

FDI Position on Free Sugars

Background

Oral diseases affect some 3.5 billion people worldwide and have an estimated prevalence of 45% - the highest of any noncommunicable disease (NCD)¹. They include a range of conditions such as dental caries, periodontal disease, edentulism, oral cancer, trauma, noma and congenital differences including cleft lip and/or palate². Among the major oral diseases, untreated caries is the most prevalent with 2 billion cases affecting permanent teeth and 510 million cases affecting deciduous teeth¹.

Oral diseases are increasingly associated with chronic NCDs and share risk factors including unhealthy diets high in free sugars, alcohol consumption, tobacco use and exposure to environmental pollution³. They also have common social and commercial determinants of health which include the political, social and economic conditions and strategies employed by the private sector that influence unhealthy choices⁴.

Excessive consumption of sugars from snacks, processed foods and sugar-sweetened beverages (SSBs) is one of the major factors causing worldwide increases in oral disease, cardiovascular disease⁵⁻⁹, cancer¹⁰⁻¹⁴, obesity¹⁵⁻²¹ and diabetes²²⁻²⁷.

Free sugars offer little nutritional value and many countries have implemented public health strategies and taxes and/or levies to reduce their consumption²⁸. FDI published a policy statement in 2015 to emphasize the urgent need to reduce dietary sugars to prevent dental caries²⁹. Further to that, FDI's Vision 2030 recognizes the importance of policies addressing free sugar consumption as an indicator for monitoring progress in improving oral health³⁰. 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 intake³¹.

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 concentrates³². It does not include naturally occurring sugars in fruits, vegetables and dairy products. Free sugars cause tooth decay and have increasingly been recognized as causes for major NCDs such as diabetes and obesity³².

The WHO guideline recommends that the daily intake of free sugars be limited to less than 10% of total energy intake, which equates to 12 teaspoons for adults and 6 teaspoons for children. A further reduction to below 5% of total energy intake (6 teaspoons for adults and 3 teaspoons for children) would provide additional health benefits and help minimize the risk of dental caries throughout the life course. Worldwide consumption has tripled over the past 50 years, and this



increase is expected to continue: currently more than twenty-five countries exceed 100 grams of sugar consumption daily³³.

FDI position

Because excessive sugar consumption is the main cause of dental caries, showing a clear dose-effect relationship and a major factor in the aetiology of a wide range of NCDs²⁸, this position statement recommends 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 efforts by industry 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 NCDs¹.

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^{30,32}.
- Taxes and/or levies on sugar-sweetened beverages (SSBs) and on foods high in sugars should be implemented in line with WHO recommendations, because they are shown to be effective in reducing dietary sugar intake³², and the income generated should be invested in NCD and 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 producers of unhealthy food and beverage should be banned and all health-related 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^{30,31}.



- Dental associations and 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 and easy-to-understand food labelling should be implemented to encourage informed consumer choices. In addition, simplified nutrition guidelines, including sugar content of foods, should be provided to promote healthy eating and drinking. 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^{32,33}.
- Sales of foods and drinks high in free sugar should be restricted and products reformulated to reduce levels. In addition, the portion and package sizes should be limited to reduce energy intake.
- Pharmaceutical companies should be required to take action to reduce the production of sugar sweetened medicines and move to providing only non-sugar sweetened alternatives.²⁸.

Healthy schools, hospitals, and workplaces

- Preschools and schools should adopt policies to reduce free sugar consumption; sugary drinks 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 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.



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