

CED Resolution

SUGAR

May 2016

INTRODUCTION

The Council of European Dentists (CED) is a European not-for-profit association which represents over 340,000 dental practitioners across Europe through 32 national dental associations and chambers in 30 European countries. Established in 1961 to advise the European Commission on matters relating to the dental profession, the CED key objectives are to promote high standards of oral healthcare and dentistry and effective patient-safety centred professional practice.

Sugar is a leading cause of tooth decay, particularly among children and the elderly. Reducing sugar consumption will decrease the pain and suffering caused by this preventable disease.

SUGARS AND DISEASE

The role of dietary sugars in causing dental caries is well-established, and sugary food and drinks are increasingly becoming a focus of political, media and public attention in relation to the obesity and diabetes epidemics affecting many countries. Despite being almost entirely preventable, caries can require treatment of young children under general anaesthesia which in some EU Member States may require hospital admission. This places a substantial financial burden on national health systems, in addition to societal costs including pain, lost productivity for parents and carers and time missed from education for children. Inequalities in dental health also persist, with improving national average figures for decay rates often masking sub-populations with a high burden of disease.

It is also important to note that hidden sugars in foods and drinks can damage teeth. Their influence on plaque can also cause gum disease. There is evidence of a relationship between obesity and gum disease¹. Equally it is important that many sugar free drinks, marketed as alternatives, have the capacity to irreparably damage teeth due to their acidity and subsequent erosive effects.

CED believes that reducing the frequency and amount of sugar consumption is central to the prevention of both dental and systemic diseases.

GUIDELINES AND DEFINITIONS

The World Health Organisation guideline published in 2015 strongly recommends that adults and children reduce their intake of free sugars² to below 10 per cent of daily calories, with a further conditional recommendation that a reduction to below five per cent would confer additional health benefits. These recommendations are supported by evidence of the dose-dependence of dental caries on free sugars consumption.

Currently, free sugars consumption varies across Europe from an average of approximately seven to eight per cent of total energy intake in some states, to 16 to 17 per cent in others. Intake is higher amongst children, ranging from about 12 to 25 per cent of daily calories; a substantial proportion of this may derive from sugar-sweetened soft drinks.

¹ Reference available upon request.

² Free sugars as defined by WHO mean all monosaccharides and disaccharides added to foods by the manufacturer, cook or consumer, plus sugars naturally present in honey, syrups and unsweetened fruit juices. This definition does not include sugars contained in whole fruits, vegetables and milk.

CED STATEMENTS

CED takes the view that there is no single solution to the complex problem of sugar over-consumption, and that a multi-factorial approach is required to achieve improvements in public health. Action is required from international bodies, national and local governments, food and drink manufacturers, advertisers and retailers, regulators, health services and professionals, educators and employers to help individual consumers to improve their food choices.

CED supports the following:*

- Restrictions on marketing, product placement and advertising of high-sugar food and drink aimed at children and adults across all media (including digital).
- Restrictions on sponsorship by companies that produce high-sugar food and drink, particularly of sporting events that create positive associations with unhealthy products – in line with tobacco and alcohol policy.
- Reformulation of food and drink products to reduce sugar content, combined with portion size reduction. CED believes that mandatory targets for reformulation should be imposed, as voluntary schemes with targets set by industry have limited uptake and ambition, and that monitoring must be independent and transparent.
- Restrictions on price promotion of high-sugar products in retail and catering outlets; restrictions on prominent placement of such items, for example at checkout counters.
- Legislation by EU institutions for clear labelling of food and drink products to provide information about sugar content in a format that can be easily understood by the public and related to portion size.
- Adoption of nutritional standards by public services and amenities, such as hospitals, educational/childcare settings, prisons, care homes and leisure facilities; diet/health training for those who influence catering choices in these services.
- Recommendation to public authorities to discourage the siting of vending machines which offer high-sugar products in schools and hospitals and to encourage the provision of healthy foods and drinks in all of these settings.
- Prioritisation of public health considerations in local planning and development schemes, for example to limit the proliferation of outlets selling unhealthy food and drink near schools.
- Provision of food and nutrition education for health professionals, employers and the public, including promotion of practical measures to promote reduced sugar consumption (such as use of the [Sugar Smart app](#)). A sustained mass media campaign would be helpful, highlighting the harmful effects of excessive sugar consumption and including images of associated dental disease.

Dental professionals can contribute by informing their patients about the impact of sugar on oral health and the importance of limiting the frequency of sugar intake and confining it to mealtimes where possible. They can highlight the “hidden” sugars present in many foods. It is also important that patients maintain a good oral hygiene routine and visit the dentist regularly.

*Evidence supporting many of these measures can be found in the Public Health England report [Sugar reduction: the evidence for action](#).

Unanimously adopted by the CED General Meeting on 20 May 2016