

Saudi Arabia Declaration

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The Saudi Arabia Declaration on Sugar was drafted during a key stakeholder workshop and roundtable hosted jointly by The Saudi Dental Society (SDS) and FDI World Dental Federation (FDI).

This Declaration is endorsed by key individuals and/or organizations and the related actions seek to reduce harm caused by excess sugar.

Why is the Saudi Arabia Declaration on Sugar important?

Evidence has emerged linking excessive sugar consumption to a number of health consequences among adults including weight gain, cardiovascular risk factors (e.g., dyslipidemia), insulin resistance and type 2 diabetes, and non-alcoholic fatty liver disease (1).

Studies among children are more limited and have generally focused on weight gain and dental caries, as well as insulin resistance (1).

The association between sugar-sweetened beverage (SSB) consumption and weight gain is paramount, given that childhood obesity affects roughly one in six (13 million) children in the U.S., disproportionately impacting children who are low-income and racial and ethnic minorities (2).

SSBs are high in sugar and do not provide other nutrients such as fiber, vitamins, minerals, and other essential nutrients from plant sources. The high consumption of SSBs can lead to dietary imbalances with adverse health consequences, but some drinks may also more directly affect the appetite for more nutritious foods (3).

Sugar taxes could reduce the consumption of sugary beverages, which in turn could improve population health and generate revenues in middle-income and high-income countries. However, there is limited or no evidence in low-income and middle-income countries (LMICs) (4).

Considering that:

- Dental caries is particularly concerning among children in Saudi Arabia, as the estimated prevalence of dental caries among 6–7 years old children in 2019 was reported to be 53% (5). Saudi Arabia is the fifth largest consumer of calories from sugar-sweetened beverages (SSBs) in the world (6). These include any beverage that has added sugar such as carbonated or fizzy drinks, energy drinks, sports drinks, fruit drinks and juices, sweetened milk drinks, powdered drinks, cordial and flavoured waters.
- The consumption of sugary drinks is strongly associated with dental caries, weight gain and obesity. Obesity is a leading risk factor for type 2 diabetes, cardiovascular disease and some cancers (7). Obesity rates in Saudi Arabia are estimated at 35.4% of adults (8), and 36.2% in children (9). Furthermore, diabetes mellitus prevalence is among the highest globally (10).
- Dental caries is a significant health problem. Good oral health is not only a vital component of general health but also a basic human right (11). Children with ongoing or untreated dental caries are in significant pain and this affects their ability to learn. It is not uncommon for children as young as 18 months old to have their teeth restored or removed due to decay or infection. The most common



treatment for dental caries amongst children in Saudi Arabia is dental extractions due to decay, abscesses, infection or gum disease (12).

- Consumption of sugary drinks significantly increases the risk of dental caries due to their high sugar content. The sugar in these drinks also increases their energy content without any useful nutrients. Consumption of one can of soft drink per day can result in significant weight gain (13). A 600 ml bottle of soft drink contains approximately 16 teaspoons of sugar and a regular 375 ml can of soft drink contains about 10 teaspoons of sugar. Sugary drinks are cheap, readily available and accessible, and are one of the most widely advertised products.
- Research suggests that a ban on advertising targeted at children is effective in lowering consumption. However, this strategy requires close collaboration between health and economic ministries (14).
- The World Health Organization (WHO) strongly recommends that the intake of free sugars should be reduced to less than 10 per cent of total energy intake approximately 12 teaspoons per day per child or adult. Further reduction to less than 5 per cent of total energy intake (approximately 6 teaspoons per day per adult), is recommended to help prevent dental caries in particular (15). Beverages like buttermilk, coconut water, and lemon water should be consumed instead of bottled soft drinks and fruit juices which are high in sugar.
- Heads of Government across Saudi Arabia recognise the urgency of the epidemic of childhood overweight and obesity. In 2017 they developed nutritional guidelines and strategies, the last of which was the healthy food strategy (HFS) established by the Saudi Food and Drug Authority (SFDA), as part of Saudi Vision 2030. The HFS, planned in September 2017 and officially launched in September 2018, incorporated a series of nutritional reforms and educational campaigns (10). Furthermore, in 2015, the Gulf Cooperation Council (GCC) passed a law introducing the highest SSB tax rate in the world, increasing the prices of soda by 50% and energy drinks by 100%. The Kingdom of Saudi Arabia (Saudi Arabia) was the first country in the GCC to implement SSB taxes in June 2017 (16).

The Saudi Arabia Declaration on SSB's use calls National Dental Associations to action in the following key areas:

1. The Saudi Dental Society accept the observation of a global "No Sugar Day" to be held on the 1st of November annually. Identify and partner with other health professionals and relevant organizations to share experiences, plan joint activities and increase impact in advocacy.
2. Conduct a public awareness campaign using highway billboards to communicate sugar reduction messages
3. Collaboration with other organisations e.g. medical, paediatric, geriatric and health organisations. Ensure oral health is on the agenda of health-focused conferences in Saudi.
4. Facilitate the development of national guidelines and context-specific best-practices for sugar reduction activities based on FDI's resources: <https://www.fdiworlddental.org/sugars-and-dental-caries>
5. Implement Health Promoting Schools policy nationally
6. Encourage national dental organizations to introduce dietary guidelines to eliminate sugars in nurseries, day-care centres, schools (including vending machine regulations), colleges, hospitals, workplaces and other institutions and for patients in the dental clinics.
7. Encouragement of "water only" policies for all hospitals and health care facilities
8. Support the urgent need for tighter and enforceable controls on the advertising, promotion and labelling of food and drinks containing free sugars, especially those targeting children and young adults
9. Imposition of a tax of not less than 75% on SSBs and use of tax revenue for noncommunicable diseases (NCDs) with a focus on oral diseases prevention and control.



10. Reduce the accessibility of sugary products by banning sweets and SSBs at supermarket counters.
11. Support the implementation of the [WHO Guideline: sugars intake for adults and children](#)

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