

## FDI Position on Free Sugars

### Background

Oral diseases affect some 3.5 billion people worldwide and have an estimated prevalence of 45%, which is higher than for any other noncommunicable disease (NCD)<sup>1</sup>. They include a range of conditions including dental caries, periodontal disease, edentulism, oral cancer, trauma, noma and congenital differences including cleft lip and/or palate<sup>2</sup>. Among the major oral diseases, untreated caries are the most prevalent with 2 billion cases of the permanent teeth and 510 million cases of deciduous teeth<sup>1</sup>.

Oral diseases are increasingly associated with chronic NCDs and share risk factors including, unhealthy diets – high in free sugars – alcohol, tobacco and environmental pollution<sup>3</sup>. They also have common social and commercial determinants of health, which includes the political, social and economic conditions and strategies employed by the private sector that influence the choices people make that are detrimental to health<sup>4</sup>. Excessive consumption of sugars from snacks, processed foods, and drinks is one of a few major factors causing worldwide increases in oral disease, cardiovascular disease, cancer, obesity, and diabetes. Several negative determinants of oral health and general well-being are linked to the activities of manufacturers of foods and drinks high in free sugar.

Free sugars offer little nutritional value and many countries have implemented public health strategies and taxation levies to reduce their consumption.<sup>5</sup> FDI also published a policy statement in 2015, to emphasize the urgent need to reduce dietary sugars as a strategy to prevent dental caries.<sup>6</sup> Further to that FDI's Vision 2030 recognizes availability of policies addressing free sugar consumption as an indicator for monitoring progress in oral health.<sup>7</sup> The draft WHO Global Oral Health Action Plan (2023–2030), which aligns with Vision 2030 also recommends that by 2030, at least 50% of countries should have policy measures aiming to reduce free sugars intake.<sup>8</sup>

### Defining free sugars

The World Health Organization (WHO) 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 and sugars naturally present in honey, syrups, fruit juices and fruit juice concentrates.<sup>5</sup> It does not include naturally occurring sugars in fruits, vegetables, and dairy products. Free sugars are the only cause of tooth decay and have increasingly been recognized as causes for major NCDs such as diabetes and obesity.<sup>9</sup>

The WHO guideline recommends 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.

### FDI position

Given that sugar consumption is a major risk to the maintenance of oral health and quality of life more broadly, as well as the main cause of dental caries, showing a clear dose–effect relationship<sup>6</sup> this position statement recommends some key principles to address this global public health challenge.



- Every country should have a policy which addresses sugar consumption by 2030. By promoting oral health in all policies and sectors, the overall health and well-being of populations can be improved.
- 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.
- Working with other NCD partners to push for fiscal and legislative measures to implement the WHO recommendations on sugars is key to helping to address this common risk factor.
- Strategies to address the commercial determinants of health and anticipating industry efforts to interfere with measures to reduce the consumption of foods and drinks high in free sugar are essential to protecting the health of populations.
- Sugar is a leading risk factor for tooth decay. Reducing its production, marketing and consumption will reduce oral diseases, diabetes, obesity and other NCDs.<sup>1</sup>

### **Policies and guidelines to reduce global sugar consumption**

- The WHO Guideline on sugars intake for adults and children should be implemented through international, national, and local food policies.
- Reducing sugar consumption as a central element of an integrated food policy, which seeks to create a supportive and sustainable environment conducive to good health is essential and will have a significant impact on helping to curb the global epidemic of dental caries and NCDs more broadly.
- Taxes on sugar-sweetened beverages (SSBs) and on foods high in sugars should be implemented in line with WHO recommendations because they work<sup>10</sup> and funds collected should be invested in oral disease prevention strategies.
- Integrated approaches to nutrition counselling should be explored by addressing general health aspects and those linked with oral health should be implemented.
- The sponsoring of health, sporting and corporate events by unhealthy food and beverage companies should be banned and all medical congresses should be SSB free events.

### **Leveraging the human resources for health**

- Primary health care workers including dentists, dental teams, and public health practitioners play an important role in delaying sugar consumption in the very young and must play a leadership role in the promotion of healthy food policies and lobbying key decision makers on the regulatory changes needed.<sup>11,12</sup>
- Dental associations, associations representing other health professionals as well as international agencies should advocate for and support integrated strategies to reduce free sugars consumption addressing equitable access to appropriate oral healthcare, oral health literacy, health promotion, policy implementation, health surveillance and monitoring.

### **Promoting industry accountability**

- Systematic, easy-to-understand, food labelling should be implemented to encourage informed consumer choices and simplified nutrition guidelines, including sugar intake, to promote healthy eating and drinking should be provided. Industry compliance should be enforced.
- Sugar in baby foods should be eliminated and strongly regulated and children should not be exposed to free sugars in their diet before the age of 24 months.<sup>13,14</sup>
- Sales of foods and drinks high in free sugar should be restricted and products reformulated to reduce levels and the portion and package sizes limited to reduce energy intake.
- Pharmaceutical companies need to reduce the production of sugar sweetened medicines<sup>6</sup>.

### **Healthy schools, hospitals, and workplaces**

- Preschools and schools should adopt policies to reduce free sugar consumption; SSBs and unhealthy snacks should be banned in pre-schools/schools and healthy meal options made available.



- Preschools and schools should incorporate lessons on nutrition and healthy eating into the curriculum as well as help raise awareness among parents to improve oral health literacy.
- Policies to reduce availability of free sugars such as “water only” policies should be introduced in medical schools, dental clinics, hospitals, workplaces, and other institutions.
- Tighter regulations on the advertising, promotion and labelling of food and drinks containing free sugars, especially those targeting children and young adults, should be enforced.
- Employee wellness programmes that focus on healthy habits, such as exercise and healthy eating, and provide resources and education on reducing sugar intake should be encouraged.
- World Oral Health Day on 20 March should be recognized by countries as an official date in the calendar and celebrated annually to support local, national, and regional health promotion efforts.

## References

1. Global oral health status report: towards universal health coverage for oral health by 2030. Geneva: World Health Organization; 2022.
2. Draft Global Strategy on Oral Health [Internet]. Geneva: World Health Organization; [cited 2021 Aug 27]. Report No.: 09 August 2021. Available from: [https://cdn.who.int/media/docs/default-source/searo/india/health-topic-pdf/noncommunicable-diseases/draft-discussion-paper--annex-3-\(global-strategy-on-oral-health\)-pdf](https://cdn.who.int/media/docs/default-source/searo/india/health-topic-pdf/noncommunicable-diseases/draft-discussion-paper--annex-3-(global-strategy-on-oral-health)-pdf)
3. Jin L, Lamster I, Greenspan J, Pitts N, Scully C, Warnakulasuriya S. Global burden of oral diseases: emerging concepts, management and interplay with systemic health. *Oral Dis.* 2016;22(7):609–19.
4. Peres MA, Macpherson LMD, Weyant RJ, Daly B, Venturelli R, Mathur MR, et al. Oral diseases: a global public health challenge. *The Lancet.* 2019 Jul 20;394(10194):249–60.
5. World Health Organization. Guideline: sugars intake for adults and children [Internet]. World Health Organization; 2015 [cited 2023 Jan 17]. 49 p. Available from: <https://apps.who.int/iris/handle/10665/149782>
6. FDI World Dental Federation; 2015 Dietary Free Sugars and Dental Caries. Policy Statement. (Cited 2023 Feb 16). Available from <https://www.fdiworlddental.org/dietary-free-sugars-and-dental-caries>
7. Glick M, Williams DM, et al. Vision 2030: Delivering Optimal Oral Health for All. Geneva: FDI World Dental Federation; 2020. Available from: <https://www.fdiworlddental.org/vision2030>. (Cited 2023 Feb 16).
8. WHO Executive Board, 152. (2023) Global Oral Health Action Plan (2023-2030). (Cited 2023 Feb 16) Available from [https://www.who.int/publications/m/item/draft-global-oral-health-action-plan-\(2023-2030\)](https://www.who.int/publications/m/item/draft-global-oral-health-action-plan-(2023-2030)).
9. The Challenge of Oral Disease – A call for global action. *The Oral Health Atlas.* 2nd ed. Geneva: FDI World Dental Federation; 2015.
10. WHO manual on sugar-sweetened beverage taxation policies to promote healthy diets. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO. (Cited 2023 Feb 16). Available from: <https://www.who.int/publications/i/item/9789240056299>.
11. Baratto PS, Valmórbida JL, Leffa PDS, Sangalli CN, Feldens CA, Vitolo MR. Primary Health Care Intervention Reduces Added Sugars Consumption During Childhood. *J Nutr Educ Behav.* 2021 Dec;53(12):999-1007. doi: 10.1016/j.jneb.2021.07.007
12. Feldens CA, Giugliani ER, Duncan BB, Drachler Mde L, Vitolo MR. Long-term effectiveness of a nutritional program in reducing early childhood caries: a randomized trial. *Community Dent Oral Epidemiol.* 2010 Aug;38(4):324-32. doi: 10.1111/j.1600-0528.2010.00540.x. Epub 2010 Apr 7. PMID: 20406273.
13. Chaffee BW, Feldens CA, Rodrigues PH, Vitolo MR. Feeding practices in infancy associated with caries incidence in early childhood. *Community Dent Oral Epidemiol.* 2015;43:338-348.
14. Feldens CA, Rodrigues PH, de Anastácio G, Vitolo MR, Chaffee BW. Feeding frequency in infancy and dental caries in childhood: a prospective cohort study. *Int Dent J.* 2018;68(2):113-121.