

# FDI POLICY STATEMENT

# **Reduction of Sugar Consumption**

To be adopted by the FDI General Assembly: September 2024, Istanbul, Turkey

# CONTEXT

General health and oral health are negatively impacted by excessive sugar consumption which is one of the risk factors causing worldwide increase in oral disease, insulin resistance and risk of periodontal diseases, gingival inflammation, cardiovascular diseases, cancer, obesity and diabetes. Studies have generally focused on weight gain, oral diseases and dental caries, as well as insulin resistance. The term "insulin resistance" has become commonly used among dietitians and nutritionists and linked to weight reduction protocols and advice for a healthy lifestyle. As an indication of the growing recognition of the harmful effects of excessive sugar consumption, terms such as "white poison" and "the new tobacco" have been coined. Moreover, campaigns in different parts of the world are calling for the reduction of sugar consumption similar to the anti-smoking campaigns. These campaigns might help to change the attitude toward daily sugar consumption among global communities. The World Health Organization (WHO) strongly recommends that the intake of free sugars should be reduced to less than 10% of total energy intake by individuals.

# SCOPE

The scope of this policy statement relates to the reduction of sugar consumption globally, in accordance with existing WHO guidelines.

# **DEFINITIONS**

Free sugars: The World Health Organization defines "free sugars" as monosaccharides (e.g. glucose, fructose) and disaccharides (e.g. sucrose) added to foods and drinks by the manufacturer, cook or consumer as well as sugars naturally present in honey, syrups, fruit juices and fruit juice concentrates. It does not include naturally available sugars in fruits, vegetables and dairy products.

Daily intake of free sugars: The WHO guidelines recommend that the daily intake of free sugars be limited to less than 10% (or 50 g = around 12 teaspoons) of total energy intake in both adults and children. A further reduction to below 5% (or 25 g = around 6 teaspoons) of total energy intake would provide additional health benefits and help minimize the risk of dental caries throughout the life course.

#### **PRINCIPLES**

Everyone has a role in promoting a reduction in sugar consumption: governments, healthcare organisations, schools, families and individuals. Research suggests restrictions on marketing to children, and advises front-of-package labelling to inform consumers about sugar content. Population-wide strategies and policies to reduce sugar consumption as part of a healthy diet across the life course have the highest potential to promote better oral health and prevent other NCDs as well as to reduce healthcare costs nationally.

# **POLICY**

#### FDI recommends:

- incorporating the reduction of free sugars consumption as a central element of an integrated food policy which seeks to create a supportive and sustainable environment conducive to good health;
- implementing the WHO Guidelines recommendation to reduce free sugars intake for adults and children to below 5% through international, national and local food policies; adolescents, children and infants should have a much lower sugar intake than the 25 grams/day proposed by the WHO;
- adopting caries prevention strategies that focus on individual- and populationbased approaches to reduce free sugars consumption in general, and particularly sugar-sweetened beverage consumption, across all life course stages;
- calling on governments to increase taxes on sugary beverages to discourage the purchase of them; this could improve population health; displaying a score (with a simple colour code) on the visible side of food packaging to provide consumers with easily understandable information on the overall nutritional quality of the products and their sugar content; developing protocols for educating the dental profession and the public to reduce free sugars consumption; acting to implement all 9 policies in the FDI 2015 "Dietary free sugar and dental caries" Policy Statement.

# **KEYWORDS**

reduce sugar, caries prevention, sugary beverages, healthy life, insulin resistance

# **DISCLAIMER**

The information in this Policy Statement was based on the best scientific evidence available at the time. It may be interpreted to reflect prevailing cultural sensitivities and socio-economic constraints.

# **REFERENCES**

1. World Health Organization. The WHO Guideline: Sugars intake for adults and children. Geneva: WHO; 2015.

- 2. FDI world dental policy statement in dietary free sugars and dental caries adopted in 2015.
- 3. Bleich SN, Vercammen KA. The negative impact of sugar-sweetened beverages on children's health: an update of the literature. BMC Obes. 2018 Feb 20;5(1):6.
- 4. Sugar is the new tobacco. Balaji Ravichandran. March 2013. BMJ. issue 12: 1327-1332.
- 5. Global oral health status report: towards universal health coverage for oral health by 2030. Geneva: World Health Organization; 2022.
- 6. Support the implementation of the WHO Guideline: sugars intake for adults and children.
- 7. F. Schwendicke, W.M. Thomson, M Stolpe. Effects of Taxing sugarsweetened beverages on caries and treatment cost . J Dent Res . 2016 Nov vol 95, issue 12.
- 8. Hangoma P, Bulawayo M, Chewe M, Stacey N, Downey L, Chalkidou K, et al. The potential health and revenue effects of a tax on sugar sweetened beverages in Zambia. BMJ Glob Health. 2020 Apr 1;5(4):e001968.
- Fidler Mis N, Braegger C, Bronsky J, Campoy C, Domellöf M, Embleton ND, Hojsak I, Hulst J, Indrio F, Lapillonne A, Mihatsch W, Molgaard C, Vora R, Fewtrell M; ESPGHAN Committee on Nutrition:. Sugar in Infants, Children and Adolescents: A Position Paper of the European Society for Paediatric Gastroenterology, Hepatology and Nutrition Committee on Nutrition. J Pediatr Gastroenterol Nutr. 2017 Dec;65(6):681-696. doi: 10.1097/MPG.00000000000001733. PMID: 28922262.
- 10. Vreman RA, Goodell AJ, Rodriguez LA, Porco TC, Lustig RH, Kahn JG. Health and economic benefits of reducing sugar intake in the USA, including effects via non-alcoholic fatty liver disease: a microsimulation model. BMJ Open. 2017 Aug 3;7(8):e013543.
- 11. Siyi Shangguan, MD, MPH, Dariush Mozaffarian, MD, DrPH, Stephen Sy, MS, Yujin Lee, PhD, Junxiu Liu, PhD, Parke E.