5 PERFECT POLICIES

We put together five policies which would change the state of children’s oral health in the United Kingdom.

JUNK FOOD SPONSORSHIPS: ARE THEY EVER ACCEPTABLE?

BIZARRE DENTAL FACTS

Did you know that on average in our lifetime, we will spend more than 80 days brushing our teeth?....
Hello and welcome to the latest issue of Word of Mouth – a digital magazine by the Oral Health Foundation.

Earlier this month, new statistics from the Faculty of Dental Surgery showed that tooth extractions in children aged four and under in the United Kingdom have increased by almost a quarter (24%) in the last decade alone. It’s an appalling situation and utterly heartbreaking, especially given that so many of these cases could have been completely avoided through correct oral hygiene routines and balanced daily nutrition.

At the Oral Health Foundation, we have been long-time campaigners for oral health, aiming to tackle the inequalities that exist within the current system. We also work tirelessly to address the fundamental principles around why millions continue to suffer from a poorer quality of life through dental disease. As a charity, we continue to face many challenges, not only in transforming attitudes and behaviour towards oral health and wellbeing, but also helping to drive policy that will truly make a positive difference.

In this edition of Word of Mouth, we focus on just that. We propose five policies that would transform the outlook of oral health for children across the UK, we discuss why it is that tooth decay still exists in 2017, while we also look at Scotland and how their Childsmile programme could be undermined by the sugar-filled desserts currently offered by schools.

We report on the spring budget and what it means for sugar and tobacco regulations, take an in depth look into junk food sponsorships in sport, and also talk about managing our oral health into adulthood.

I hope you enjoy this issue of Word of Mouth.

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NATIONAL SMILE MONTH: REGISTER NOW TO BE PART OF THE UK’S LARGEST ORAL HEALTH CAMPAIGN

National Smile Month is only a few months away and time is running out to register to be part of the UK’s largest oral health campaign. Now in its fifth decade, the charity campaign is the nation’s annual reminder about the true value of our oral health we are asking for your support to make it the biggest and best National Smile Month yet.

This year National Smile Month runs between 15th May and 15th June. This is your opportunity to reach out into the local community and the wider world beyond to help bring them a smile and educate them about oral health.

We are very proud to say that National Smile Month is the UK’s largest and longest-running campaign to promote good oral health and this is all down to the thousands of organisations and individuals who come together each year to take part, all with the aim of promoting better oral health.

National Smile Month has always held close to its heart three key messages, all of which go a long way in helping us develop and maintain a healthy mouth. These are:

• Brush your teeth last thing at night and on at least one other occasion during the day with a fluoride toothpaste.
• Cut down on how often you have sugary foods and drinks.
• Visit your dentist regularly, as often as they recommend.

At the Oral Health Foundation, we are determined to improve oral health all around the United Kingdom and National Smile Month is our (and your) chance to educate and promote positive oral health to everyone in all walks of life.

Despite the many improvements we have seen in oral health over the last 40 years, inequalities continue to burden certain groups of the UK. Those of a lower socio-economic status, the elderly, people on lower incomes or with educational barriers, even different ethnicities, are more likely to suffer from chronic ill-health.

These health inequalities are almost entirely preventable and National Smile Month gives us a timely reminder that we can make a difference in addressing the unjust balance.

One of the biggest problems we are addressing through National Smile Month is the state of children’s oral health. As it stands tooth decay is the most common chronic disease in children affecting more than one in four five-year-olds in the UK. With your help our aim is to increase oral health education in the classroom; after all, children who learn the right lessons at an early age are more likely to carry them into adulthood.

From brushing their first tooth, their first trip to the dentist and learning about their diet, a child’s oral health plays a key part in their early development. By continuing to help dental health professionals and schools develop strong relationships; we can all contribute to long lasting benefits on the quality of thousands of lives.

Through your hard work, the positive messages of National Smile Month reach millions of people each year, but there is still more work to do.

It’s important to remember that poor oral health doesn’t just cause problems in the mouth. A smile is hugely important to our personalities, self-confidence, relationships and success. Our general health is also being put at risk; studies continue to associate poor oral health to serious health problems such as diabetes, heart disease, strokes, pneumonia, premature birth and other major conditions.

With a good oral health routine, and with your support during National Smile Month and beyond, we can help reduce the number of people suffering due to poor oral health.

If you are passionate about health and wellbeing, keen to raise awareness of important health issues, and ultimately, ready to make a difference to oral health of millions of people throughout the UK then this is your chance to become part of National Smile Month.

Registration is completely free and only takes a matter of minutes.

Register here now www.smilemonth.org
These new statistics from the Royal College of Surgeons, highlight the current appalling state of our children’s oral health in the UK. In the last year there were 9,206 extractions carried out on children aged four and younger. This has risen by almost 25% in the last decade alone.

The charity is keen to highlight the crucial fact that every single one of these cases is entirely avoidable. Through the implementation of effective education and a relatively simple oral health routine as soon as their first tooth appears, no child should have to suffer from tooth decay or go through the trauma of having to have teeth surgically removed, something which often scars them for life.

As a result, the Oral Health Foundation have outlined five policies which need to be implemented in the United Kingdom to change the state of children’s oral health for good.

1. Local Authority Funding

Over recent years local authorities have seen their purse strings increasingly tightened from above with Public Health budgets being particularly badly affected and ultimately, there is a chronic lack of funding to seriously assess and address the oral health of their local populations.

Local authorities are therefore unable to properly implement the recently issued series of NICE guidelines for oral health. As a result, the public increasingly suffer from a lack of oral health services to educate, inform and treat them effectively. Funding cuts have also resulted in many oral health promotion teams being disbanded. This obviously reduces the amount of resource invested in grassroots level activities within local communities across the UK.

It is easy to see that poor oral health is becoming an increasingly important issue countrywide and the government needs to stop ignoring the issue.

The local authority’s role needs to be less on managing the care pathway of suffering children and more on preventing the need for treatment in the first place. Ultimately, they must be given the resources to do this. The vast majority of child admissions to hospital for tooth extractions are entirely preventable and the local authorities’ role needs to major on ensuring that these preventive messages are received.

2. Educational Reform

Did you know that oral health education is not required to be taught in UK schools? We believe this is a huge oversight which is leaving generations of children without the required education on the importance of their own oral health in many aspects of their future life. A major issue with this is that many parents and carers believe that it is taught and therefore might not dedicate as much time as they maybe should in educating on oral health at home. This leaves the child without the required level of knowledge on oral health to look after themselves effectively.

By introducing oral health into the curriculum in Early Year’s Education, Key Stages 1, 2 and 3, we can dramatically change the outlook of oral health in the UK. It is crucial that any future educational policies include everything from basics of brushing routines, right through to the diet, the role of sugar and its effect on our oral health. We have to ensure that every child gets the correct information, delivered by a qualified professional and is something which is continually reinforced throughout a child’s educational development.

3. UK Wide Child Smile

It is incredibly short-sighted of the government to continually ignore the sustained success of the Child Smiles Programme in Scotland, a dedicated national programme designed to improve the oral health of children in Scotland and reduce inequalities both in dental health and access to dental services.
The programme has shown that substantial cost savings are possible on oral health within the lifetime of a Parliament if a plan is implemented effectively. Not to roll out and adequately fund a similar targeted programme right across the UK is a huge mistake, the public really do deserve better than this.

It is a great pity that even with her undoubted political skills the Chief Dental Officer, Sara Hurley, has not been successful in getting proper funding for a national unified Smile for Life programme, but instead we have a mish mash of different funding models and examples of good practice from around the country as a sort of Pick ‘n’ Mix.

4. Sugar Reforms

When the sugar levy on fizzy drinks was announced last year, we reached a major milestone in addressing one of the major problems contributing to the poor state of the UK’s oral health, or so we thought.

But for oral health it has been the same old story, yet again it has been overlooked in aid of ‘sexier’ headlines on obesity, itself an undoubted problem in the UK. Oral health issues related to sugar were not mentioned once by the then Chancellor of the Exchequer, nor by his successor in his recent statement, and no funds from the levy have been reserved to invest in oral health education and preventative projects, or to aid in cost of treatments.

We would like the government to take the sugar levy seriously and, at least, acknowledge sugars role in the state of the UK’s children’s oral health crisis and spend some of the funds raised on treating this.

Ideally, we want to see the sugar levy toughened up if it is to have any real impact. Milk based drinks and juices with high levels of sugars need to be subject to the levy as they are not. There also needs to be real action to stop advertising of unhealthy foods and drinks to children and multipacks need to be regulated. Only when the government take this seriously will the sugar levy be effective by showing tangible and worthy results.

5. Reduce the ‘Tax on Dentistry’

Last year we saw a 5% rise in NHS patient charges for dental treatment across all three levels and on the 1st of April we will see another 5% rise. In the past year, overall NHS dental charges will have risen well above the inflation, and what this effectively amounts to is a ‘tax on dentistry’ for the public.

A huge problem in getting people into the dental practice to get the treatment they often desperately need. In survey after survey over many decades’ patients have repeatedly cited dental charges as one of the major barriers to attendance.

This is against a background where the rest of the health service is entirely free at the point of delivery, and means that even those who attend have always resented dental charges. This has forced a lot of people to turn to their GP or A&E when they need dental treatment, areas which do not have the expertise, knowledge or equipment to carry out the necessary treatment, it also has put a huge strain on NHS resources.

The government is not supporting dentistry by continually raising charges, it is forcing more and more people away from the practice. There has to be a limit, NHS dentistry price rises must stop and the government must invest more into oral health to ensure the future generations oral health.
Hi Karen, thanks for joining us, we have lots of questions to get through. To start off, can you tell us how our teeth and gums might change from our 40th birthday onwards?

Hi everybody, it’s wonderful to hear that so many of you have a genuine interest in your oral health and I hope I can help.

Firstly, I would say that due to the natural aging process once you get beyond your 40th birthday you may experience some natural gum recession, this is where the saying ‘long in the tooth’ comes from as more of your tooth becomes exposed as you age.

For women, hormone changes, such as those experienced heading towards the menopause, can mean that your gums become more sensitive and you should therefore take more time for two minutes, looking after your gums and ensure you have regular check-ups with your dentist.

Overall, as long as you look after your teeth properly, by brushing twice a day with a fluoride toothpaste, the aging process doesn’t mean your teeth get weaker as long as you take care of them.

Q. Are gums as important as teeth in our 40s and beyond, and why?

Yes of course, the most common reason people lose their teeth is gum disease, so therefore it is vitally important that you look after your gums. There is no time during your life when your gums are not important, poor gum health has been linked to heart disease, diabetes and strokes so the better care you keep of your whole mouth throughout life the better.

Q. Are there foods we should avoid as much as possible to keep our teeth healthy from middle age and beyond?

You should try to avoid sugary and acidic foods and drinks as these cause tooth decay, enamel erosion and tooth sensitivity, pain and even tooth loss. If you are to consume sugary and acidic foods and drinks, then you should try to have them in moderation and with meals rather than in-between them. This insures that your teeth are exposed to these harmful substances for as little time as possible.

Fruit smoothies and juices, foods which you may not automatically see as unhealthy, often have a lot of sugar in and are also acidic, always try and check the labelling of the things you buy to see if they have large amounts of sugar in.

Milk and water are the best choices of drink to have throughout life the better.

Q. How often should we brush our teeth? After every meal, or still twice a day?

As a minimum, you should brush your teeth last thing at night, and at least one other time during the day, with a fluoride toothpaste. Try to avoid brushing within an hour of eating or drinking to prevent tooth erosion. Everybody is different and your dentist will be able to tell you the best oral health routine for you specifically so ensure you visit them often to get individual advice.
Q. Is chewing sugar-free gum beneficial?
Yes, it helps to restore the mouth back to its natural acidity by promoting saliva production, you should aim to chew for at least twenty minutes to get the effect of the gum.

Saliva is the mouth’s natural defence against acid and the quicker you can restore the mouth to its natural balance after eating or drinking the less time your teeth come under attack from acid.

Q. How long should we spend brushing our teeth, with what type of toothbrush, and what’s the best technique?
You should brush your teeth for two minutes twice a day using a small to medium sized brush head with medium bristles. Use small circular movements to effectively brush all sides of the teeth while holding the brush at a 45-degree angle.

Power toothbrushes have been proven to be more effective than manual brushing at removing plaque and can also be beneficial for people with mobility problems.

Q. Flossing has taken a bit of a bashing in the press recently, so how do we get between teeth, and is it important to?
By brushing alone you are only cleaning three of the five sides of your teeth so it is vital you clean between your teeth daily, ideally at the same time as brushing.

There has been a huge debate recently about the effectiveness of flossing. If done correctly, it can be effective for cleaning in between your teeth but if done incorrectly, it can actually be harmful to your oral health by aggravating the gums. Make sure you discuss with your dental team how best to use dental floss to ensure you are using properly and effectively.

Alternatively, you could use interdental brushes, or tape depending on what your preference is. You could also use a water flosser which fires jets of water between the teeth to remove food debris and plaque, again discuss this with your dental team.

Q. Can we polish our teeth, and if so, how?
No, you cannot do this yourself, but you can use a whitening toothpaste to help remove any superficial stains that may be on the teeth. A dental hygienist could offer you a scale and polish as part of your dental treatment to help remove any plaque buildups. A dental professional is also the only legal provider of professional tooth whitening. If this is something you are interested in make sure you discuss with your dental team if this is right for you and if you are suitable for it.

Q. Is how many teeth we keep mainly in our own hands, with great oral care?
Absolutely, there is no reason why your full set of teeth shouldn’t last all your life as long as you look after them properly.

You should look to implement and maintain a good oral health routine to do this; this involves brushing twice a day with a fluoride toothpaste, regular visits to your dental team and cutting down how often you have sugary foods and drinks. By doing this you should be able to avoid most major oral health problems.

There is an old saying that you should only brush the teeth you want to keep, so make sure you look after your teeth throughout your life.

Thank you Karen, that’s all been terrific. Is there anything else you would like to add?
I would just say that if anybody is reading this and has a question or problem with their oral health, it is important that you don’t keep it to yourself. Either book an appointment with your dentist or get in contact with our Dental Helpline for advice. You can call us on 01788 539780 (local rate call in the UK), or you can email helpline@dentalhealth.org. Thanks everybody.
WHY IS CHILDHOOD TOOTH DECAY STILL A HUGE PROBLEM IN BRITAIN?

The British health system is widely regarded to be one of the best in the world. Yet when it comes to oral health there are still huge problems in the UK at a very basic level which should be unimaginable in a developed country.

The headlines often speak for themselves, in the last year alone there were almost 41,000 hospital admissions to remove multiple decayed teeth from children’s mouths in England. So why is it that in 2017, in one of the most developed countries in the world, with a healthcare service that is the envy of other nations do we still face these shocking headlines every year.

A new report from the British Dental Association has laid bare the real extent of the children’s dental health crisis in the UK and the statistics are severely upsetting.

The headlines include:

• In England 44% of 15-year-old have tooth decay and the problem is even worse in Wales and Northern Ireland, with 63% and 72% of 15 year olds suffering from tooth decay respectively.
• Almost 160 children must have rotten teeth removed under general anaesthetic every single day.

• A quarter (24.7%) of children start school with obvious signs of tooth decay in their primary teeth.
• More than a third (35%) of 12 year olds are embarrassed by their smile due to the state of their teeth.
• Almost a quarter (22%) said they had problems or pain when eating as a direct result of poor oral health.

These statistics are deeply disturbing, especially when you consider that almost every single one of these problems is entirely preventable. We should ask therefore if these figures are indicative of a much wider societal problem and if so what can we do to fix it?

Education

Do your children learn about oral health at school? Many schools see oral health as something that children need to learn at home and many parents see it as something they should do at school, who’s right?

Well both are, oral health is something that needs reinforcing early on by people with responsibility. Children, even if they don’t seem it, are very responsive to authority figures and when behaviour is reinforced at home and in an educational environment then it becomes part of their psyche.

Education needs to start at home, this is obvious as a quarter of children start school with tooth decay, then be reinforced in education.

If we can teach children at a young age three key messages on oral health; brush twice a day, cut down on sugar and visit your dentist regularly, then it has been proven that it can change their oral health habits for the rest of their lives.

Poor oral health and habits in childhood is proven to continue into adulthood and can contribute to diabetes, stroke, heart disease, arthritis, problems in pregnancy and dementia. Through education we can help to remove future burden on health services and make more resources available to address oral health issues at source.

If we do not start early, then we are constantly playing catch up.

Inequalities

In the recent Children’s Dental Health Survey, it was reported that over a quarter (26%) of 15 year olds who were eligible for free school meals had severe or excessive tooth decay, compared to 12% of other children of the same age.

These statistics are symptomatic of societal inequalities where children in lower income families are much more likely to have oral disease than other children of the same age, some of this can be attributed to a lack of intervention and education by authorities. This responsibility must also be shared with the communities themselves, many areas of society feel disillusioned about receiving adequate oral health care due to cost and issues with access and therefore fail to seek out the help, support and information which they can use to help themselves.

More work needs to be done to signpost available oral health services to these communities. If we can make people take back control of their own health and give them the tools to educate themselves. We are then giving the next generation of children a head start and changing attitudes.

Diet

Sugar is almost a swear word when it comes to oral health and its prominent place in our diets is undoubtedly the largest contributor to these shocking statistics. It’s not only fizzy drinks and sweets which are the problem but hidden sugars in things such as fruit juices, yoghurts and milkshakes mean that children constantly subject their teeth to sugar which causes tooth decay.

Parents, carers and children need to understand which foods have added sugar, which have natural sugars and which are safe in order to have a balanced diet which is safe for oral health. It is not expensive or difficult to eat healthy, an apple over a bag of sweets or a glass of milk instead of bottle of pop can go a long way to achieving dramatic change.

Being aware of sugar is the first step and it all comes back to education. By understanding that sipping on a sugary drink is more damaging to oral health than drinking it in one go and snacking is worse than confining sugary foods to mealtimes people can again take control of their own oral health and make the correct decisions for themselves.

Take control

Addressing the children’s oral health epidemic we are experiencing in the UK comes down to taking control. We have to give people the ability to make the best choices for themselves. By starting early with effective education, we can give them the tools to make better choices in life, by signposting services we can make them aware of what is available and improve people’s relationships with their own oral health.

By providing a combination of these we will hopefully see change.
The Oral Health Foundation has joined Action on Smoking and Health (ASH) by welcoming the Chancellor’s decision to introduce a Minimum Excise Tax on cigarettes. The new tax works out at £268.63 per 1,000 cigarettes, based on a price per pack of 20 of £7.35, and could be a highly effective move in the battle to reduce health inequalities across the United Kingdom.

In his first spring budget, Chancellor of the Exchequer, Philip Hammond also continued the hike in tobacco tax, which means a tax rise of 2% above inflation for all tobacco products.

While real average cigarette prices have been increasing, the difference between retail prices of the most expensive and cheapest cigarettes has widened by more than two thirds over the last decade. Research by Professor Gilmore and colleagues at the UK Centre for Tobacco and Alcohol Studies shows that this is because the tobacco industry has been absorbing tax increases on the cheapest brands rather than passing them on to consumers, while increasing prices, and therefore profits, on more expensive brands. The new Minimum Excise Tax will help prevent this approach (known as “overshifting”).

The use of cheap cigarettes is most marked among younger (16-24-year-old) smokers, 71.4% of whom now use cheap brands. The proportion of smokers mainly using Hand Rolled Tobacco has increased from 25% of men and 8% of women in 1998 to 40% of men and 23% of women in 2013. Hand Rolled Tobacco is not covered by the new Minimum Excise Tax, and ASH is concerned that this could lead to a further shift from cigarettes to Hand Rolled Tobacco, particularly among smokers on lower incomes. The Oral Health Foundation is currently supporting ASH and other public health organisations in calling for an increase in the escalator to 5% above inflation for all tobacco products.

Commenting, ASH Chief Executive Deborah Arnott said: “We’re delighted that the Chancellor has ignored the self-serving calls from the tobacco industry and its front groups to drop the tobacco tax escalator. But we wanted to see sharper tax rises on all tobacco products, and in particular a larger rise on tax on hand rolled tobacco. The danger is that smokers on lower incomes may shift from cigarettes to HRT in even greater numbers than before.”

Meanwhile, despite no commitment in the budget to toughen-up the ‘sugar tax’, there was promising news from Mr Hammond. The Chancellor announced that the ‘sugar tax’, which was announced during last year’s spring Budget, will raise less funds than originally forecasted because manufacturers have been effective in reformulation to remove sugar from their products. The Chancellor described this as “good news” for children and maintained the government’s promise that the Education Department will still receive the £1bn originally earmarked from the levy.

The ‘sugar tax’ on soft drinks is due to come into effect in April 2018. It will place an estimated levy on manufacturers of 18p per litre for fizzy drinks with total sugar content above 5g per 100 millilitres and 24p per litre drinks with more than 8g per 100 millilitres.

President of the British Society of Dental Hygiene and Therapy, Helen Minnery, said: “What we appear to have seen here is evidence of positive action from soft drink manufacturers to reduce the amount of sugar in their products, which in turn will hopefully see a positive effect on the nation’s oral health.

“Every year, more than 40,000 children have decayed teeth removed under general anaesthetic, this is heart-breaking. It is clear that food and drink manufacturers who produce sugar-filled products have a responsibility to protect their customers and the prospect of a ‘sugar tax’ has finally resulted in them making the necessary changes to address this responsibly.

“We hope that it continues and makes real difference to the state of the UK’s oral health. We are optimistic that the actions made by manufacturers can result in less people entering dental practices, as well as A&E departments, with shocking levels of sugar-related problems.”
Last week, the Daily Record revealed that pupils as young as four in Scotland are gorging on 10 teaspoons of sugar in a single school dessert. The report uncovered that young children who get free meals are regularly eating puddings with as much as 40g of sugar in one helping — that's more than twice the amount doctors say four to six-year-olds should eat in a full day.

The shocking findings reveal the trend is entrenched in primary schools around the country. The Oral Health Foundation is deeply concerned that this could derail much of the good work done by Childsmile, a Scottish initiative which has helped transform the oral health of young people in Scotland.

IS SCOTLAND’S CHILDSMILE PROGRAMME BEING UNDERMINED BY SUGAR-FILLED SCHOOL DESSERTS?

Scotland is very much pioneering the way for the rest of the United Kingdom when it comes to addressing children’s tooth decay, however its figures for childhood extractions remain deeply appalling.

More than 86,000 teeth have been extracted from children in Scotland in the last year alone, which is utterly heart-breaking. What makes this even worse is the fact that the clear majority of these cases would have been completely avoidable.

Oral health education throughout a child’s early development must be taken more seriously, with children across Scotland learning about how to look after their own oral health. Teaching them the absolute basics of how to brush their teeth correctly, as well as engaging them about nutrition and the impact which sugar has on our teeth, would be highly effective in changing the landscape of children’s oral health.

It is therefore deeply disappointing to hear last week’s report into the number of schools in Scotland offering children as young as four desserts packed with sugar. It beggars belief that in 2017 the messages about sugar have still not filtered down into many educational establishments. If we are to seriously reduce the number of childhood extractions taking place in Scotland, and re-enforce the good work of the Childsmile programme, these schools must take action and immediately axe sugary puddings from their menus.

By targeting major issues such as sugar consumption and preventative dentistry, a real difference can be made to the future of Scottish oral health. We need to ensure children don’t think having huge amounts of sugar in their daily diet is the norm, whether that’s in schools or at home.

Scottish authorities should be lauded through their work with Childsmile, as it has led to a greater reduction in childhood decay and extraction figures than the rest of the UK but there is still a lot of work to be done.

It’s also worth mentioning that in addition to the unnecessary, invasive and sometimes traumatic effect tooth extractions might have on a child, there’s also a considerable financial burden to bear in mind. Children’s tooth extractions cost Scotland’s health services close to £1m last year. Given this is an almost entirely preventable course of treatment, this money could be reinvested into other health services, or even into education and preventive messages.

Viewpoint of the Oral Health Foundation...
JUNK FOOD SPONSORSHIPS: IS IT ACCEPTABLE?

Written by Dr Nigel Carter OBE, CEO, Oral Health Foundation

Coca-Cola, McDonalds and Cadbury just to name a few. What do these three food and drink manufacturers have in common?

Well, apart from manufacturing foods and drinks which, when consumed to excess, could contribute to many health issues, they are also key sponsors for major global sporting events.

A few weeks ago, it was announced that the English Premier League, arguably the most watched sporting league in the world, had agreed a three-year sponsorship deal with Cadbury. The deal covers elements such as the Golden Boot award and will see their iconic purple livery and brand featured alongside some of the most famous footballers in the world.

Also, part of the deal is a commitment from Cadbury to promote healthy lifestyles to schoolchildren, a promise often rolled out when the such companies put their name to a sporting event. So, should confectionery, junk food, soft drink and alcohol companies ever be so closely associated with global sporting events, event when they make a ‘commitment’ to health?

Social responsibility

Sugar is the leading cause of tooth decay in Britain, it contributes to tens of thousands of children having to get teeth removed under general anaesthetic by the NHS each year and costs us tens of millions of pounds in doing so.

These companies are aware of this, they know sugar is bad for oral health, it is not something from which they can bury their heads in the sand and, as a result, they have a social responsibility to do something to address it, or at least be seen to be doing something to address it.

By sponsoring major sporting events these companies are essentially killing two birds with one stone; firstly, they are associating themselves with healthy lifestyles and healthy athletes. On a psychological level people who are watching these athletes on their screens around the world are also being exposed to a brand and making a favourable association between the two, their brands are very visibly seen to be doing ‘good’ and contributing to these healthy lifestyles, a great big tick in the social responsibility box.

Secondly, and most importantly for growth of a brand, and in order to continue to increase sales in the confectionery market they are reaching an audience of millions even billions; people of all ages, nationalities, gender and races.

When announcing the partnership, Cadbury were quoted as saying that they believed their role was to encourage ‘balanced snacking’ – while this is a noble and correct message, given the sugar content of their products, only time will tell regarding their commitment towards healthy diets and healthy living in general.

So why do these sporting events continue to associate with these companies? The answer is very simple; they are the highest bidders. Money talks; this is the case with McDonalds and Coca-Cola supporting the Olympics and the FIFA World Cup and now with Cadbury and the Premier League.

Don’t even get me started on Coca-Cola’s decision to have their UK headquarters on Wimpole Street in London, which also incidentally is the same street which the BDA and GDC call home (or perhaps I have a cynical mind).

Back Door Marketing

In the UK, unhealthy food advertising is banned during programmes aimed at children, a ban which has recently been extended to include online channels and print. But they are still allowed to advertise during sporting events which have a potential audience of millions of children watching idols, they are also allowed to run competitions targeted directly at children, this is a prime example of advertising through the back door.

During the last FIFA world cup, McDonalds ran a competition where more than a thousand children aged 6-10 from around the world could win the once in a lifetime opportunity to walk onto the pitch with their idols, wearing a McDonalds t-shirt of course. In Britain, Coca-Cola ran a “Win-A-Ball” competition, where every person who bought a bottle of Coke or Coke Zero had a chance to win a Coca-Cola branded football, it would be very interesting to see their sales figures on the back of these.

These competitions expose children to health risks and their prizes expose those kids who may have missed it the first time round to similar messages, the advertising regulations become infective.
We would like to see junk food and drinks subject to the same rules as tobacco advertising in the UK and banned from TV, radio and print, but it seems as long as money rules there will be no change.

Ultimately, food and drink manufacturers do have a responsibility to help cut the UK’s sugar consumption. Whether it’s through their own will, for example reducing pack sizes, or likely, changes brought in by legislation, such as junk food advertising to children. We have seen some signs of intent by manufacturers to be more accountable for the health of their customers, it needs to continue.

If manufacturers truly do believe in creating healthier lifestyles, including diets, then it is sensible to assume this will have a significant impact on their turnover and income, so it’s easy to be cynical as to their sincerity. Are companies such as Cadbury simply recognising the need to maintain the confectionery market and reacting accordingly? Or perhaps this latest partnership is more of a public relations and brand move, rather than a direct (or indirect) marketing strategy? For Cadbury, the Premier League, and the ongoing relationship between food and drinks manufacturers and global sporting events, we’ll just have to wait and monitor its impact on the nation’s health.

Much of the emphasis so far has been on questioning the actions of confectionery and junk food manufacturers, but they are not the only party which is accountable here. Despite money in sport growing at a spectacular rate, the most effective partnerships should have stronger foundations than the cold hard cash. True partnerships need to demonstrate cohesion – between everything from their brands and messaging, to clear, tangible goals and a true alignment of the final outcome. In the case of Cadbury and the Premier League, I do not believe this is the case.

Instead of forging these misplaced partnerships, sporting institutions should be seen to endorse and support genuine programmes which promote healthy diets and lifestyles. Such initiatives as Public Health England’s new Be Food Smart app, which allows anybody to see how much sugar, sat fat and salt our food and drink really contains, just by scanning the barcode, would hugely benefit from the promotion the Premier League could offer while being equally valuable to members of the public.

While it may be easier to swallow on-going partnerships between confectionery and sport that promote and support healthy lifestyles, such manufacturers have no place sitting at the head of sponsorship deals which are seen by millions. If their intentions are indeed genuine then we encourage them to help build a healthier Britain by working in the background to support healthy eating and active lifestyle initiatives. However, these companies, in addition to alcohol producers, should not be the public face of sporting programmes and we call for a complete ban on such sponsorships, not only in the UK but worldwide.
WE SPEND MORE THAN 82 DAYS BRUSHING OUR TEETH DURING OUR LIFE (AND OTHER BIZARRE DENTAL FACTS)

In aid of World Oral Health Day today the UK’s leading dental charity, the Oral Health Foundation, have looked at just how long we spend brushing our teeth during our lives with some amazing findings.

The charity has discovered that, with the UK’s average life expectancy currently standing at 81.5 years, if a person brushes their teeth for two minutes twice a day over the course of their life it would equate to 118,990 minutes - the equivalent of 1,983.16 hours or slightly more than 82 days.

In the sporting arena, the charity has worked out that you could play more than 1,322 football matches or 1,487 rugby matches, or even sit through 16 five-day cricket test matches.

They also found that you could watch all the current 60 episodes of Game of Thrones a whopping 33 times each, or the whole run of 236 episodes of Friends 22.9 times or even the whole Lord of the Rings trilogy a huge 192.8 times.

By releasing these statistics, the charity is hoping to draw attention to just how important our oral health is and make people realise how much time they should be dedicating to looking after their mouths.

Dr Nigel Carter said: “From experience, in reality we know that a lot of people do not always spend two minutes twice a day, every day, brushing their teeth. But our message is simple, you should be!

“The health of our mouth is so incredibly vital, from eating, drinking, speaking and even breathing a problem with our oral health can seriously impact our quality of life and by making sure we spend a relatively small amount of time looking after it every day we can have a big impact on our health.

“World Oral Health Day is an excellent opportunity for people to find out a little bit more about looking after their oral health and I encourage everybody to think about how important their mouths are and consider if they are doing enough to look after theirs.”

The Oral Health Foundation want to draw attention to the shocking statistic that more than 40,000 children have had teeth removed under general anaesthetic in hospitals within the last year alone due to tooth decay.

They are hoping that by making people more aware of what we need to do to look after our oral health we can help to reverse this shameful statistic.

The charity is determined to get people to understand that almost every single one of these cases is entirely preventable, and that by following three simple rules of oral health they can make a huge difference: Brush your teeth last thing at night and at least one other time during the day, with a fluoride toothpaste, cut down on how often you have sugary foods and drinks, visit the dentist regularly, as often as they recommend.

More bizarre dental facts....

- The enamel on the top surface on our tooth is the hardest part of our entire body.
- In the first adult dental health survey in 1968 over one third of the population (37%) had no natural teeth - it is now about 6% of adults.
- More than one in ten (14%) of people find cleaning the toilet more appealing than flossing every day.
- The average person produces over 5,000 gallons of saliva in a lifetime - that's enough to fill 78 bathtubs.
- Our ‘smile comes top of the things we first notice when meeting a new person.
- A toothbrush came top of the list of things we could not do without when we go on holiday.
- If we only had five minutes to get ready in the morning, one in twenty would skip brushing our teeth.
- No two people have the same set of teeth - our teeth are as unique as our fingerprint, so be proud of our unique set of teeth.
**Do you need advice on your oral health?**

Our Dental Helpline can advise you on subjects such as dental terms and treatment procedures, oral hygiene, current legislation and regulations, dental charges, complaints procedures, and referrals to other organisations. Anything you want to know about your dental health, our experts are awaiting your call.

Our free and impartial advice centre is open between 9am and 5pm, Monday to Friday.

If you need urgent advice on any oral health issue please give us a call on 01788 539780 (local rate call in the UK), alternatively, email helpline@dentalhealth.org

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**Call: 01788 539780**

**Email: helpline@dentalhealth.org**
CHARITY RAISES SMILES FOR TOGOLESE SCHOOL CHILDREN

The Oral Health Foundation has donated a series of oral health resources and materials to hundreds of school children in Togo, who are taking part in oral hygiene education for the first time.

Children at Akato Primary School in Togo, West Africa, have been given a huge reason to smile following a donation of educational materials by the Oral Health Foundation.

The UK’s leading oral health charity donated the resources as part of a care package which was delivered to school, around eight kilometres outside of Togo’s capital, Lomé.

At an acceptance celebration at the school, children, teachers, village elders and His Highness Torgbui Agbeve Cyrille (local traditional ruler of Akato-Viepe) welcomed the donations with beaming smiles.

Speaking on the donation, Amanda Oakley, Director of Educational Resources at the Oral Health Foundation said: “To have the opportunity to bring smiles to these children faces is amazing.

“We take many things for granted in the UK, like being able to access quality oral health educational materials, we often forget how hard it is for some areas around the world.

“We hope that by providing the children with the tools they need to look after their own oral health and educate many more children in the coming years we can really make a huge difference in this community.”

Oral health care in West Africa is a huge problem, it is not seen as a priority by some authorities and many are working with small budgets in over-populated areas. Many people are forced to travel for days to get oral healthcare which they desperately need.

Tooth decay is a gigantic problem globally, the World Health Organisation estimate that five billion people worldwide suffer from tooth decay due to a lack of effective oral health provisions.

The charity hopes that by proving the school with vital educational materials the children can better look after their oral health throughout their lives and also pass on good habits to future generations.

Dr Nigel Carter, CEO of the Oral Health Foundation, added: “As an organisation we are humbled to have opportunities such as this to give children who do not have as much opportunity as many of us do in the UK a helping hand.

“At the Oral Health Foundation, we have an ongoing commitment to help bring smiles to millions of people around the world and through vital work like this and the expanding reach National Smile Month we are continuing to make a difference.”
GET READY TO SMILE!

NATIONAL SMILE MONTH IS BACK AND IS LOOKING FOR YOUR SUPPORT.

VISIT WWW.SMILEMONTH.ORG/REGISTER AND PICK UP YOUR FREE PACK.