Programme of Scotland 2005
- 3 Action Plan for Improving Oral Health and Modernising NHS Dental Services in Scotland 2004