

British Association for the Study of Community
Dentistry (BASCD)

**Position statement on
recommended actions to
reduce the consumption of
free sugars and improve
oral health**

November 2022

Second Edition

www.bascd.org

We support the recommendation of the Scientific Advisory Committee on Nutrition that the average population intake of free sugars should not exceed 5% of total dietary energy for age groups from 2 years upwards.

Why BASCD has produced this statement

Consuming too much sugar in food and drink is bad for people's health, increasing their risk of obesity, which is associated with greater risks of developing type 2 diabetes, hypertension, coronary artery disease, cancer and tooth decay. The COVID-19 pandemic has brought the dangers of obesity into sharper focus, highlighting the risks of being overweight or obese and its impact on health.⁽¹⁾

Concerted action to reduce sugar consumption is recommended by the Scientific Advisory Committee on Nutrition (SACN),⁽²⁾ the World Health Organization (WHO),⁽³⁾ Public Health England (PHE),⁽⁴⁾ which has now been superseded by the Department of Health and Social Care (DHSC)⁽⁵⁾ and the UK Public Health Forum.⁽⁶⁾

It has been over four years since the successful introduction of the Soft Drinks Industry Levy (SDIL), and we eagerly await publication of the final report of the Sugar Reduction Programme. This challenged all sectors of the food industry to reduce sugar by 20% by 2020 in the categories of food that contribute most to sugar intake. Whilst we hope the report will provide evidence of success, there remains concern that there has been a disappointing lack of progress.⁽⁷⁾ Therefore, BASCD endorses further action to tackle the sugar industry and encourages reformulation considering the mixed progress from industry.

This position statement reflects BASCD's continued support for a broad range of actions that have been proposed by expert bodies, including.

- ❖ **Lowering the amount of free sugars in food and drinks.**
- ❖ **Restricting the marketing and promotion of sugar-containing products.**
- ❖ **Reducing the amount of sugar-containing food and drinks sold.**
- ❖ **Advising, educating and helping people to consume less sugar.**
- ❖ **Reducing the amount of sugar produced.**

Oral health, the harm done by sugar, and the link between high sugar consumption, high rates of tooth decay and social deprivation

Good oral health is important to people's general health and well-being. It allows them to eat, speak and socialise. Poor oral health inhibits all of these essential daily functions.

The prevalence of tooth decay increases as deprivation increases. There is evidence that sugar consumption is higher among people from more deprived communities in the UK.⁽⁴⁾ Reducing sugar consumption therefore has a key part to play in reducing oral health inequalities between different communities and population groups.

Experiencing food poverty can result in dietary adjustment, where healthy food choices are often restricted due to their higher cost.⁽⁸⁾ The differences in price between healthy and high sugar foods is exacerbated in Britain, which has the highest level of retail price promotions in Europe.⁽⁴⁾ This increases the amount of sugar purchased from high sugar foods and drinks.

In July 2015, SACN published a comprehensive review of the scientific evidence on carbohydrates and health which recommended that the average population intake of free sugars should not exceed 5% of total dietary energy for age groups from 2 years upwards.

Despite an acknowledgement that this target would be hard to achieve, the emphasis in the report was on the need to reduce total consumption of 'free sugars'. This includes not only monosaccharides and disaccharides added to foods and drinks by the manufacturer, cook or consumer, but also sugars naturally present in honey, syrups, smoothies, fruit juices and concentrates.⁽⁹⁾

BASCD support for a broad programme of measures

The intake of free sugars in children remains above recommended thresholds.⁽⁹⁾

BASCD continues to support SACN's recommendation because it is evidence-based and will, if implemented effectively, lead to an improvement in people's oral and general health.

To achieve the aims behind the recommendation, BASCD agrees with a set of actions originally put forward by the **UK Public Health Forum in its 2014 discussion** paper and by Public Health England in its 2015 report "Sugar reduction: the evidence for action". No single action will succeed on its own. There is a clear need for a comprehensive programme of **mutually reinforcing actions**.

Action 1. Lowering the amount of free sugars in food and drinks

We support the ***introduction of a broad, structured and transparently monitored programme of gradual reduction in the sugar content of everyday food and drink products***, combined with reductions in portion size.

Products with the biggest market share should be a major target for the programme. Manufacturers, retailers and caterers all need to be involved. We commend the industry progress over the first 3 years of **the sugar reduction programme**, with **3.0%** reduction in the sales weighted average total sugar per 100g and larger reductions for categories such as yogurts and fromage frais down by 12.9%, and breakfast cereals down by 13.3% compared to baseline.⁽¹⁰⁾ However, we acknowledge the significant shortfall when measured against the 20% target and notable increase in other categories that contribute significantly to the sugar consumed in a UK diet.⁽¹⁰⁾

Action 2. Restricting the marketing of sugar-containing products

We support a **significant reduction of opportunities to market and advertise high sugar food and drink products to children and adults** across all media including digital platforms and through sponsorship.

High fat, salt and sugar (HFSS) foods dominate TV advertisements during family viewing times. This can shape children's food preferences from a very early age.⁽¹¹⁾ Also, food marketing disproportionately targets those from deprived backgrounds and ethnic minorities,⁽¹²⁾ contributing to social gradients in obesity and associated health inequalities for these vulnerable groups.

We welcome the planned **governmental banning of adverts high in fat, salt and sugar on TV before 9pm and paid-for adverts online.**⁽¹³⁾

We also support a **tightening of Ofcom's advertising restrictions**⁽¹⁴⁾ and the appointment of a frontline regulator to champion compliance with and understanding of the new HFSS advertising restrictions.⁽¹¹⁾

Volume price promotions, often linked with HFSS products, increase purchases by 20% more than originally intended.⁽¹⁵⁾ In 2015, it was estimated that 8.7% of the sugar brought into the home is a direct result of the extra food and drink bought on promotion.⁽⁴⁾

We support **restrictions in the number and type of price promotions of HFSS food and drink products** in all retail outlets⁽¹⁶⁾ including supermarkets, convenience stores, restaurants, cafes and takeaways.

Specifically, **we support banning multibuy deals on HFSS foods and drinks** - including buy one get one free (**BOGOF**), **'3 for 2'**, and restrictions on **free refills** for soft drinks.

We also support **restrictions on the placement of HFSS food and drink products**, including checkouts, store entrances, aisle ends and their online equivalents.⁽¹³⁾ This can lead us to vary our purchasing and consumption patterns and often leads to **'pester power'** from children.⁽¹⁵⁾ For example, end-of-aisle displays have been shown to increase soft drink sales by over 50%.⁽¹⁵⁾

Action 3. Reducing the amount of sugar-containing food and drinks sold

We support a **price increase of at least 20% on high sugar products and support the soft drinks industry levy introduced** in 2018. We support **further increases through taxation or levy** to reduce sugar intake.

Retailers and manufacturer branded products demonstrated a 43.7% reduction in the total sugar content per 100ml between 2015 and 2019 for the drinks subject to the levy and the total sugar sales from soft drinks decreased by 35.4%.⁽¹⁰⁾ Total sugar purchased per household from drinks subject to the SDIL has decreased across all socio-economic groups.⁽¹⁰⁾ It is worth noting that below the lower tax-free threshold of 5g/100ml, sugar may still be present and cause tooth decay, which is why water is recommended as the best option.⁽¹⁷⁾

We support **government buying standards across the public sector**, including the NHS and local government, to ensure provision of healthier food and drinks in hospital, leisure centres and other facilities.⁽⁴⁾ We also commend the **updated government buying standards for food (GBSF)** in 2021 in line with scientific findings with focus on reducing **obesity and the associated health issues.**⁽¹⁸⁾

Action 4. Advising, educating and helping people to consume less sugar

We support steps to ensure that:

- ❖ **accredited training in diet and health** is routinely delivered to all those who have opportunity to influence food choices in catering, fitness and leisure sectors and others within local authorities.
- ❖ **appropriate training is provided to health professionals**, including the dental team, so that they understand the links between free sugar, obesity, diabetes and tooth decay.
- ❖ the **public, health professionals, employers and the food industry are made fully aware of the harmful effects of high sugar levels** in the diet. Knowledge, education and training tools can help us choose and enable others to choose healthier diets in relation to the risks associated with consuming too much sugar.
- ❖ **people are encouraged to take action and are advised on practical steps** that will help them to lower their own and their family's sugar intake (Examples of resources currently available: The Eatwell Guide, Change4life Healthier Food Swaps and the NHS Food Scanner App.⁽⁹⁾)

We also support:

- ❖ use of front of pack **health warnings** on foods and drinks high in sugar.
- ❖ putting **'spoons of sugar'** on the front of pack labels to indicate the amount of sugar in the product.
- ❖ restaurants, takeaways, and other food outlets **displaying the amount of sugar in their products, both on menus and on display labels.**
- ❖ **Making Every Contact Count (MECC)** to maximise the opportunity to help individuals and communities **reduce their sugar intake.**⁽¹⁹⁾

Action 5. Reducing the amount of sugar produced

The withdrawal of the UK from the EU means that new regulations govern the supply of sugar.⁽²⁰⁾ We support a **broader approach to farming subsidies** to encourage the farming of crops that will contribute to a healthier diet and not undermine efforts to encourage food manufacturers to use less sugar.^(20,21)

The next steps

BASCD will work with other agencies across the health sector to help reduce the consumption of free sugars and improve oral and general health.

As this document is finalised, some of the initiatives that BASCD advocate for are under threat. As a result, the review date for this document has been brought forwards. This makes it timely and increasingly important for BASCD partners to support and advocate for the awareness and improvement of health in respect to sugar.

Authorship

The 2016 position statement was written by a team of BASCD members.

The 2022 update has been written by: Louisa Polglass (Specialty Trainee in DPH), Maria Morgan (FFPH, BASCD Immediate Past President) & Charlotte Jevons (Associate Professor of Public Health, Head of School of Human Sciences).

Next Review Date: November 2024

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