

PHB 10

Bil Iechyd y Cyhoedd (Cymru)

Public Health (Wales) Bill

Ymateb gan: Cymdeithas Ddeintyddol Prydain

Response from: British Dental Association

1. BDA Cymru Wales is pleased to provide a response to the Stage 1 consultation by the Health, Social Care and Sport Committee into the general principles of the re-introduced Public Health (Wales) Bill. The British Dental Association (BDA) is the voice of dentists and dental students in the UK. We bring dentists together, support our members through advice, support and education, and represent their interests. As the trade union and professional body, we represent all fields of dentistry including general practice, community dental services, the armed forces, hospitals, academia, public health and research.
2. BDA Cymru Wales welcomes the opportunity to respond to this consultation. The previous Bill's failure to pass at the Stage 4 vote was disappointing, however it provides the Welsh Assembly with an opportunity to expand the scope of the Bill, improving the health of people of Wales further. While we offer general support for the provisions in the Bill as it currently stands, there is an addition to the Bill that we feel would greatly improve it. This will be detailed in paragraph 10, paragraphs 3 to 9 will address the provisions currently in the Bill.
3. *Tobacco and nicotine products.* We would express our support for all the proposals currently contained within this part of the Bill. We would like to highlight our particular support for the proposal preventing in Wales the handing over of tobacco, cigarette papers or nicotine products to a person

aged under 18 who is unaccompanied. In Wales, 854 people were diagnosed with oral cancer in 2012/14, up from 518 from 2001/2013¹. Wales has the highest cancer rate incidence for men, compared to the rest of the UK². Smoking is a contributing cause of oral cancer so the BDA welcomes this proposal.

We are also supportive of the proposal to give Welsh Ministers the powers to bring forward regulations that can designate other premises as smoke free, including other non-enclosed settings, if they are satisfied that to do so is likely to contribute towards the promotion of the health of the people of Wales.

4. *Intimate piercings.* We would express our support for the proposal contained within this part of the Bill. The BDA would like to see tongue piercing discouraged in the population and much better regulation of practitioners to reduce the significant risks involved. Potential complications include pain and swelling, chipped and cracked teeth, recession of the gums and prolonged bleeding. Difficulties with chewing, swallowing and speech can result. Infection is also a risk. Unclean piercing equipment can transmit bacteria and viruses, including hepatitis B and C, and patients who fail to heed advice on hygiene and follow-up care can spread additional infections. In severe cases, infection can pass through the bloodstream from the original site to the heart or brain, with extremely serious consequences³. The BDA therefore welcomes the proposition to prevent children under the age of 16 from receiving an intimate piercing.

5. *Special procedures.* We are supportive of the proposals in this part of the Bill. Dentists with the appropriate training are able to carry out acupuncture as an

adjunctive procedure, for example on helping to reduce a gag reflex or in anxiety reduction.

Dentists would be exempt from requiring special procedure licenses due to being regulated by a body mentioned in paragraphs (a) to (ga) of section 25(3) of the National Health Service Reform and Health Care Professions Act 2002 (c.17), namely the General Dental Council.

We would also like to see this proposal extended to cover tongue bifurcation, also known as tongue splitting. Tongue splitting can cause a severe temperature, severe pain, swelling and difficulty eating and swallowing⁴.

Currently, there is no regulation over tongue splitting. It is carried out by a tattooist and is not classed as surgery by the General Medical Council as it is carried out for cosmetic and not health reasons⁴. The General Medical Council also state that it is solely responsible for regulating registered medical professionals and had no jurisdiction over tattooists. Tongue surgeries can result in bleeding, swelling, lingual nerve damage, infection, scarring and speech distortion⁴. Unclean piercing equipment can transmit bacteria and viruses, including hepatitis and HIV⁴. We believe that tongue bifurcation should be included in the special procedures proposal as the fact that it is currently unregulated poses a very real health risk to the Welsh population.

6. Health impact assessment. We are supportive of the proposals in this part of the Bill.

7. Pharmaceutical services. We are supportive of the proposals in this part of the Bill.

8. Provision of toilets. We are supportive of the proposals in this part of the Bill.

9. *Miscellaneous and general.* We are supportive of the proposals in this part of the Bill.

10. *Additional proposal, Amend the healthy eating in schools regulations so that all drinks with added sugar are no longer permitted.* The Healthy eating in schools regulations go a long way in creating healthy meals for children in schools, however they fall short when it comes to drinks. Currently, carbonated fruit drinks, fruit juice and milk-based drinks with added sugar, colours, flavourings and additives are all permitted in secondary schools. Fruit juice with added sugar is permitted in primary schools⁵. The BDA Wales considers this to be a loophole in the current legislation which needs to be closed by the new Public Health Bill. The poor oral health of Wales has been described as an epidemic. The number one reason that children are admitted to hospital is for dental extractions under general anaesthesia⁶. 44% of English 15 year olds had obvious dental decay. This means that Welsh teenagers are at a significant disadvantage, they are 60% more likely to have dental decay than their English counterparts⁷. Children's teeth could be greatly improved by not permitting drinks with added sugar in schools. The current recommendations mean that a 330ml can of fruit juice could contain up to 16.5g, or four teaspoons, of added sugar; The maximum sugar (non-milk extrinsic sugars) allowed for school lunch provided in secondary schools is 18.9 grams, yet one drink is able to contain up to 16.5 grams of added sugar. The current regulations therefore allow children to consume high levels of sugar and moreover place no maximum on the amount of added sugar (non-milk extrinsic sugars) that breakfast can contain. They do, however, provide a list of allowed food which includes fruit. If an eleven year old child ate one serving of grapes for breakfast, which includes 20 grams of (non-milk intrinsic) sugar, a fruit juice

or vegetable juice with added sugar, combined with plain milk or plain yoghurt with their lunch they would have consumed 55.4 grams of sugar before they had their dinner. The school would have provided 25.4 grams of sugar over their recommended daily limit of 30 grams. This is obviously at odds with the intended sugar limits considering when if that same child then consumes just 5 grams of sugar in their dinner, ie one teaspoon, they will have doubled their daily allowance. It would be a very effective measure, therefore, to ban any drink with added (non-milk extrinsic) sugar from the permitted list in schools. This would ensure that the guidelines would be actually adhered to in practice.

References

- 1) NHS Wales. *Interactive Cancer Statistics Tool*. Available: <http://www.wcisuwales.nhs.uk/interactive-cancer-statistics-tool>.
- 2) Bate, A and Baker C. (2015). Cancer Statistics: In Detail. *House of Commons Briefing Paper*.
- 3) BDA. *Tongue piercing*. Available: <https://www.bda.org/dentists/policy-campaigns/public-health-science/public-health/position-statements/tonguepiercing>
- 4) Aga, F and Harris, R. (2013). Cosmetic tongue split. *British Dental Journal* . 214 (275).
- 5) The Healthy Eating in Schools (Nutritional Standards and Requirements) (Wales) Regulations 2013
- 6) Templeton, S. (2014). *Rotten teeth put 26,000 children in hospital*. Available: http://www.thesundaytimes.co.uk/sto/news/uk_news/Health/Sugar/article1433860.ece?CMP=OTH-gnws-standard-2014_07_12. Last accessed 10th November 2016.
- 7) Children's Dental Health Survey (2013) Country specific report: Wales. Health and Social Care Information Centre, Last accessed 10th November 2016.