Policy Statement 2.2.8 – Community Oral Health Promotion: Teeth Whitening (Bleaching) By Persons Other Than Dental Practitioners



Position Summary

On the grounds of public safety, only registered dental practitioners who are educated, trained and competent in teeth whitening (bleaching) procedures should use or supply to patient's teeth bleaching products containing more than 3% hydrogen peroxide or equivalent.

1. Background

- 1.1. Use of teeth whitening formulations manufactured for professional use to bleach the teeth of patients has become a common part of dental practice, sometimes with the aid of a light or heat source that may shorten the application time required. Suitably trained dental practitioners may also supply suitable patients with professional teeth whitening products and custom-fitted trays for self-administered homeuse under their guidance.
- 1.2. Hydrogen peroxide is the active bleaching agent in most products used by dental practitioners to bleach vital teeth. The effective concentration of hydrogen peroxide varies greatly from concentrations as low as 3-6% for some products supplied to patients for home-use to 35% in some office-based bleaching products. Many bleaching products available contain carbamide (urea) peroxide which is more stable than hydrogen peroxide but generates hydrogen peroxide as the active bleaching agent.
- 1.3. While weak solutions (<3%) of hydrogen peroxide have been used in the oral cavity in the form of mouthwashes and toothpaste for many years with few problems, the potential for adverse effects on the oral tissues is increased when higher concentrations are used.
- 1.4. WorkSafe Australia's current guidelines designate hydrogen peroxide at concentrations above 5% as a hazardous substance. Direct exposure of the skin, eyes and mucous membranes to hydrogen peroxide may cause severe irritation or burns, while ingestion may cause irritation to the oesophagus and stomach resulting in bleeding or sudden distension. Percolation of hydrogen peroxide into the pulpal tissues, often accelerated by exposed dentine and enamel fractures can lead to pulpal inflammation. For this reason, it is necessary to take great care when handling and using hydrogen peroxide bleaching agents, especially the higher concentrations.
- 1.5. The incorrect application of heat and other forms of energy such as light from a plasma arc lamp or high-power (Class 4) laser during teeth whitening procedures may cause pulpal damage to the tooth and burns to adjacent soft tissues, and failure to ensure use of the appropriate protective eyewear may also cause irreversible injury. AS/NZS 4173:2018, Safe use of lasers and intense light sources in health care specifies requirements for the safe use of lasers and intense light sources in dental practices and the cosmetics industry, including required standards of training.
- 1.6. All registered dental practitioners with appropriate levels of training and competence are permitted to undertake dental procedures using Class 4 lasers, but Western Australian, Queensland and Victorian legislation requires that practitioners in these states first obtain a licence to do so from the appropriate state regulatory authority.
- 1.7. The Poison Standard 2018 (Cth) sets out restrictions on the availability of teeth whitening products containing various concentrations of bleaching agents, and these restrictions are enshrined in all state and territory poisons legislation.
- 1.8. The Poisons Standard recognises hydrogen peroxide 3-6% and carbamide peroxide 9-18% as Schedule 5 substances requiring "Caution", meaning that teeth whitening products containing up to these concentrations can be sold direct to consumers, as long as they are labelled with stipulated safety warnings.
- 1.9. Schedule 10 of the *Poisons Standard* lists substances of such danger to health as to warrant prohibition of their sale, supply and use other than in specified exempt circumstances. Schedule 10 specifically states that teeth whitening products containing more than 6% hydrogen peroxide or 18% carbamide peroxide may only be sold, supplied and used by registered dental practitioners as part of their dental

This Policy Statement is linked to other Policy Statement: 5.8 Dental Acts, the National Law and Boards

practice. These provisions are formalised in all state and territory poisons legislation.

- 1.10. In 2017, the Board published a Fact Sheet on *The use of teeth whitening products by dental practitioners* states that teeth whitening/bleaching treatments using products containing more than 6% hydrogen peroxide or 18% carbamide peroxide are irreversible procedures, and thus, constitute restricted dental acts as defined by s.121 of the National Law
- 1.11. The Board further states that teeth whitening products containing more than 6% hydrogen peroxide or 18% carbamide peroxide should only be used by dental practitioners with education, training and competence in teeth whitening/bleaching, and should not be supplied by dental practitioners to patients for home-use.
- 1.12. Peer reviewed studies indicate that peroxide-containing teeth bleaching products are safe and effective when used by or under the supervision of a dentist and according to the professional directions for use. The most common side-effects are transient tooth sensitivity and soft tissue irritation during or immediately following treatment.¹
- 1.13. An increasing variety of teeth whitening products are available for direct sale to Australian consumers over-the-counter (OTC) and online. From time to time, some products containing concentrations of bleaching agents that exceed legal limits in Australia have been found to be available to Australian consumers online.
- 1.14. The marketing of some teeth whitening products directly available to Australian consumers encourages unrealistic expectations about whitening results and regular ongoing use to maintain desired effects. This is a concern given the lack of clinical data supporting frequent home use of such products over long periods.²
- 1.15. Teeth whitening services are now also increasingly offered by unregulated, unqualified non-dental practitioners in settings such as beauty and hair salons, shopping mall kiosks, dedicated teeth whitening salons, or via mobile services that travel to a location convenient to the consumer.
- 1.16. Many non-dental practitioner teeth whitening services claim that their practitioners are "teeth whitening specialists" who have the knowledge or training to perform teeth whitening procedures safely. However, only registered dental practitioners have the expertise to assess whether bleaching is safe for individual patients, to recommend the most appropriate technique and materials, and to provide treatment that meets regulated safety and quality standards of care.

Definitions

- 1.17. BOARD is the Dental Board of Australia.
- 1.18. DENTAL PRACTITIONER is a person registered by the Board to provide dental care.
- 1.19. NATIONAL LAW is the Health Practitioner Regulation National Law Acts 2009 as in force in each state and territory.
- 1.20. TOOTH WHITENING is the use of teeth whitening products designed to penetrate the teeth and bleach intrinsic and/or extrinsic tooth discolourations, as opposed to products such as whitening toothpastes that are intended to remove surface staining.

2. Position

2.1. Only dental practitioners who have been educated, trained and attained competence in teeth whitening can assess whether it is safe for individual patients to undergo teeth whitening, and to diagnose and treat any dental or oral health problems that need to be addressed first to minimise any potential discomfort or health risks associated with exposure to bleaching agents.

¹ Carey, C. M (2014). "Tooth whitening: what we know now", *Journal of Evidence-Based Dental Practice*, 14 Suppl, pp. 70-76; FDI World Dental Federation (2013). "FDI policy statement on dental bleaching materials', *International Dental Journal*, 63 (2-3). p.2; Goldberg, M et al. (2010). 'Undesirable and adverse effects of tooth-whitening products: a review', *Clinical Oral investigation*, 14, pp.1-10.

² Demarco et al. (2009). "Over-the-counter whitening agents: a concise review," *Brazilian Oral Research*, v. 23, Supl. 1; Hasson et al. (2006). "Home-based

² Demarco et al. (2009). "Over-the-counter whitening agents: a concise review," *Brazilian Oral Research*, v. 23, Supl. 1; Hasson et al. (2006). 'Home-based chemically induced whitening of teeth in adults (Review), *Cochrane Database of Systemic Reviews*, 4, Arr. No. CD006202; Scientific Committee on Consumer Products (SCCC). (2007). *Opinion on Hydrogen peroxide, in its free form or when released, in oralhygiene products and tooth whitening products*, European Commission, Brussels.

- 2.2. Only such dental practitioners should be able to use or supply patients with teeth whitening (bleaching) products incorporating hydrogen peroxide at concentrations exceeding 3% or carbamide peroxide exceeding 9%. Products exceeding these concentrations should not be available to consumers over the counter, online or from other sources.
- 2.3. Teeth whitening should only be performed if the treatment can be justified, and after a comprehensive dental examination has been conducted by a dentist.
- 2.4. Risks and costs associated with the treatment should be explained to the patient and documented along with informed consent. Practitioners should ensure that patients have realistic and reasonable expectations regarding the results of the bleaching treatment.
- 2.5. Regulatory authorities must take appropriate action to educate the public about the risks of tooth whitening procedures undertaken by persons other than dental practitioners and encourage them to report any concerns they have about teeth whitening products or services to the appropriate authorities.
- 2.6. The ACCC should continually monitor the advertising and supply of teeth whitening products and services to assess and enforce compliance with relevant legislation, including state and territory poisons laws, mandatory labelling standards for cosmetics, and provisions of the *Competition and Consumer Act 2010* relating to product safety, product liability, product advertising, and mandatory reporting of adverse events causing consumer harm.

Policy Statement 2.2.8

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